MENTAL HEALTH ASSISTANCE ALLOCATION PLAN – 2019-2020

The School Board and Superintendent for The School District of Osceola County, FL have made mental health services a priority within the district’s strategic plan. As we move into a new Strategic Plan for the next three years, there is the creation of a separate strategy – Goal 5 – Safety and Security – “Ensure a safe and positive learning environment for all”. Activities include training staff in mental health and suicide prevention awareness, increasing support for students identified in need of receiving mental health services, reducing chronic student absenteeism, compliance with district and state security requirements and the reduction of the percentage of exclusionary practice.

A. Mental Health Assistance Allocation Plan

- Describe the delivery of evidence-based mental health assessment, diagnosis, intervention, treatment and recovery through a multi-tiered system of supports
  - **Tier 1**
    - Students in Grades 3 – 12 will be screened through a survey from Panorama, which will be designed to identify concerns with Social Emotional Learning (SEL). Counselors, Social Workers, School Psychologist and Administrators will review the data on a regular basis to study and refer for trends or concerns
    - Non-instructional employees and teachers of all grades were recipients of a two-hour mental health training at the beginning of the 2018-2019 school year. This year they will all be receiving Kognito training. Youth Mental Health First Aid (YMHFA) Training began last year and will continue to be offered to all employees throughout the summer and the upcoming school year with the goal of having all employees trained by Summer 2022. The referral process has been explained and staff can refer students as needed.
  - **Tier 2**
    - Assessment, diagnosis, intervention, treatment and recovery can be received through many channels, including school based personnel and/or community partners. Students can be referred through systems outlined above, parent, self-referral, friend referral, threat assessment referral or other areas of concern. Once referred, the student will be assessed by a staff member with mental health training, i.e. counselor, social worker or school psychologist. Based on the assessment the professional can schedule regular meetings which include Brief Therapy, referral to an outside agency and/or conference with parents and/or mental health therapists
  - **Tier 3**
    - At the beginning of the referral process therapists from fourteen outside agencies are invited to schools to set up times to meet with students. Services are on going.
    - Therapists and outside agencies are asked to meet monthly to discuss interventions, recommended treatment and how recovery can be assisted by the educational system
    - Therapists and outside agencies are included in the MTSS process and the IEP meetings as needed
• State how the plan will focus on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses.
  o Second Step offered at all elementary and K-8 schools
  o Licensed School Social Workers and Licensed Mental Health Counselors to provide Cognitive Behavioral Counseling
  o Sanford Harmony – Sanford Harmony is a socio-emotional teaching program that promotes strong classroom relationships between all students. The curriculum is aligned to Common Core state standards and is designed to be delivered in the classroom preschool through sixth grade. The goal of the curriculum is to reduce bullying, develop students who are tolerant, compassionate and to become caring adults.
  o Applied for pilot Youth Mental Health First Aid Teen for high school
  o Lifelines Suicide Prevention Training for Middle School Counselors
  o Partnership with Community Mental Health Agency for substance abuse counseling
  o Zones of Regulations – The Zones of Regulation is a curriculum geared toward helping students gain skills in consciously regulating their actions, which in turn leads to increased control and problem solving abilities using a cognitive behavior approach. We are currently using Zones in 4 elementary schools with plans to expand to 7 elementary schools next year.

• Describe the process for coordinating mental health services for students at charter schools that are part of the school district’s plan.
  o Training on the district mental health referral system will be offered to all mental health staff at charter schools that are part of the school district’s plan.

• Include direct employment of school-based mental health services providers (i.e., school psychologists, school social workers, school counselors and other licensed mental health professionals) to reduce staff to-student ratios and meet student mental health assistance needs
  o Addition of 12 School Social Workers, 2 Mental Health Counselors, 2 School Psychologists
  o Ratio of School Psychologists 1:2094 decreased to 1:1970
  o Ratio of School Social Workers 1:5038 decreased to 1:2052
  o School Social Workers – High Schools 4 days, Middle Schools 2 days, Elementary 1 – 2 days as needed
  o Licensed Mental Health – Provide mental health referral system and provide consultation with school counselors, social workers and psychologists with fourteen contracted agencies
• Identify strategies to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).
  o Based on a matrix including free and reduced lunch, ELL and ESE populations, mental health referrals, threat assessments and number of students, Student Services allocations were redistributed
  o School Social Workers – High Schools 4 days, Middle Schools 2 days, Elementary 1 – 2 days as needed
  o School Psychologists – 2 days at each school which allow for a combination of assessment, meetings and counseling

