Mental Health Assistance Allocation Plan

Santa Rosa County School District

Presented to Board for Approval July 23, 2019
MENTAL HEALTH ASSISTANCE ALLOCATION PLAN

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.

Mental health services for students will be integrated with, and implemented through, a multi-tiered system of support. Services provided are targeted and progressively more intensive.

Tier I – Core

With a focus on prevention, mental health services will be implemented and designed at the Tier I level to reach all students, through delivery within the scope of the general education curriculum and setting. Schools will establish a systematic process that allows progress monitoring and evaluation at all three tier levels.

Tier I support will include programs designed to reduce mental health risk factors and strategies that will support student resiliency including:

- Positive Behavior Intervention Supports
- Capturing Kids’ Hearts
- Project Wisdom – Character Education (Elementary)
- Life Skills Training (Middle)
- Ripple Effects
- Character Counts
- Relationship SMARTS (High School)
- Relationship and STI Training (High School)
- Hearts Apart (MFLC)
- Second Act Program
- Peer Support Groups and Mentoring Programs
- Bullying Prevention
- Behavior Coaches
- Intensive Family Engagement Program (piloted at specific schools)
- PREPaRE for Crisis Response
- Youth Mental Health Awareness Training
- Trauma Informed Care Training
- Emotional Poverty Ruby Payne Training
- Code of Student Conduct Instruction
- School-wide Discipline Plans
- Life Choices (Middle School)
- Social Emotional Learning
Tier II – Targeted

Intended for students with mild or emerging mental health needs (social, emotional, and/or behavioral), Tier II supports will be provided through problem-solving approaches for targeted students in need. These students will be identified via our Early Warning System, At Risk Report, teacher referral, or parent/student referral and then referred for small group and/or individual mental health services. Programs and interventions may include, but are not limited to:

- Ripple Effects
- Botvin Prescription Module
- CDAC Diversion Program
- SS Grin Groups
- Botvin Life Skills
- Anchored for Life
- CHOICES
- ECHO – Education and Counseling for High School Opportunities
- Signs of Suicide (SOS)
- RISE – Resiliency Increasing Skills and Education
- Tough Kids
- Behavior Coach Support
- Check In – Check Out
- Certified School Counselor Individual and Group Counseling
- Safety Assessments (self-harm or targeted school violence)
- Social Emotional Learning
- Zones of Regulation
- Behavior Coaches

Tier III – Intensive

Students demonstrating advanced mental health needs (social, emotional, and/or behavioral), will receive supports at an intensive level often requiring very small group, or one-on-one settings. These services will be provided based on student need. Services may include:

- Community Action Team Services
- Mobile Response Team Referrals
- Children Services Clinical Team Referrals
- Signs of Suicide (SOS)
- Individualized Re-entry Plans
- Individualized Education Plan
- Behavior Intervention Plan
- Collaboration with Private Providers
- ECHO – Education and Counseling for High School Opportunities
- RISE – Resiliency Increasing Skills and Education
State 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.

Services will be provided through the MTSS process as listed above. Students identified in Tier 2 and/or 3 will be provided evidence-based mental health interventions determined by individual student needs. Evidence-based services may also be coordinated between the primary care provider or community mental health/substance abuse provider. Tier 3 evidence-based mental health services may also be provided by community-based mental health partners.

Describe the process for coordinating mental health services for students at charter schools that are part of the school district’s plan.

The SRCSD Coordinator of Mental Health will ensure coordination of services for students at charter schools by working directly with charter school administration and community agencies that provide services.

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.

Our district currently employees:

- 55 Certified School Counselors -- state certified in Professional Guidance and Counseling, K-12
- 12 FLDOE Certified School Psychologists - 2 are licensed, 1 is a LMHC, and 3 are nationally certified
- 1 Certified School Social Worker

Our district has an MOU with Magellan to provide Military Family Life Counselors (MFLC). All 18 of these counselors are Licensed Mental Health Counselors.
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).

The district will review current student services personnel duties and responsibilities to determine where changes may be made to allow for an increase in provision of direct services. In addition, there will be a review of staffing allocations based on school or student mental health assistance needs.

State how the plan will establish school board policies and procedures for all schools, including charter schools, to ensure:

1. Students referred for a mental health screening are assessed within 15 days of referral;
2. School-based mental health services are initiated within 15 days of identification and assessment; and
3. Community-based mental health services are initiated within 30 days of referral.

