The School District of Lee County, Florida
2018-2019 Mental Health Allocation Plan

Presented to the School Board of Lee County
July 31, 2018

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Mission: To ensure that each student achieves his/her highest personal potential
Vision: To be a world-class school system
The School District of Lee County
Mental Health Plan
2018-19

The School District of Lee County utilizes a tiered system of support to address the academic, behavioral, and social-emotional development of its students. This tiered system approach is the most effective method of addressing the variety of academic, behavioral, social-emotional, physical and mental health needs of all students. The goal of the district mental health plan is to expand the support currently in place and improve the quality and accessibility of mental health services through direct services and/or referral to outside providers. Senate Bill 7026 (SB 7026) requires each school district to submit a board approved plan to the commissioner of education by August 1 of each fiscal year.

The following multi-tiered system of support for mental health and social-emotional initiatives aligned with SB 7026 are currently in place to support this effort.

Tier 1: Universal Strategies--focus on promoting social and emotional well-being and development of all students.

- **School Counselors**: The school district employs 143 school counselors that serve in the district K-12 schools based on student population and learning community need. The school counselor provides tier one services working proactively with students through social-emotional learning classroom lessons, individual and small-group counseling, consultation, and collaboration. School counselors recognize students’ mental health needs and work collaboratively with students, parents, school staff and mental health agencies to address student needs before escalation to a crisis.

- **School Nurses**: The school district currently employs 43 school nurses. Each school in the district is assigned school nursing services based on need. They provide medication administration training to staff and are responsible for creating Individual Healthcare Plans (IHCP). School nurses assess student’s physical health while considering mental health and wellness.

- **School Social Workers**: The school district currently employs 39 school social workers. Each school in the district is assigned social work services 1-5 days per week based on need. The department utilizes a direct service delivery model to promote a connection between schools, families, and the community. Social workers provide consultation and coordinated interventions designed to help students access the supports they need for mental health and wellness in order to promote student success.

- **School Psychologists**: The school district employs 32 school psychologists that are assigned to schools according to need. School psychologists administer and interpret psychoeducational evaluation instruments and analyze complex student and school problems.

- **Intervention Support Specialists**: Each school within the school district has at minimum, a part-time intervention support specialist. They are responsible for facilitating the implementation of the Multi-Tiered Systems of Support (MTSS), Early Warning System (EWS), and Positive Behavior Intervention Support (PBIS) within the school setting. They coordinate and support targeted student interventions to implement and sustain
MTSS/EWS and PBIS processes at the individual student, classroom, and school based levels.

- **Prevention Specialists:** The school district employs two prevention specialists that implement and coordinate school prevention programs including anti-bullying, alcohol, tobacco, and other drug use. In addition, they establish school and community partnerships, train and assist in implementing peer mediation, mentoring, restorative practices, and support social emotional learning (SEL) through the implementation of evidence-based curriculum.

- **Parent/Family Education:** Parent education is provided on the topics of bullying (physical, verbal, and cyber), social media, sexting, human trafficking, and other issues negatively affecting student physical, emotional and mental health.

- **Training for Staff:** Student services personnel offer training to school staff on a variety of topics that support the social/emotional development and well-being of students as well as enhance the staff’s ability to identify “red flags” or concerning behaviors. Training topics include, but are not limited to, Trauma Informed Care, Trauma Sensitive Schools, CHAMPS, suicide prevention, LGBTQ, PBIS, SEL, peer mediation, peer mentoring, and Check and Connect.

- **Evidence-Based Prevention Programs:** The District supports and uses programs that have demonstrated the highest level of evidence of effectiveness. These programs, when implemented following the fidelity model, are likely to produce positive youth outcomes. District schools teach social-emotional learning (SEL) through evidence-based programs such as Second Step and Sanford Harmony.

**Tier 2:** Selected, brief strategies to support students at risk of or with mild mental health challenges.

The below staff provide direct and indirect services to address emerging or mild mental and behavioral health problems and prevent risky behaviors.

