Jefferson County K-12, a Somerset School

MSID: 0024, 0021, 0111

Mental Health Assistance Allocation Plan

School Safety Introduction

Mental health awareness and intervention is the responsibility of all stakeholders responsible for the educational welfare of the student. According to the National Survey of Children's Health (2012), children can develop the same mental health conditions as adults, but their symptoms may be different. Because of preconceived stigmas, stereotypes, and misinformation, mental illness in children can be hard for parents to identify. Therefore, school aged children suffering from mental health disorders would greatly benefit from the merging of services between the home and school. Our rationale is constructed from a layered approach that identifies school site referral procedures, monitoring, referral to specialized services, and communication with all of the School's stakeholders. Our plan is rooted in the notion that we at Somerset Jefferson K-12 shall provide our students with the least restrictive environment, and the idea that we shall support not only the educative welfare of the student but also his or her positive mental health, welfare, and development.

Jefferson County Elementary services grades PreK3 – 5. The current student population is 415 students. Jefferson County Middle services grades 6-8. The current population is 160 students. Jefferson County High services grades 9-12. The current population is 138 students. The breakdown of the student population for all three schools is Black (68%), White (18%), Hispanic (11%), Multi (1%), and Asian > (1%). The entire school population qualifies for the free lunch program. There is a growing number of students that qualify for the homeless designation (5% of the total student population) with over 180 families receiving food distribution services through the Second Harvest programs. As a significant number of our students are identified as living in economically disadvantages homes and are at-risk, our School recognizes that these factors have been cited by several studies (Dopheide, 2013; Gorczynski, 2018) to increase a student's propensity to develop mental health issues.

Dopheide, J.A. (2013) Recognizing and referring at-risk youth. Mental Health Clinician: May 2013, Vol. 2, No. 11, pp. 353-361.
Gorczynski, P. (2018) More academics and students have mental health problems than ever before. The Conversation. February 2018, https://theconversation.com/more-academics-and-students-have-mental-health-problems-than-ever-before-90339.

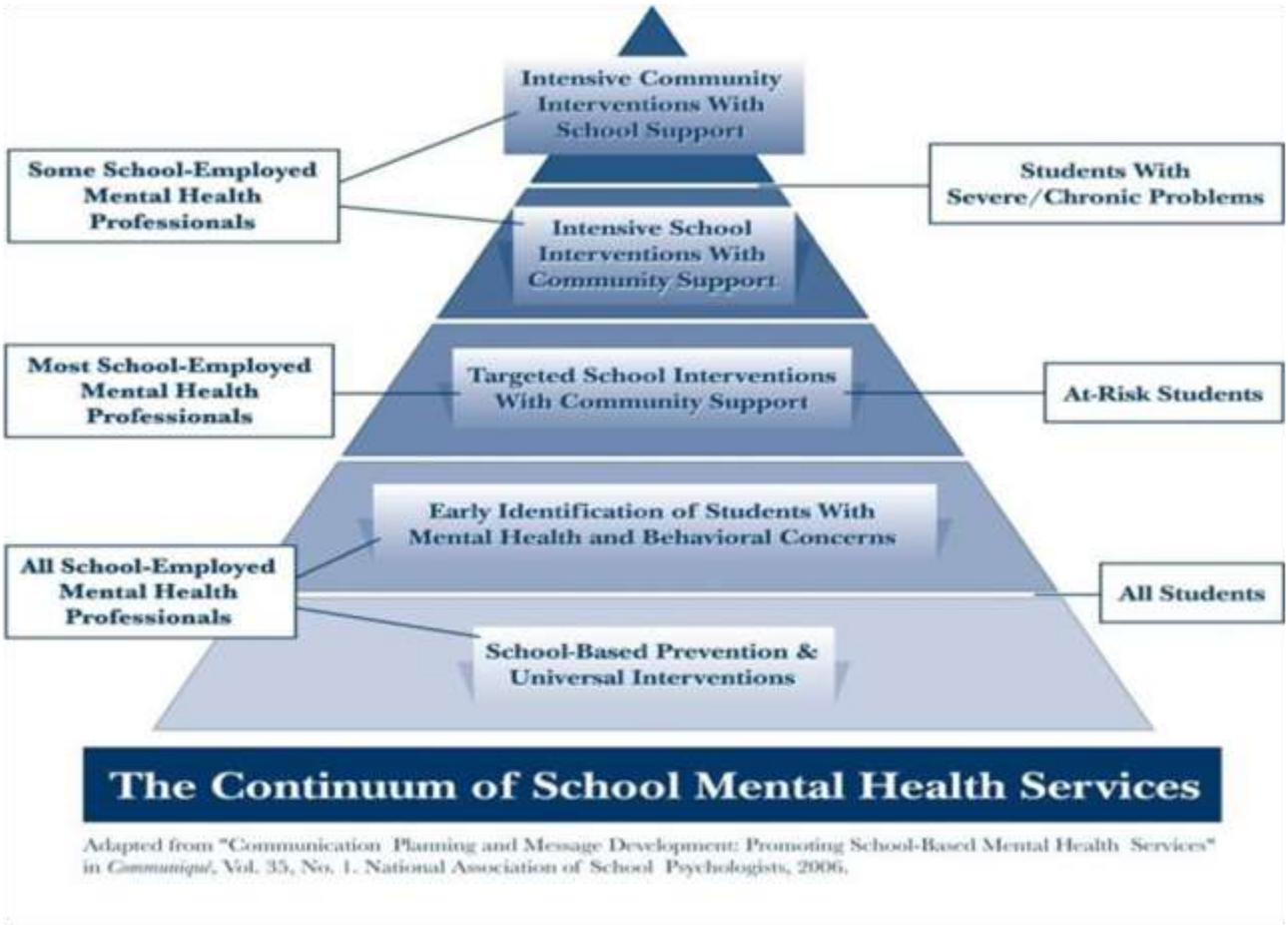
Our School has a robust referral process that is associated and supported by the Student Services and Exceptional Student Education (ESE) departments. The integration of our services follows Florida's Multi-Tiered Systems of Support (M-TSS) [http://www.florida-rti.org/]. Within the M-