The district will build procedures into the CDAC Behavioral Healthcare referral for services process, so students referred for a mental health screening are assessed within 15 days of referral and that school-based mental health services are initiated within 15 days of identification and assessment. The district will build into agreements with community-based mental health service providers that services for students are to be initiated within 30 days of referral.

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.

A Mutual Consent to Exchange Information will be completed and signed by the parent/guardian allowing coordination of mental health services between the school district and providers.

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.

- New SEL scope and sequence will be developed and provided across all grade levels
- School staff will continue to be trained in Youth Mental Health Awareness.
- Trauma Informed Care professional development opportunities will be advertised with attendance encouraged.
- Continue the use of collaborative partnerships to provide supports and early intervention. Contracted services include a broad range of student and family behavioral health and substance abuse options.
- Safety assessment meetings will be coordinated for identified students.
- We will maintain ongoing collaboration with FFN, DCF, FLDOH Santa Rosa, Law Enforcement and Santa Rosa Kids House.
Identify strategies to improve the early identification of social, emotional or behavioral problems or substance abuse disorders; improve the provision of early intervention services; and assist students dealing with trauma and violence.

Through the district MTSS process, students will be identified via our Early Warning System, At Risk Report, teacher referral, or parent/student referral. Students who have faced adverse childhood experiences will be supported via:

- Ongoing Youth Mental Health First Aid trainings
- PRePARE Crisis Response
- Mobile Response Team Hotline
- Referrals to community-based mental health agencies
- Referrals to Community Action Team
- Referrals to school-based counseling services

B. Expenditures

Number and licensure/certification of school-based mental health providers funded by the allocation.

2 Behavior Coach positions – 1 with certification in Professional Guidance and Counseling, K-12 and 1 with certification in Exceptional Student Education
1 School Psychologist with certification in School Psychology
Funding is allocated for 2 additional CDAC counselors

School district expenditures for services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers.

28 Mental Health Counselor positions will be provided through the district contract with CDAC Behavioral Healthcare, Inc. This is an increase of 5 counselors as compared to 2018-19. Hiring to fill these positions is currently occurring. To date, positions have been filled with 2 Licensed Clinical Social Workers, 3 Certified Prevention Professionals/Certified Mental Health Professionals, and 14 Masters level mental health professionals. All contracted positions will be filled with master’s degree level counselors or higher.
Funding available includes 2019-20 allocation of $783,107 + 2018-19 rollover of $173,782.00 for a total of $956,889.00

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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.

Funds are being utilized to expand school-based mental health care as detailed below to connect children, youth, and families with appropriate behavioral health services. In addition, funds have been allocated to train educators in responding to mental health issues utilizing the state adopted Youth Mental Health First Aid curriculum.

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

All newly direct hire employees and contracted services are in addition to the previous mental health services provided by the district. Prior to the Mental Health Assistance Allocation, the district provided funding through IDEA and the district operating budget for 15 mental health counselors. Last year, the mental health allocation increased the number of mental health counselors to 23, and this year, with the mental health allocation, the number will increase to 28. Mental Health Assistance Allocation funds are being used to fund the position of the Coordinator of Mental Health Services, the Assistant to the Mental Health Coordinator, 1 contracted School Psychologist position. The district is not supplanting services provided last year with new Mental Health Assistance Allocation funds.

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 uses other sources of funding to support school-based mental health services. These sources include IDEA funds, district funds, and Title IV funds.
Maximization of resources is achieved by contracting with CDAC Behavioral Health Services, Inc., as grants provided to CDAC help fund mental health positions. When applicable, billing for Medicaid will be encouraged.

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).

- 12 FLDOE Certified School Psychologist will be employed by the district, of these, currently, 2 are licensed, 1 is a LMHC, and 3 are nationally certified
- 55 Certified School Counselors – state certified in Professional Guidance and Counseling, K-12
- 1 Certified School Social Worker

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.

Our Coordinator of Mental Health will be responsible for ensuring the tracking of the number of students at high risk for mental health or co-occurring substance abuse disorders receiving screenings, the number of students referred to school-based mental health services, and those students referred to community-based mental health services. Our school CDAC and MFLC counselors will be responsible for reporting the number of students served through school-based interventions, services or assistance.

E. Plan Approval and Submissions

This plan was submitted and approved by the Santa Rosa County School Board this 23rd day of July 2019.

Tim Wyrosdick, Superintendent of Schools, SRCSD

Carol Boston, SRCSD School Board Chair