- **School Counselor:** School counselors address student mental health concerns through a process of referral and identification generated by school administrators, faculty and staff, self/peer, parents, guardians, or a community based care provider. When a referral is made, school counselors will collect quantitative data (e.g. attendance, grades, and/or number of referrals), qualitative data (e.g. student interview or observation), and administration of screeners to determine student satisfaction with life and sense of belonging to the school community. Services include classroom observations, collaborative intervention planning and implementation, individual and group counseling and consultation with administration and staff.

- **School Nurses:** Services include acting as a liaison between home, school, and medical providers when mental health challenges may be emerging.

- **School Social Workers:** Services include classroom observations, collaborative intervention planning and implementation, group counseling services, and assessment of family needs.

- **School Psychologists:** Services include classroom observations, assessment and interpretation of behavioral data to monitor response to interventions, consulting with school-based teams, identifying and implementing evidence-based interventions.
- **Intervention Support Specialists**: Continued coordination and support of targeted student interventions to implement and sustain problem-solving processes at the individual student level.

- **Community Mental Health Supports**: The school district has collaborative agreements with local community mental health agencies to provide limited school-based counseling services as well as office and home-based services. Some of these agencies also provide substance abuse services.

- **Substance Use/Abuse Programs**: Teen Intervene is an early intervention program provided by the Hanley Foundation for 12 to 19-year-olds who display early stages of alcohol or other drug involvement. The Teen Intervene Program is outpatient and contains three sessions by a Hanley counselor, offered ten days apart. For more intensive intervention, Project Success small groups are led by Hanley Foundation group counselors using the social learning model. These groups focus on substance use/abuse for adolescents and offer seven different groups based on individual need: Alcohol and Other Drug Use; Sibling Group for students living with alcohol or drug-abusing siblings; Non-Users Group for students that are not using but are facing peer pressure to use; Children of Substance Abusing Parents (COSAP) Group for students that live with an alcoholic or drug abusing parent/guardian; Abusers Group for students who are abusing alcohol, tobacco, and other drugs (ATOD) and are motivated to stop; Abuser/COSAP Group for students who are abusing ATOD and are living with a substance abusing parent/guardian; and Recovery Group for students who have already been in treatment or have stopped using on their own.

- **SEDNET**: Hendry County hosts our regional SEDNET, which facilitates and coordinates mental health services for youth with/or at-risk of emotional behavioral disabilities.

**Tier 3: Intensive, ongoing strategies to support those with significant mental health needs.**

The below staff provide direct and indirect services to address significant mental and behavioral health problems.

- **School Counselors and School Social Workers**: Services include collaboration with outside mental health and substance abuse treatment providers, consultation and collaboration with parents, follow-up with students and families regarding access to services, classroom observations, and individual and group counseling services.

- **School Nurses**: Services include acting as a liaison between home, school, and medical/community mental health providers as needed for students in treatment.

- **School Psychologists**: Services include working collaboratively with families and physicians providing direct and indirect mental health services to children with mental health and psychiatric diagnoses.

- **Intervention Support Specialists**: Continued coordination and support of targeted student interventions to implement and sustain problem-solving processes at the individual student level. Collaborate with student services staff regarding potential evaluation.

- **Community Mental Health Supports**: The school district has collaborative agreements with local community mental health agencies to provide limited school-based counseling services as well as office and home-based services. Some of these agencies also provide substance abuse services.
• **Substance Use/Abuse Programs**: The small groups provided by the Hanley Foundation as described in Tier 2 are also available as Tier 3 interventions.

• **District Crisis Counseling Response Team**: The primary purpose of the District Crisis Counseling Response Team (CCRT) is to offer support and assistance to students, families, and staff when a crisis occurs. The CCRT provides both direct and indirect psychological first aid intervention services. The CCRT coordinates additional follow up supports depending on the nature of the crisis.