Jefferson County K-12, a Somerset School

MSID: 0024, 0021, 0111

Mental Health Assistance Allocation Plan

TSS, resources are allocated in direct proportion to student needs. Data collected at each tier is used to measure the efficacy of the supports so that meaningful decisions can be made about which instruction and interventions should be maintained and layered. The M-TSS involves the systematic use of multi-source assessment data to most efficiently allocate resources in order to improve learning for all students, through integrated academic and behavioral supports. To ensure efficient use of resources, our School will begin with the identification of trends and patterns using school-wide and grade-level data. Students who need instructional intervention beyond what is provided universally for positive behavior or academic content areas are provided with targeted, supplemental interventions delivered individually or in small groups at increasing levels of intensity. The M-TSS is characterized by a continuum of integrated academic and behavior supports reflecting the need for students to have fluid access to instruction and supports of varying intensity levels.



Jefferson County K-12, a Somerset School

MSID: 0024, 0021, 0111

Mental Health Assistance Allocation Plan

Currently, students that are identified as having a Section 504 designation, Individualized Educational Plan (IEP), or Educational Plan (EP) are receiving specialized services related to mental health (EX: counseling) if designated on their plans. All other students are referred to the Student Services Department through school personnel, parental disclosure, or a governmental entity. Once a referral is received, the M-TSS process will be initiated and determination of Tier II interventions will be reviewed. In short, our School will evaluate the student's individual needs and the appropriate School resources. Depending on the need(s) of the student, services rendered at the school site will range from: individualized meetings with Student Services personnel, coordinated visitations from social services, yearly evaluations with school psychologist, coordination of services with outside agencies, and referrals to mental health centers. These services will be documented in our School's Student Information System. The documentation and implementation of the services will be used to reinforce the recommendations from school staff in the event the student requires additional services. While these services are rendered, the parent/guardian will be actively involved in the process and any concern will be immediately addressed. Ultimately, our School's purpose will be to provide the student with the least restrictive environment while providing the optimal conditions conducive to learning both at school and the home.

I. PROGRAM DESIGN

a) Staffing

Our school counselors will be our school's Designated Mental Health Employees (DMHE).. Their summary of responsibilities will include, but are not limited to:

- offering guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being;
- identifying issues including substance abuse, bullying, anger management, depression, relationships, Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ) issues, self-image, stress, and suicide;
- referring students/families to the appropriate agencies for assistance and treatment;
- working with students to improve mental health;
- cooperating with outside agencies to assist in the treatment; and
- providing training and support to our School's faculty and staff on identifying warning signs which could result in a referral.

