

St. Lucie

PUBLIC SCHOOLS



**A COMPREHENSIVE PLAN TO SUPPORT THE MENTAL HEALTH NEEDS OF
STUDENTS ENROLLED IN ST. LUCIE PUBLIC SCHOOLS**

Presented to

The School Board of St. Lucie County Public Schools

June 12, 2018

Bill R. Tomlinson

Executive Director of Exceptional Student Education and Student Services

St. Lucie Public Schools

This plan provides a comprehensive overview of an established infrastructure designed to address the mental, social and emotional and behavioral needs of all children. This plan is presented following the guidelines and statutory requirements outlined in Senate Bill 7026 signed into law in March 2018.

The plan provides a synopsis of many of the existing programs and services available in SLPS and our plans for expansion of those services utilizing the Mental Health Services Allocation provided to school districts as part of SB 7026.

Our supports are provided in a multi-tiered system based on the level of intensity of need of the specific child. The Mental Health Services Allocation will allow us to expand the services we provide to students and will afford our district an opportunity to expand our existing infrastructure to provide a more immediate response to the student and families we serve.

A greater focus on the social and emotional well-being of all children will result in increased student achievement, increased attendance and engagement in school and a reduction in negative outcomes for students such as poor attendance, out-of-school suspension and office discipline referrals.

The Mental Health Services Allocation will not be utilized to supplant any existing services or funding source currently used to provide those services or to cover the cost of programs or personnel.

SLPS currently utilizes the Certified School Match Program for Medicaid Billing for students who are Medicaid eligible. The purpose of the Medicaid Certified School Match Program is to provide reimbursement for medically necessary services provided or arranged by a school district for Medicaid eligible students. Other funding sources such as the General Fund, Individuals with Disabilities Education Grant, Title IV, and other Federal Program grants are used to support the work of our district in meeting the needs of our students.

Special thanks to the following individuals for their assistance and collaborative efforts in planning and developing the Mental Health Services Allocation Plan.

Dr. Helen Wild, Chief Academic Officer
LaTanya Greene, Director of Student Services
Kimberly Jay, Director of Curriculum
Jill Snelson, SEDNET Manager/Program Specialist for EB/D
Stephanie Walters-Cleveland, Program Specialist for Elementary Guidance
April Mincey, Program Specialist for Secondary Guidance
Stacey Cason, Program Specialist for Student Services and Social Work

CURRENT LEGISLATION

Senate Bill 7026 was signed by the Governor of the State of Florida on March 9, 2018. The new law is called the Marjory Stoneman Douglas High School Public Safety Act. This new law provides a Mental Health Services Allocation for school districts. The mental health allocation is created to provide funding to assist school districts in establishing or expanding school based mental health care. Each school district is required to submit a comprehensive plan to their individual school boards for approval and then must submit the plan to the Commissioner of Education by August 1st of each fiscal year. Beginning September 30, 2019, and annually thereafter, each school district shall submit to the DOE a report on its program outcomes and expenditures for the previous fiscal year and must include the following:

- ❑ Students who receive screenings or assessments
- ❑ Students who are referred for services or assistance
- ❑ Students who receive services or assistance
- ❑ Direct employment service providers employed by each school district
- ❑ Contract-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.

The plan must focus on providing mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses; and coordinate such services with a student's primary care provider and the student's other mental health providers.

The plan must also be focused on delivering evidence-based mental health care treatment to children and include:

- ❑ Provision of mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.
- ❑ Coordination of services with a student's primary care provider and other mental health providers caring for the student.
- ❑ Direct employment of service providers or a contract-based collaborative effort or partnership with one or more local community mental health program agencies or providers.

GENERAL INFORMATION

The national focus on the need to improve and increase the mental health needs for children across the country is supported by alarming statistics. It has been reported that:

- Approximately one in six school-aged children experiences impairments in his or her life functioning due to a diagnosable mental health disorder.¹
- An estimated 70% of children have experienced some type of physical or emotional trauma.²
- Most mental illnesses emerge in childhood³, yet fewer than half of the children receive treatment.⁴
- Young people with mental illness are frequently absent from school and many experience reductions in academic achievement.⁵
- Among students with disabling conditions, young people with mental illness are the most likely to drop out of school.⁶
- Only one third of young people with mental illness advance to postsecondary education.⁷
- More than 60% of children in juvenile detention have a diagnosable mental illness.⁸
- Approximately 20% of school-age children and youth have a diagnosable mental health disorder (Merikangas et al., 2010). CDC, 2013
- Prevalence of serious emotional disturbance with severe impairment among children and adolescents = 10%. (Williams et al., 2017).
- Most common mental health disorders. (CDC, 2013)

◆ ADHD, conduct disorders, anxiety and depression.