**The School District of Lee County’s Plan for Mental Health Assistance**

As defined through Senate Bill 7026, the School District of Lee County (SDLC) will receive a mental health assistance allocation of $1.8 million to expand school-based mental health care and access to mental health services for students. At least 90% of this allocation must be expended on the following three elements:

- Provisions for mental health assessment, diagnosis, intervention, treatment and recovery services to students with a mental health diagnosis or at-risk for such diagnosis
- Coordination of services with primary care and mental health providers
- Direct employment of mental health service providers, and/or contract based collaborative efforts with mental health providers to provide school based mental health services

Beginning in September 2019, districts will be required to submit a report on the program outcomes and expenditures for the previous fiscal year based on the above three elements.

**Mental Health Assistance Plan**

Beginning in 2018-19, all school personnel will receive youth mental health awareness and assistance training to help school personnel understand the signs and symptoms of mental health challenges and how to assist a student who may be in distress or crisis.

The School District of Lee County has developed a Mental Health/Substance Abuse Services Decision Tree (Appendix A) to be used by school counselors, social workers, school psychologists and/or school nurses when determining next steps for a student. The decision tree, in conjunction with one or more district-approved mental health screeners, will assist school district personnel in determining the best evidence-based mental health service(s) to recommend for the student within a multi-tiered system of support.

The multi-disciplinary school-based mental health team will review each student’s presenting factors, screening results, and other relevant data to determine appropriate evidence-based tier 2 and 3 interventions to be implemented by school-based mental health professionals. When deemed appropriate for school-based mental health professionals to refer to an outside provider, the outside provider is responsible for a psychosocial assessment in order to diagnose, identify treatment needs and appropriate interventions to ensure a recovery-based model of care.

Pending board approval, new cooperative agreements with three mental health providers will begin Fall, 2018. These agencies will provide mental health, substance abuse, behavior analysis, and case management services to students with parental consent.
Collaborative partnerships with community mental health professionals will be supported through monthly meetings of The School District of Lee County Children's Mental Health Cabinet, monthly meetings of the Healthy Lee Behavioral Health Task Force; and bi-annual meetings with community and mental health partners.

As members of the school-based multi-disciplinary mental health team, school counselors, social workers, school nurses, school psychologists, behavior specialists, and intervention support specialists will meet weekly to discuss students’ needs, services, and effectiveness of interventions. Additional team members may include parents, teachers, administrators, school resource officer and others as determined appropriate for each student. School social workers will coordinate the provision of mental health services with a student’s primary care provider and with other mental health providers to include case manager, psychiatrist, therapist, and other mental health professionals when appropriate. In order to facilitate this collaboration, the school will ensure that they offer the parent/guardian the opportunity to sign the parental permission for release of information form. Furthermore, community mental health partners will be encouraged to have a release signed for SDLC students as part of their intake process. This will allow for communication that meets HIPPA and FERPA guidelines related to confidentiality. Coordination efforts will include case consultation, additional needs assessments, recommendations for school or home supports, and referral for additional services.

Program Implementation and Outcomes

The following processes will be put into place in order to collect data regarding the number of students screened/assessed, number of students referred for internal mental health services, and number of students referred to an outside mental health provider:

- For any student being referred to the multidisciplinary school-based mental health team for a mental health or substance use concern, a school-based referral form will be completed. The school counselor will review the concerns detailed on the referral and meet with the student, using the mental health/substance abuse services decision tree as a guide to determine next steps for the student. Based on the paths taken via the decision tree, appropriate student and parental consent will be obtained as indicated.
- School counselors, social workers, or school psychologists will complete the SDLC referral consent form when referring to an outside mental health agency. Required data will be entered into the confidential student information system for tracking and reporting. The school social worker will be responsible for reporting the outcome of the referral and working with the family and agency to remove barriers that may impede access to services.
- SDLC social workers will expand their current role to provide wraparound services to families of students. They will provide a combination of direct service support and referrals to district and community mental health providers to meet the unique needs of each student based on the assessment outcomes and collaboration with parents. They will communicate outcomes and progress with the school-based multi-disciplinary mental health team and support the reporting process as outlined in SB 7026.
Proposed Expenditures