• State how the plan will establish school board policies and procedures for all schools, including charter schools, to ensure:
  ▪ Students referred for a mental health screening are assessed within 15 days of referral
  ▪ Students receive screening for mental health services through a Threat Assessment process, mental health referral or referral to mental health professional at the school
  ▪ Threat Assessment process for Threat to self will include the Signs of Suicide (SOS) Assessment which is a self-assessment completed by the student
  ▪ These assessments / screenings are completed the same day and a referral is made on that day
  o School-based mental health services are initiated within 15 days of identification and assessment; and
    ▪ Students who show a need for services will be referred same day to a mental health professional at the school who will conference with legal guardians to establish a recommendation for care
    ▪ Based on the recommendation the student will receive services at a crisis unit, mental health agency or begin meeting on a regular basis with the appropriate mental health personnel at the school
  o Community-based mental health services are initiated within 30 days of referral
    ▪ Memorandums of Understanding include the requirement that information regarding services is shared with the School District within 15 days.

Once approved by the School Board, the plan will become part of School Board Adopted Plans, School Board Rule 2.25. Charter schools have access to all plans as part of the School Board Rule. Our current procedures have been in place for several years and already provide immediate assistance to students in the public schools. In addition, we share training and support to charter schools including copies of processes.

• Describe the process for coordinating mental health services with a student’s primary mental health care provider and other mental health providers involved in the student’s care.
  o All parents are requested to complete a Health Information Sheet which provides information on and permission to speak with the Primary Care Physician and other health care providers
• Should the school become aware of a student who is receiving services or refer a student for services and find out they are receiving services, contact will be made with the mental health professionals or if necessary the primary care physician to collaborate in the student’s care.

• Identify strategies or programs to reduce the likelihood of at-risk students developing social, emotional or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorders.
  o Understanding of all staff with regards to mental health signs and symptoms AND understanding of the importance of the referral process
  o A 48 hour turnaround from the time a mental health referral is signed by a parent through the time the referral is processed and referred to a community agency
  o Immediate access to mental health professional through school and district mental health persons.
  o Second Step offered at all elementary and K-8 schools
  o Licensed School Social Workers and Licensed Mental Health Counselors to provide Cognitive Behavioral Counseling
  o Sanford Harmony – Sanford Harmony is a socio-emotional teaching program that promotes strong classroom relationships between all students.
  o Applied for pilot Youth Mental Health First Aid Teen for high school
  o Lifelines Suicide Prevention Training for Middle School Counselors
  o Partnership with Community Mental Health Agency for substance abuse counseling
  o Zones of Regulations – The Zones of Regulation is a curriculum geared toward helping students gain skills in consciously regulating their actions, which in turn leads to increased control and problem solving abilities using a cognitive behavior approach
  o Collaboration with National Alliance on Mental Illness (NAMI) to present *Ending the Silence for Youth* to be presented in Middle and High Schools

• Identify strategies to:
  o Improve the early identification of social, emotional or behavioral problems or substance abuse disorders:
    ▪ Panorama surveys will provide SEL information for students which will allow for Targeted Tier 1 interventions
    ▪ Continued Professional Development for staff and increased education for students in the signs and symptoms of mental health and trauma
    ▪ Cross training with community mental health agencies and school districts with emphasis on early identification
  o Improve the provision of early intervention services; and
    ▪ Application to National Council for Youth Mental Health First Aid Teen
    ▪ Panorama surveys will provide SEL information for students which will allow for Targeted Tier 1 interventions
    ▪ District School Counseling Department is working with schools to identify and improve the needs
    ▪ Collaboration with National Alliance on Mental Illness (NAMI) to present *Ending the Silence for Youth* to be presented in Middle and High School
- Assist students dealing with trauma and violence
  - Parenting classes in English and Spanish dealing with mental health issues including Adverse Childhood Experiences (ACES) and trauma
  - Collaboration with Department of Children and Families (DCF) and Child Welfare in identification of and access to services for students in care due to trauma
  - Trauma informed persons available to assist mental health persons assisting students
  - Continued training in mental health and trauma for employees