Jefferson K-12: a Somerset School will use our contracted DMHE through the company Invo-Progressus. They are a Licensed Clinical Social Worker (LCSW) and the IMPACT Team Leader. She will be responsible for providing case management services to all IMPACT clients through coordination the IMPACT team. The IMPACT team consists of 1 Board Certified Behavior Analyst (BCBA), and 2 Registered Behavior Technicians (RBT). The IMPACT team is a school-based program designed to provide students with additional layers of therapeutic,

behavioral, social and emotional support to enhance and promote a positive educational experience. The team is multi-disciplinary in nature, bringing a team of professionals in varying disciplines together to provide students with the support they need to successfully navigate school, both socially and academically. They will also identify and help address any specific emotional, environmental or social challenges facing a student through group, individual and family therapy. Jefferson K-12: a Somerset School will also contract a (BCBA) which will supervise (RBTs) to ensure that clients have access to behavior strategies, providing positive reinforcement for learning. In addition, they will create Functional Behavior Assessments (FBA) and Behavior Intervention Plans (BIP) centered on information gathered by the RBTs. The RBTs will work under the supervision of the BCBA, and directly provide students in supporting skill acquisition and positive behavior modification. The IMPACT Team will also be responsible for lending support to teachers and staff and actively participate in IEP, 504 and parent/teacher meetings.

The 3 DMHE will work in a collaborative manner to coordinate outreach services for our parents with our community partners Jefferson County Health Department, Appalachee Health Services, and Department of Children and Families.

The Mental Health Allocation Budget Narrative Forms (Attachments #1 - #3) reflect that 100% of the expenditures are allocated to direct mental health services or coordination of such services provided by our School Counselors. They will infuse wellness, promotion, prevention and interventions that will increase with intensity, based on student needs. Our School Counselors will be shared between Jefferson Elementary, Middle and High. Attachments #1-#3 reflect that our Mental Health Assistance Allocation is not supplanting other funding sources, increasing salaries, or providing staff bonuses.

b) Referral Eligibility

The Marjory Stoneman Douglas High School Public Safety Act requires a mandatory mental health services referral for students who commit the following infractions: (1) any student who is determined to have made a threat or false report; (2) brought a firearm or weapon; (3) any person who makes, posts, or transmits a threat in a writing or other record, including an electronic record to conduct a mass shooting or an act of terrorism, in any manner that would allow another person to view the threat. Additionally, a mental health services referral will be required for any student that is recommended for expulsion.

The criteria which will trigger the referral of a student for mental health services may include: mood changes, behavioral changes, difficulty concentrating, overwhelming fears, physical harm and substance abuse, eating disorders.

The criteria which will trigger the referral of a student at high risk of substance abuse may include: truancy and tardies, inappropriate behavior, significant drop in grades, physical symptoms (red eyes), lethargy, smell of drugs on body, and needle marks on arms.

Jefferson County K-12, a Somerset School

MSID: 0024, 0021, 0111

Mental Health Assistance Allocation Plan

The criteria which will trigger the referral if a student has one or more mental health issues may include: truancy and tardies, inappropriate behavior, significant drop in grades, unexplained weight loss, physical harm, and depression.

The criteria which will trigger the referral if a student has a co-occurring substance abuse diagnosis may include: truancy and tardies, irritable behavior, significant drop in grades, physical symptoms (red eyes), lethargy, smell of drugs on body, lack of hygiene, and needle marks on arms.

The procedures for identifying students in need of mental health interventions and treatment will be:

1) All faculty and staff will be trained on how to identify warning signs and the School's referral procedures during the Opening of Schools Meeting.
2) Referrals will be made from teachers and other school personnel to the DMHE.
3) Additional information/referrals may be taken from other mental health professionals (outside agencies) and/or parent reports.
4) The DMHE will complete a screening to determine risk assessment and level of intervention needed.

The specific behaviors/actions which will result in a referral for mental health assessment will be: talks of suicide, extreme withdrawals, self-mutilations, hyperactivity, impulsive behavior, extreme sadness, mood swings, drop in academics, excessive absences, and/or difficulty concentrating.

The behavior will be documented using our School's Student Information System. In addition, the Administrative Team will download the FortifyFL App and document when applicable.

Even if a student is referred to the SRO or the IMPACT Team for one of the (3) above mandatory referral they will be referred to an approved mental health facility (Appalachee Center, or if services not available any State Certified Mental Health Agency) for a mental health assessment. A documented clearance/outcome through an approved Mental Health Agency will be required for readmittance to school.

c) Services

The process that will be followed to provide mental health assessment, diagnosis, intervention, treatment, and coordination of care will include:

1) **Provide Mental Health Assessment** – DMHE will complete a mental health assessment.
2) **Diagnosis** – Student will be referred to a medical doctor/primary care provider for diagnosis (if needed).
3) **Intervention** – Our School will initiate the M-TSS process and hold a SST meeting to determine eligibility for a Section 504 Plan or an IEP. The consideration of a FBA and a BIP will

be discussed. If student does not meet eligibility, the DMHE will schedule interventions such as individual or group counseling.
4) **Treatment** – Non-medical treatment as in school counseling will be provided by the DMHE.
5) **Coordination of Care** – The DMHE will obtain a signed Consent Form for Mutual Exchange of Information and meet with any outside agency providing services to the student. A log of visits from the Outside Agency personnel will be kept and treatment plans will be provided to the School for the cumulative file folders.

d) Assessment

Our School will implement the M-TSS that encompasses prevention, wellness promotion, & interventions that increase intensity based on student need.