Expansion of Direct School-Based Mental Health Services:

SDLC will use at least 90% of the Mental Health Assistance Allocation to supplement support for direct mental health services for students. These funds do not supplant other funding sources, increase salaries, or provide staff bonuses.

The SDLC will hire ten (10) additional school social workers to ensure adequate staff for the provision of school-based mental health services to students as part of the school-based mental health team. These services will include individual and small group counseling for students, referrals to outside providers, consultation/collaboration, and wraparound services with families and other agencies that may be involved in the student’s continuum of care. Home visits with families will be conducted for gathering information on a student's background. School social workers will be assigned full-time at every high school and three to four days per week at each middle and elementary school to participate in tier two and tier three services within the multidisciplinary school-based mental health teams or with primary care providers and mental health agencies when additional mental health or substance abuse support is needed. SDLC will pursue active consent for Medicaid School Match billing from parents with students receiving Medicaid.

The SDLC will hire four (4) additional school psychologists to ensure all school psychologists are formally assigned to designated schools rather than serving on a rotational basis. This will ensure each school psychologist can serve regularly with their unique expertise on the school-based multidisciplinary mental health team for each of their assigned schools. One school psychologist will be assigned full-time to the Success Academy, which is an alternative program for students with serious behavior challenges that resulted in reassignment to this intensive program.

The SDLC will hire three behavior experts (one for each district zone) to serve schools in need of behavior assistance with students without an IEP. (The school district currently staffs behavior professionals to serve only the needs of students with disabilities.) Hiring three additional behavior experts will expand behavior services to all students and build capacity of school staff in using the ABC Theory of Behavior to support and promote youths’ mental health.

Formal Partnerships with Community Providers:

Through contracted services with SalusCare, the county’s community behavioral health provider, a full-time mental health counselor will be hired and staffed at the Success Academy, including vacations and summer break, for students determined in need of intensive, tier 3 mental health and/or substance abuse intervention and services. This contract will also fund three assessment/intake specialists at this community behavioral health provider dedicated to serving the needs of SDLC students in a timely manner that are referred for tier 3 (assessment, diagnosis, intervention, treatment, and recovery) mental health and/or substance abuse services. This also includes assessments required as a result of the school-based threat assessment teams and designated student code of conduct infractions that require assessment.

Through contracted services with Golisano Children’s Hospital Pediatric Mental Health Unit, medication management and mental health counseling services will be provided on site to students at the Royal Palm Exceptional Center.
The SDLC currently has a collaborative agreement with SalusCare, the largest local community mental health agency, to define the current relationship for counseling and substance abuse services. SalusCare bills Medicaid and third-party providers. The SDLC is developing a more comprehensive collaborative agreement with SalusCare and additional local community mental health agencies to expand these services.

**Indirect Services:**

The SDLC may use up to 10% of the Mental Health Assistance Allocation to indirectly support mental health services to students.

**PREPaRE Crisis Intervention and Recovery Training:** In an effort to be better prepared for supporting students, parents, and staff in the event of a crisis, multidisciplinary school-based mental health teams will be trained in PREPaRE, an evidence-based school crisis prevention and response model. To build capacity of staff and perpetuate this training in upcoming years, the SDLC will follow a train-the-trainer model for Workshop Two, *Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals.* This training will not only prepare district trainers to train multidisciplinary school-based mental health teams, it will also ensure all members of the School District Crisis Counseling Response Team are trained in the PREPaRE prevention and intervention model as they serve schools through a district response when required.