1 Perou, R., Bitsko, R., Blumberg, S., Pastor, P., Ghandour, R., Gfoerer, J...Huang, L. (2013). Mental health surveillance among children: United States, 2005-2011. *CDC Supplements*, 62, 1-35.

2 Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychology*, 64, 577-584.

3 Kessler, R., Amminger, P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion Psychiatry*, 20, 359-364. doi: 10.1097/YCO.0b013e32816ebc8c

4 Center for Behavioral Health Statistics and Quality. (2014). Serious mental health challenges among older adolescents and young adults. Retrieved August 25, 2015, from <http://www.samhsa.gov/data/sites/default/files/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-young-adults-2014sr173-mh-challenges-youngadults-2014.htm>

5 Breslau, J., Lane, M., Sampson, N., & Kessler, R. (2008). Mental disorders and subsequent educational attainment in a US national sample. *Journal of Psychiatric Research*, 42, 708-716.

6 Panty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., ... Kemp, J. (2008). The Condition of Education 2008 (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

7 United States Government Accountability Office. (June 2008). Young Adults with Serious Mental Illness; Report to Congressional Requesters. GAO Report Number GAO-08-678.

Washington, D.C.

8. Teplin, L., Abram, K., McClelland, G., Dulcan, M., & Mericle, A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59, 1133- 1143.

Also:

- Statewide involuntary Baker Act examinations for children increased 49.30% from FY 10/11 to FY 15/16, compared to a 5.53% statewide population increase from 2010 to 2015.
- From 2001 to 2015 the Florida population of people between 5 and 17 increased 10.07% while the number of involuntary examinations for children (<18) increased 116.54%.

Local statistics from St. Lucie County related to the involuntary evaluations resulting from Baker Acts have been reported for the following years:

2013-320

2014-264

2015 -315

2016- Data unavailable

During the time frame of August 1, 2017 to March 30, 2018, 232 children residing in St. Lucie County were admitted to the local Baker Act facility for psychiatric evaluation. This is an alarming number and follows the trend that is evident throughout the United States. (Source: New Horizons of the Treasure Coast)

In addition to these alarming statistics it has been reported that:

- **"160,000 kids per day do not attend school for fear of being bullied." - U.S. Dept. of Justice**
- **"The child who is overweight is the most likely to be bullied." - Journal of Pediatrics**
- **About 28 percent of students ages 12-18 reported being bullied at school during the school year. - Indicators of school Crime and Safety: 2013 report, by the Bureau of Justice Statistics.**
- **On average across 39 states, 7.2% (range: 3.6% -13.1%) of students admit to not going to school due to personal safety concerns. - CDC's Youth Risk Behavioral Surveillance.**

The National School Climate Survey conducted by the Gay, Lesbian & Straight Educational Network (GLSEN) in 2011 reported these statistics on bullying:

- 82% of LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) youth had problems during the previous year with bullying based on sexual orientation.
- 64% felt unsafe at school due to sexual orientation.
- 44% felt unsafe at school due to gender identification.

- 32% did not go to school for at least one day because of feeling unsafe.
- In, 2012, Hatzenbuehler and Keyes reported that LGBTQ bullying statistics improved when school policies against bullying included LGBTQ youth.

SLPS also received and processed a substantial number of referrals to the Mental Health Collaborative over the last three years. The numbers are as follows:

15/16 SY=456

16/17 SY=591

17/18 SY=769

These statistics associated with mental health are alarming and the need for intervention is greater than ever.

The operating mission of SLPS is to ensure all students graduate from **safe and caring** schools, equipped with the knowledge, skills, and desire to succeed. To carry forward this mission, we must enhance the supports, implementation, and processes we have in place to address the academic, physical, mental and social and emotional needs of our students.

Arne Duncan, U.S. Secretary of Education (2009-2015) stated it perfectly, "Children cannot get a quality education if they don't first feel safe at school."