The Administrative Team will ensure compliance that the DMHE is submitting the reports and inputting into the Student Information System by the end of the school day. The Administrative Team will meet with the DMHE and the Student Services Department on a monthly basis to track referrals and caseloads.

The Administrative Team will provide the documents requested by FLDOE in order to comply with their documentation procedures.

II) DIAGNOSIS

Diagnosing mental illness in children can be difficult because young children often have trouble expressing their feelings, and normal development varies from child to child. Despite these challenges, a proper diagnosis is an essential part of guiding treatment. A child's doctor or mental health provider will also look for other possible causes for the child's behavior, such as a history of medical condition or trauma. He/She might ask parents questions about their child's development, how long their child has been behaving this way, teachers' or caregivers' perceptions of the problem, and any family history of mental health conditions. Our School will obtain a signed copy of the Consent for Mutual Exchange of Information prior to participating in any conversations with a medical doctor or a mental health provider.

III) INTERVENTION

a) Evidence-Based Research

Currently, there are legal mandates requiring mental health services for students diagnosed with special education needs. In addition, educators have long recognized that social, emotional, and physical health problems and other major barriers to learning must be addressed so that schools function satisfactorily and students learn and perform effectively (Adelman & Taylor, 1999). Brenner and colleagues (2007) stated that one in five children and adolescents have emotional or behavioral problems significant to warrant a mental health diagnosis. Because emotional,

behavioral, and psychosocial problems can disrupt function at home, in school, and in the community, mental health has become an important health concern (Brenner et al., 2007).

There is an abundance of evidence that most children in need of mental health services do not receive them, and those that do, receive them, for the most part through the school system (Kutash et al., 2006). Schools have a long history of providing mental health and support services to children and provide convenient access for most children (Kutash et al., 2006). School-based mental health services refer to any mental health service delivered within a school setting, which can include neighborhood schools, school-administered programs in hospitals, and special education programs (Whitman et al., 2008). Also, the term "school-based mental health" has become a commonly used phrase. The term has generally come to be understood as "any mental health service delivered in a school setting" (Kutash et al., 2006). One advantage of the familiar setting of school for mental health services is that students and families avoid the stigma and intimidation they may feel when they go to an unfamiliar and perhaps less culturally compatible mental health settings (US Department of Health and Human Services, 2000). In addition to eliminating barriers to access to care, school-based mental health services offer the potential to improve accuracy of diagnosis as well as assessment process (US Department of Health and Human Services, 2000).

Adelman, H.S. & Taylor, L. (1999). Mental health in schools and system restructuring. Clinical Psychology Review. 19(2), 137-163.
Brener, N., Weist, M., Adelman, H., Taylor, L., & Vernon-Smiley, M. (2007). Mental health and social services: Results from the school health policies and programs study 2006. Journal of School Health. 77(8), 486-499.
Kutash, K., Duchnowski, A., & Lynn, N. (2006). School-based mental health: An empirical guide for decision-makers.
The Future of Children, 2, 19-31. United States Department of Health and Human Services. (2000).
Whitman, C., Aldinger, C., Zhang, X., & Magner, E. (2008). Strategies to address mental health through schools with examples from China.
International Review of Psychiatry. 20(3), 237-249.