**Youth Mental Health Training:** The SDLC will coordinate with SedNet to provide Youth Mental Health First Aid Training for parents in order to educate and overcome the stigma associated with mental illness. Upon release from the FL DOE, the district will also implement the three-hour universal training that educates staff regarding the mental health awareness and early warning indicators associated with mental illness.

**Program Oversight and Training for Schools**

The School District Mental Health Leadership Team will provide mental health trainings for schools, as required by SB 7026, and support multi-disciplinary school-based mental health teams. The team will schedule bi-annual meetings with all approved mental health providers, coordinate mental health, and wraparound services as well as intervention, treatment and recovery outcomes. The team will ensure schools track referrals, outcomes and follow-up care. Additionally, this team will evaluate policy and procedures that support the mental health services in the district. Data reporting related to SB 7026 will be reported by the team to the FL DOE beginning September of 2019.

The SDLC will schedule quarterly multi-disciplinary meetings to discuss mental health issues in the district and implementation processes and procedures. The multi-disciplinary team consists of certified school counselors, nurses, social workers, school psychologists, behavior support team staff and approved licensed mental health and substance abuse providers.

The SDLC will use a secure electronic record system for tracking documentation of mental health services provided by district personnel as well as outside providers. The system will track mental health assessments, screening results and progress notes. The SDLC will ensure confidentiality of student information, as required by FERPA and HIPPA.
## Proposed Expenditures for 2018-2019

### Proposed Mental Health Allocation Expenditures FY19

<table>
<thead>
<tr>
<th>Allocation</th>
<th>FTE</th>
<th>Funding—Direct Services (90%)</th>
<th>Funding—Indirect Services (10%)</th>
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<td><strong>Staff</strong></td>
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<tr>
<td>School Psychologists—Four additional</td>
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<td>School Social Workers—Ten additional</td>
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<td>Extended School Year for Some School-Based Mental Health Professionals to Continue Support for Students in Need</td>
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<td>Mental Health and Substance Use Services</td>
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Please note that funding totals are approximate and funds may be adjusted between the above categories as determined by The District, provided the 90% direct services requirement continues to be met.
Appendix A
Mental Health/Substance Abuse Services Decision Tree

Identification & Referral
School Admin.  
School Staff  
Self/Peer  
Parent  
Guardian

Informal interview of student w/data review
Need for additional district-approved screening(s) identified by school counselor or social worker and administered with parental consent
No mental health (MA) or substance abuse (SA) risks identified

Mental health and/or substance abuse concern identified

Minimal to Moderate risk of MH and/or SA
Tier 2 Services
Individual Counseling  
Group Counseling  
Classroom Observation  
FBA/BIP  
Family Consultation  
Referral Services
Tier 2 Providers
School Counselor  
School Psychologist  
School Social Worker  
Community Provider

Moderate risk of MH and/or SA
Tier 2/Tier 3+ Services
Individual Counseling  
Group Counseling  
Classroom Observation  
FBA/BIP  
Wrap-around Services
Family Consultation  
Referral Services
Tier 2/Tier 3 Providers
School Counselor  
School Psychologist  
School Social Worker  
Community Provider
*student may be referred by school counselor or social worker to community-based mental health services for intake and consent

High risk of MH and/or SA
Tier 3 Services*
Individual Counseling  
Group Counseling  
Classroom Observation  
FBA/BIP  
Wrap-around Services  
Family Consultation  
Referral Services  
Reentry Support  
Treatment Support
Tier 3 Providers:
School Counselor  
School Psychologist  
School Social Worker  
Community Provider
*student may be referred by school counselor or social worker to community-based mental health services for intake and consent

Community Resources
Mental Health Providers/Hospitals  
Medical Care/Primary Care Provider  
Family Services  
Parent Support/Training  
Social & Health Services  
 Wraparound/Case Management

Tier 1 services continue and are monitored by Tier 1 providers

Wrap-around services provided by school social worker