COLLABORATION AND PARTNERSHIPS

Although St. Lucie Public Schools takes an enormous amount of pride in the services it provides to students and families through a strong and existing infrastructure, we cannot address the need for mental health services alone. It is critical that we continue to expand our collaborative efforts and partnerships to address mental health. Our plan focuses on the current and well established services and identifies expansion of our infrastructure to further enhance the service delivery for our students and families.

The Mental Health Assistance Allocation is only one source of funding this initiative. We rely upon all funding sources available to address the whole child and will continue to utilize the existing funding sources available to strengthen delivery of services addressing the social and emotional, behavioral, academic and physical development of our students.

SLPS will continue to operate within a multi-tiered system of support for all children and will also rely upon those community agencies that support our foundational work such as New Horizons of the Treasure Coast, our Mental Health Collaborative Partners, Drug Abuse Treatment Association, CASTLE of the Treasure Coast, Treasure Coast Health, St. Lucie County Health Department, Department of Juvenile Justice, Department of Children and Families, St. Lucie Sheriff's Department, Fort Pierce Police Department, Port St. Lucie Police Department and all other sources of support that we collaborate with throughout the school year.

MENTAL HEALTH

SLPS utilizes a tiered system of support to address the academic, behavioral, social and emotional development of its students. This tiered system approach is the most effective method of addressing the variety of academic, behavioral, social and emotional, physical and mental health needs of all students.

Tier I supports are implemented to address prevention and are designed to reach all students in the school and are delivered within the general education curriculum.

Tier II supports are designed to address the needs of students who are not successful with prevention activities designed for all students and who need greater intervention to address issues related to academic, behavioral and social and emotional development. Tier II interventions require appropriate problem solving approaches using all available data relevant to the issue of concern. Problem solving teams design evidence based interventions to address student needs. These interventions are provided in small group settings and are most often provided with additional resources available within the school setting.

Tier III supports are designed to address the needs of students with the most intensive needs either academically, behaviorally or socially and emotionally. As with Tier II, Tier III interventions are identified by problem solving teams and matched to student needs. These interventions are evidence based and designed to match the presenting need of the student.

A MULTI-TIERED SYSTEM OF SUPPORTS TO GUIDE OUR WORK ADDRESSING MENTAL HEALTH - TIER I

St. Lucie Public Schools has a long-standing tradition of building and supporting an infrastructure to address the academic, behavioral, social and emotional needs of all children.

Utilizing a multi-tiered system of supports to address the whole child, SLPS frames its tiered system at each level with the necessary components to help children achieve the intended outcomes of academic success and social and emotional well-being.

SLPS also has in place an **Early Warning Detection System** to identify students who are at risk by identifying students who are experiencing academic difficulty, suspension from school and chronic absenteeism.

AWARENESS AND PREVENTION EFFORTS TO ADDRESS MENTAL HEALTH POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS

Building on our established framework of **Positive Behavioral Interventions and Supports** and our continued collaboration with the University of South Florida's PBIS discretionary project, we maintain a huge focus on improving positive outcomes for

students. Using PBIS as our model framework for the district allows us to blend our work with other district initiatives such as Kids at Hope and Single School Culture. Instead of operating as stand-alone programs or philosophical approaches, we incorporate all under the over-arching umbrella of PBIS. Maintaining the focus of our schools on the implementation of PBIS and connecting this to all other initiatives has garnered an impressive 22 model PBIS schools for our district. Schools who have achieved model school status have successfully demonstrated outcomes resulting in reduction of office discipline referrals (ODRs) and in-school and out-of-school suspensions.

Model Schools are recognized for using team-based planning and problem solving to implement positive behavior and interventions of support within a multi-tiered system of supports. In three years, SLPS has reduced out-of-school suspensions by over 27% while reducing discipline referrals by 9% or 2,468 fewer referrals in 2017 than 2016. These results have been achieved by supporting our teachers and students through positive behavioral supports and interventions and providing additional social and emotional support resources to our students. In 2017, PBIS strategies were expanded to include student transportation. Based on recent survey data safety on our busses was a concern for parents and students. In response to this concern, SLPS developed a professional development module for bus drivers on PBIS and created "bus bucks" to positively recognize students who follow bus rules and procedures.