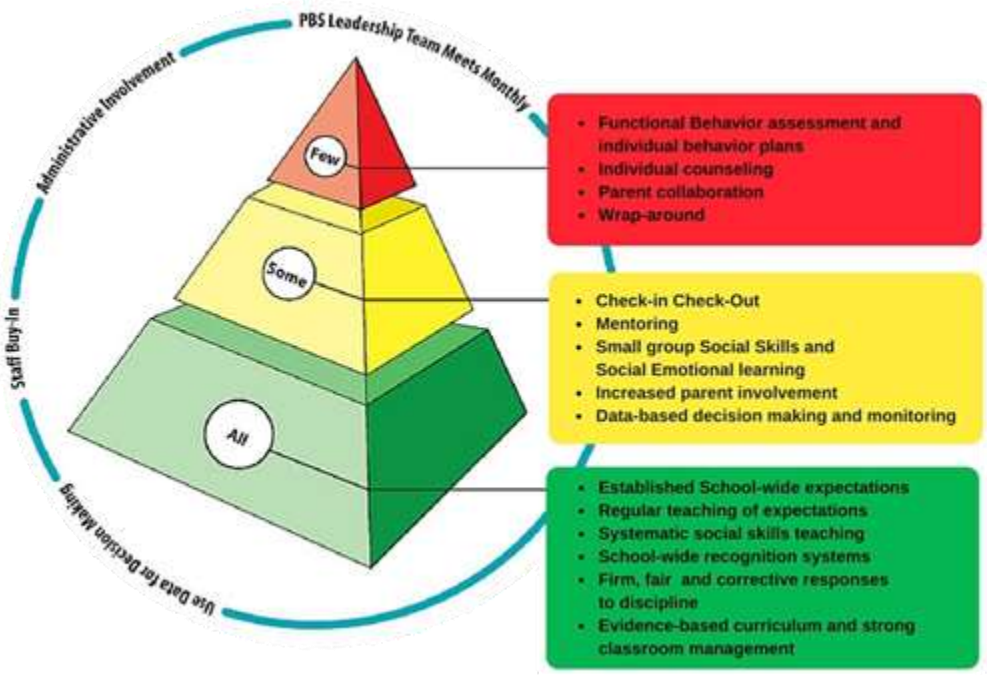
School climate refers to the school's effects on students, including teaching practices; diversity; and the relationships among administrators, teachers, parents, and students. School culture refers to the way teachers and other staff members work together and the set of beliefs, values, and assumptions they share. Our School will implement the following programs to create a positive school climate and school culture to promote our students' abilities to learn and address mental health:

Positive Behavior Interventions and Supports (PBIS) — focuses on positive social culture and behavioral support for all students. PBIS is not a specific curriculum, but an approach that emphasizes the use of the most effective and most positive approach to address even severe problem behaviors.

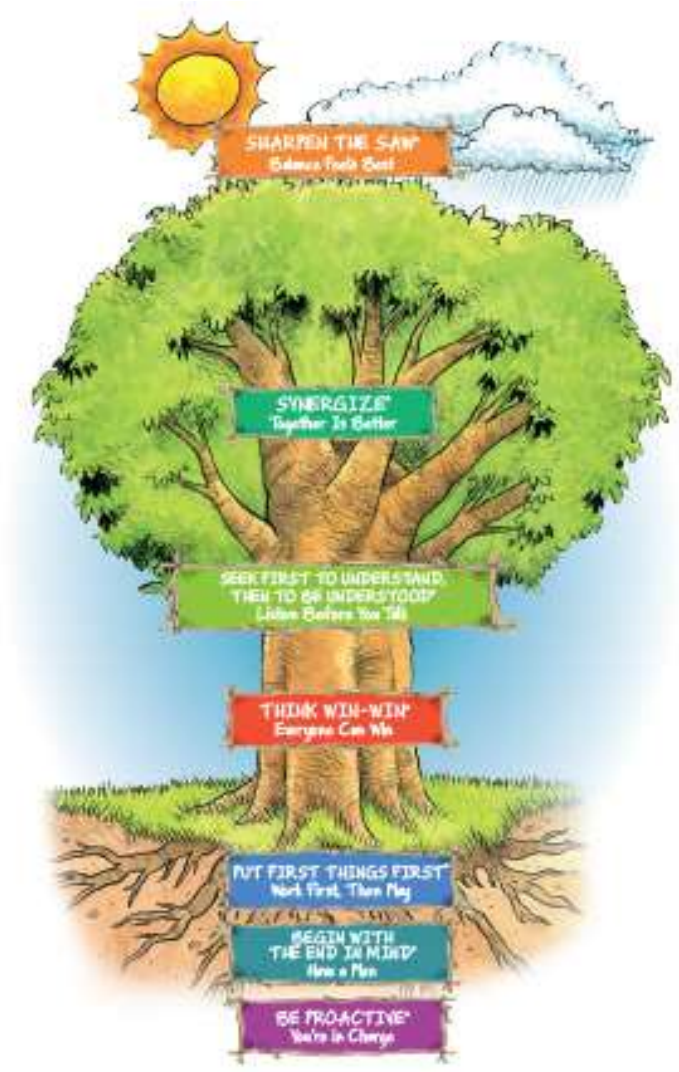
Jefferson County K-12, a Somerset School

MSID: 0024, 0021, 0111

Mental Health Assistance Allocation Plan



The Leader in Me - is aligned with best-in-class content and concepts practiced by global education thought leaders. It provides a logical, sequential and balanced process to help schools proactively design the culture that reflects their vision of the ideal school. Content from The 7 Habits of Highly Effective People is a key component of the overall The Leader in Me process. The 7 Habits is a synthesis of universal, timeless principles of personal and interpersonal effectiveness, such as responsibility, vision, integrity, teamwork, collaboration and renewal, which are secular in nature and common to all people and cultures. The Leader in Me is also aligned to many national and state academic standards. The process teaches students the skills needed for academic success in any setting. These skills include critical thinking, goal setting, listening and speaking, self-directed learning, presentation-making and the ability to work in groups. (https://www.theleaderinme.org/information/what-is-the-leader-in-me/the-7-habits-for-kids/)



Applied Behavior Analyses (ABA) – focuses on the use of techniques and principles to bring about meaningful and positive change in behavior. Behavior analysis focuses on the principles that explain how learning takes place. Positive reinforcement is one such principle. When a behavior is followed by some sort of reward, the behavior is more likely to be repeated.