B. Expenditures

- Number and licensure/certification of school-based mental health providers funded by the allocation
  - Two licensed Mental Health Therapists – Certified in School Social Work, and Licensed Clinical Social Workers
  - Supervisor of Social Services – Licensed Clinical Social Worker
  - Twelve School Social Workers –
    - Required Degree: Master in Social Work (MSW)
    - One School Social Worker is certified in School Social Work and Licensed Clinical Social Work
    - Two are Licensed Clinical Social Workers
    - Eight are Registered Interns
  - Two School Psychologists –
    - Certified in School Psychology

- Number and licensure of community-based mental health providers funded by the allocation.
  - Four agencies provide licensed and registered mental health personnel and can bill for services

- School district expenditures for services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers.
  - As of May’s billing, apx. $50,000.00 has been expended on mental health services with local agencies. This year’s budget is $175,000.00
• Other expenditures.

<table>
<thead>
<tr>
<th>Planned Expenditures</th>
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<tr>
<td>Estimated allocation of funding</td>
<td>$1,774,063.00</td>
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<td>Hold Back for charter school proposals</td>
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<td>Continuation of 2 Licensed Mental Health Counselors</td>
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<td>Addition of Supervisor of Social Services</td>
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<td>Addition of School Social Worker</td>
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<td>Continuation of 11 School Social Workers</td>
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<td>Continuation of Clerical for Data Reporting and Medicaid Reimbursement</td>
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<td>Continuation of 2 School Psychologists</td>
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<td>Community Partner Funding for uninsured students</td>
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<td>Medical Records System</td>
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<td>Professional Development (Threat Assessment / YMHFA/Suicide Prevention)</td>
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<td>Software Programs for Assessment of Students</td>
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<td>Computer Equipment</td>
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<tr>
<td>Reserves for undistributed FTE (to be used for Prof. Development if available)</td>
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C. Expenditure Assurances

• State how 100 percent of funds are used to expand school-based mental health care; train educators in responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

“One hundred percent of funds are used expressly for the expansion of school based mental health care, professional development of educators including Youth Mental Health First Aid and the connection of children, youth and families with appropriate behavioral health services. In addition, the funds are assigned a specific program number and all items listed under the expenditures are assigned to that program number and audited by Finance, the Superintendent’s office and Student Services.”

• Provide a statement that ensures the Mental Health Assistance Allocation does not supplant other funding sources, increase salaries or provide staff bonuses.

“The Mental Health Assistance Allocation does not supplant other funding sources, increase salaries or provide staff bonuses.”
Describe how the district will maximize the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

The district currently uses the following to maximize the use of other sources of funding:

- Title IV
- Medicaid Reimbursement
- Systems of Care Expansion Grant (3 Million dollars over four years - through 2021)
- Contracted services from 14 agencies who bill Medicaid for School Based services
- Pro-bono from 14 mental health agencies (Pro-bono services are written into the Memorandums of Understanding)

D. Program Implementation and Programs

• Identify the number and ratios of Florida Department of Education-certified or licensed school-based mental health services providers employed by the district (i.e., school psychologists, school social workers, school counselors and other mental health services providers by licensure type).

27 Social Workers 1:2052
- Seven – Certified in School Social Work, and Licensed Clinical Social Workers
- Two- Licensed Clinical Social Workers
- Six – Certified in School Social Work
- Eight - Registered Interns
- Four – Master’s Social Work, Temporary Certificate

34 School Psychologists 1:1970
- Five state certified in School Psychology and Licensed School Psychologist
- Twenty nine state certified in School Psychology

121 School Counselors 1:458

• Describe a system for tracking the number of students at high risk for mental health or co-occurring substance abuse disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

- Students who are screened and determined to be in need of mental health services receive a pinwheel on their electronic student record. These pinwheels are assigned by the school counselor and notes are written to track the reason for the pinwheel. Pinwheels are assigned colors based on “active”, “completed”, “parents refused” and “notify administrator when student enrolls”
- All referrals for students go through a single point of access. A database is kept that tracks all the data including the assignment, the therapist, the agency, when services began and when they were successfully concluded
- Student Service Summaries are received monthly on all students assigned to an agency, outlining how often the students is seen and the goals.
- Counselor Notes, Social Work Notes and Student Documentation in the Student Records information.
- Threat Assessment folders maintained in the administrator’s office.