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) – focuses on reducing trauma symptoms among at-risk primary school children (for example children exposed to violence or natural disasters). The intervention is provided by mental health professionals.

b) School Based

The intervention services will be delivered based on the BIP, Section 504 Plan, or the IEP. The DMHE will provide the services delineated in those plans and track and monitor the progress. (EX: Social Skills training once a week, Frustration strategies once a week)

For students whom do not qualify for related services, the DMHE will address needs in the areas of:

- Listening to students' concerns about academic, emotional or social problems
- Helping students process their problems and plan goals and action
- Mediating conflict between students and teachers
- Improving parent/teacher relationships
- Facilitating drug and alcohol prevention programs
- Organizing peer counseling programs.

c) IMPACT Team

The M-TSS Team will make recommendations to the IMPACT Team based on the students behaviors displayed in the home and school environment. Those behaviors will include aggression, bullying/bullied, symptoms of depression, grief and loss, fears and anxiety, family conflict, hyperactivity, Inattention, self-esteem, social skills and peer relations and truancy.

The M-TSS Team will also utilize the IMPACT Referral form to track primary concerns and previous interventions completed with the student.

Once a referral to the IMPACT Team has been completed the LCSW will contact the parent/guardian to review the referral and schedule the assessment. If the parent declines IMPACT services, the M-TSS team will be notified and the parent will be given community provider options.

Our School will track the progress of the assessment through access to Central Reach and monthly staffing with the M-TSS team. During the assessment, the parent/guardian will complete the ACE study questionnaire, The Parent Assessment Summary and the consent packet for services.

The student will be staffed with the Team to be placed within a tiered system and given the appropriate level of services. Once the appropriate level of services has been identified, the client will be assigned to a RBT and/or a Therapist.

If a student is deemed inappropriate for services, he/she will be referred for local community services. Students who are recommended for a higher level of services will also be referred to local community providers.

With the assistance of the client, the LCSW will develop an individualized treatment plan reviewing the client's goals and objectives. This treatment plan will be reviewed monthly for progress.

Based on the recommendations from the assessment, the client will receive behavior focused interventions, observations, group and individual therapy and case management services.

Each client will also be assessed for successful discharge at the end of their treatment plan target date and the end of the school year.

The IMPACT team will utilize consent packets completed during the assessment to staff related cases with community providers.

IMPACT Tier System (Level of Intervention)

Tier 1

Clients receive two interventions a month, RBT observations, involvement in IEP meetings and parent teacher conferences, and crisis intervention as needed. Clients are also offered family counseling services.

Tier 2

Clients will receive at minimum 1 intervention a week. Based on the presenting problems documented in the assessment and further observation by the team, this tier will be offered at minimum weekly intervention. This will include behavior focused observation and intervention, group or individual therapy, and crisis intervention management when needed. Clients will also be offered case management services.

Tier 3

Clients are seen at a minimum of 2 times a week. They will also be offered all of the services Tiers 1 and 2 receive.

d) Outside Community Health Agencies/Providers

Mental health services embedded within school systems can create a continuum of integrative care that improves both mental health and educational attainment for children. To strengthen this continuum, and for optimum child development, a reconfiguration of education and mental health systems to aid implementation of evidence-based practice might be needed. Integrative strategies that combine classroom-level and student-level interventions have much potential. An agenda is needed that focuses on system-level implementation and maintenance of interventions over time. Both ethical and scientific justifications exist for integration of mental health and education: integration democratises access to services and, if coupled with use of evidence-based practices, can promote the healthy development of children.

National Adolescent and Young Adult Health Information Center (2014). A Guide to Evidence-Based Programs for Adolescent Health: Programs, Tools, and More. San Francisco: University of California, San Francisco.
Brener, N., & Demissie, Z. (2018). Counseling, psychological, and social services staffing: policies in US school districts. American journal of preventive medicine, 54(6), S215-S219.
Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., & Erkanli, A. (1995). Children's mental health service use across service sectors. Health affairs, 14(3), 147-159.
Greenberg, M. T., Weissberg, R. P., O'brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. American psychologist, 58(6-7), 466.
Jennings, J., Pearson, G., & Harris, M. (2000). Implementing and maintaining school- based mental health services in a large, urban school district. Journal of School Health, 70(5), 201-205.

Jefferson County K-12, a Somerset School

MSID: 0024, 0021, 0111

Mental Health Assistance Allocation Plan

While screening outside agencies/mental health providers, our School shall screen the organization prior to their exposure to students. These include:

a) The appropriate level of screening and fingerprinting requirements for any individual entering the School site or potentially coming into contact with the student.

b) The provider shall follow all of the guidelines outlined in Every Student Succeeds Act (ESSA), Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPPA) and the American Counseling Association (ACA).

c) The provider may provide to the School the appropriate Evidence Based Programs (EBP) and the subsequent professional development programs to layer the educational process and the schools curricula. Specific lessons can be applied throughout the school day to address the entire student body.

d) The provider may provide a detailed list of communication protocols that involve all members of the School's stakeholders.

e) The provider shall be able to connect outside services for the entire family. In the event the student and/or the family necessitates additional resources, the provider shall need to connect additional resources (i.e.: Homeless Trust, Medicaid, Medicare, Social Services, Child Protective Services, etc.)

The process that will be followed for the referral to Outside Community Health Agencies/Providers will be:

1. The DMHE will receive a referral from the faculty/staff.

2. The DMHE will complete a screening to determine risk assessment and level of intervention needed.

3. The DMHE will identify whether the student's need is an emergency. Emergency need is universally defined as "being an immediate danger to himself/herself or others." Practically, this means the student may possibly require hospitalization (e.g., he/she is exhibiting suicidal/homicidal ideation). If this is the case, the School's Emergency Protocols are utilized. Emergency Protocols are discussed in the School's Parent and Student Handbook.

4. Families will be brought on board right away when a referral is made. The DMHE will determine if services can be provided at the school or be referred to an outside agency. The School will conduct a parent conference and will work with the family and the school team to engage the process selected.. Decision possibilities may include: development of an in-school plan (behavioral plan, Tier 2 or Tier 3 strategy, etc.), a referral (with family) to an external mental health partner (Community Mental Health Center, private mental health provider), referral/involvement of other appropriate professionals or informal supports (physician, CPS, juvenile justice, etc.), or any of a number of other interventions that may be appropriate and responsive to the individual child and family's need.

The School may create Cooperative Agreements with these providers/organizations on a yearly basis. The School may actively pursue collaborations and partnerships as well with non-profit agencies that focus on the mental health of school-aged children. For example, during the 2018-2019 school year, our School will work with Florida State University (FSU) Multidisciplinary Center for the purpose of securing psychological services. These services will include:

- Collecting baseline data (academic and/or behavioral) including classroom observations, parent and/or teacher interviews, review of records, and student and class-wide observations;
- Designing and assisting with implementation of interventions;
- Designing and assisting with collecting and analyzing progress monitoring data, including revising and re-implementing interventions;
- Conducting psycho-educational screeners or full evaluations to assist in intervention planning and revision, as well as placement decision-making;
- Participation in team decision-making regarding progression through problem solving steps, tiers of service delivery, and appropriateness of ESE placement; and
- Participation in school and charter school level program planning, design, and implementation of RtI/Problem-Solving model specific to the needs of our School and/or FLDOE in accordance with Federal standards.

The process for follow up with Outside Community Health Agencies/Providers will be for the DMHE to contact the provider to ensure there is no duplication of services and to consider what interventions are already in place (ensure this process does not hold up scheduling intakes with families/moving forward with care). Relevant data will be collected (including Special Education Services, academic and behavioral indicators, social emotional functioning) based on referral and data. The decision will be made regarding provision of care and services. The provider will create a Treatment Plan. The provider will meet with family, obtain consent to treatment, and work with the DMHE on how to integrate other school staff and interventions as appropriate. As appropriate – the provider may bring the treatment plan process and progress to the School to inform, integrate, and consult with them on care.

Our School will coordinate services with the student's Primary Care Provider (PCP) and other mental health providers caring for the student by obtaining a signed copy of the Consent for Mutual Exchange of Information Form to coordinate services. The DMHE will offer information to the treating doctors on the student's behavior and progress to assist the doctor with coordination of services on an agreed upon schedule (every 4-6 weeks). The DMHE will review progress with the School Administration on a monthly basis to review the progress the PCP or mental health provider they will need in order to cease, maintain, or increase the level of services.

IV) TREATMENT AND RECOVERY SERVICES

Our School will obtain a signed copy of the Consent for Mutual Exchange of Information Form to ensure that the parent is complying with the treatment plan (required visits) prescribed by the child's doctor (pediatrician or psychiatrist). Our School will offer information to the treating doctors on the student's behavior and progress to assist the doctor with his interventions. Our School will hold a Parent Conference to discuss the benefits of the treatment on the overall academic and behavioral wellbeing for their child.

If our School suspects child abuse, abandonment or neglect, according to Florida Statutes (section 39.201(1)(a), F.S., *"Mandatory reports of child abuse, abandonment or neglect") require that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare must report such knowledge or suspicion to the Florida Abuse Hotline.*

In addition, our School will contact the BCPS and The Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) [http://bcps-mentalhealth.com/sednet.php] for additional support.

V) COORDINATION OF SERVICES

Our School will obtain a signed copy of the Consent for Mutual Exchange of Information Form to ensure that the parent is complying with the treatment plan (required visits) prescribed by the child's doctor (pediatrician or psychiatrist). Our School will offer information to the treating doctors on the student's behavior and progress to assist the doctor with his interventions.

Parents: Our School will contact parents any time it deems necessary. Our School welcomes the opportunity to have parents call or email about concerns. Our School faculty/staff is very communicative. The expectation is that they will return emails and phone calls within 48 hours (on school days) in hopes that the School and the family can work together in a timely manner. Our School will approach the issue in an objective, methodical manner. Our School will engage in fact-finding and listen to and reflect on all sides of the story before reaching a conclusion. The School will abide by FERPA expectations and regulations.

Students: Our School will create an environment where students feel free to communicate with their teachers, counselors, and all other School personnel. Students will be empowered and encouraged to advocate for themselves by talking directly to School personnel. Our School will abide by FERPA expectations and regulations.

Appropriate staff: Our School will inform the appropriate faculty/staff on the related services being provided to students. Our School will provide a copy of the BIP, Section 504, or IEP to ensure teachers understand the role they need to play in the coordinating of services.

MENTAL HEALTH ALLOCATION
BUDGET NARRATIVE FORM

Somerset Jefferson County Consolidated Budget

Name of Eligible Recipient

MSID

Jefferson

District

723

total Students All Schools

Mental Health Allocation

$ 115,260.00

(1) MSID	(5) FTE Position	(6) Amount
Elementary School 0111	0.33	66,108.75
Middle School 0021	0.33	29,813.75
High School 0024	0.33	33,702.50
Alternative School (included in 0024)	0	-
District Adult Education School (included in 0024)	0	-

Total Mental Health Expenditures	**$**	**129,625.00**
Total District Mental Health Allocation	**$**	**115,260.00**
Expenditures as Percent of Mental Health Allocation		**112%**

Mental Health Allocation Budget Narrative Form

Somerset Jefferson County Elementary

Name of Eligible Recipient

0111

MSID

Jefferson

District

368

Students

61,198.40

Mental Health Allocation

(1) Function	(2) Object	(3) Account Title	(4) Narrative	(5) FTE Position	(6) Amount
6000	130	Counselor	2 school employed counselors will infuse wellness, promotion, prevention and interventionst that increase with intensity, based on student needs.. Counselors are shared between Jefferson Elementary, Middle and High	0.33	$ 52,887.00
6000	200	Benefits		0	$ 13,221.75

Total Mental Health Expenditures $ 66,108.75

Expenditures as Percent of Mental Health Allocation 108%

Mental Health Allocation Budget Narrative Form

Somerset Jefferson County Middle

Name of Eligible Recipient

0021

MSID

Jefferson

District

169

Students

28,104.70

Mental Health Allocation

(1) Function	(2) Object	(3) Account Title	(4) Narrative	(5) FTE Position	(6) Amount
6000	130	Counselor	2 school employed counselors will infuse wellness, promotion, prevention and interventionst that increase with intensity, based on student needs.. Counselors are shared between Jefferson Elementary, Middle and High	0.33	$ 23,851.00
6000	200	Benefits		0	$ 5,962.75

Total Mental Health Expenditures $ 29,813.75

Expenditures as Percent of Mental Health Allocation 106%

Mental Health Allocation Budget Narrative Form

Somerset Jefferson County High

Name of Eligible Recipient

0024

MSID

Jefferson

District

186

Students

30,931.80

Mental Health Allocation

(1) Function	(2) Object	(3) Account Title	(4) Narrative	(5) FTE Position	(6) Amount
6000	130	Counselor	2 school employed counselors will infuse wellness, promotion, prevention and interventionst that increase with intensity, based on student needs.. Counselors are shared between Jefferson Elementary, Middle and High	0.33	$ 26,962.00
6000	200	Benefits		0	$ 6,740.50

Total Mental Health Expenditures $ 33,702.50

Expenditures as Percent of Mental Health Allocation 109%