For the 18/19 School Year, we will continue to expand our collaboration with USF for quality professional development in additional areas such as Restorative Practices and the Tier III Redesign for development of functional behavioral assessments and behavioral intervention plans. We will also expand our work associated with Restraint and Seclusion of students with disabilities.

This collaboration and the ultimate benefit to all students aligns with our vision and mission for the school system.

KIDS AT HOPE

SLPS further establishes its universal approach to the social and emotional well-being of all children by incorporating best practices from our community partners and stakeholders by practicing the belief that we are a community of hope. Our Executive Roundtable comprised of a variety of service agencies within the district introduced the **Kids at Hope** Philosophy to our entire community. The underlying guidance of Kids at Hope is that "All Kids are Capable of Success-No Exceptions!" Following the vision of the **Kids at Hope** philosophy that every child is afforded the belief, guidance and encouragement that creates a sense of hope and optimism, supported by a course of action needed to experience success at life's four major destinations:

- ✦ Home and Family;
- ✦ Education and Career;

- Community and Service;
- Hobbies and Recreation;

Within the course of five years, all SLPS have been trained in the **Kids at Hope** philosophy and our work continues to expand to all stakeholders creating a community of hope.

The Kids at Hope Gallup Survey is used with students to measure engagement, hope, entrepreneurial aspiration and career/financial literacy in grades five to twelve. The Gallup Survey includes non-cognitive metrics linked to student success.

SINGLE SCHOOL CULTURE

Over the last three years, SLPS has been shifting our processes in schools to follow a Single School Culture Model. The work begins with establishing shared norms, beliefs, values and goals that result in agreed upon processes and procedures that will produce consistency in our practices. Single School Culture practices are related to academics, behavior, climate of the school and data collection and review. The Single School Culture process aligns perfectly with our current practices of an established infrastructure supporting PSIS and Kids at Hope.

CHAMPS

To protect the integrity of the instruction occurring in the classroom, SLPS utilizes a universal approach to classroom management. The CHAMPS classroom management program develops an instructional structure in which students are responsible, motivated, and highly engaged in the specific task at hand. The teacher teaches students how to be successful in specific classroom situations by preparing students with the necessary skills to participate and maintain full engagement in the learning process while demonstrating self-regulation skills taught and practiced throughout the school year.

YOUTH MENTAL HEALTH FIRST AID

SLPS was the recipient of a Project Aware grant "**Youth Mental Health First Aid**" in 2014/15 from SAMHSA (Substance Abuse and Mental Health Services Administration) to promote positive mental health and understanding ways to promote awareness of students who may need intervention. **Youth Mental Health First Aid** is an eight- hour public education program which introduces participants to the risk factors and warning signs of mental health problems in adolescents and builds an understanding of the early intervention necessary to address these mental health issues. The grant afforded us the opportunity to certify five Student Services Personnel as trainers of "**Youth Mental Health First Aid.**" Since our initial roll-out of training for school personnel, we have now trained more than 400 individuals both within our school system and within our community.

SUICIDE PREVENTION

Suicide rates increased by 25% across the United States over nearly two decades ending in 2016, per research published recently by the US Centers for Disease Control and Prevention. Twenty-five states experienced a rise in suicides by more than 30%, and Florida saw an increase of 10.6%.

Based on the 2015 Youth Risk Behaviors Survey, 8.6 percent of youth in grades 9-12 reported that they had made at least one suicide attempt in the past 12 months. Girls attempted twice as often as boys (11.6% vs. 5.5%) and teens of Hispanic origin reported the highest rate of attempt (11.3%), especially Hispanic females (15.1 %) when compared with white students (6.8%) and White females (9.8%). Approximately 2.8 percent reported making a suicide attempt that required treatment by a doctor or nurse. For those requiring treatment, rates were highest for Hispanic students with black males (4.0%) and Hispanic males (2.9%) having higher rates than white male (0.9%) students.

To address these staggering statistics, it is necessary to teach suicide prevention and to help students understand there are options available for help and assistance. Many students need both prevention and intervention which expands to the development of coping and problem solving skills and assistance in managing challenges and relationships. Our goal which is part of our mission of providing safe and caring schools extends to this realm of service by making connections for students to coordinated mental health services.

The SOS Signs of Suicide Prevention Program is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11-13) or high-school (ages 13-17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through "gatekeeper" education, and 5) encourage schools to develop community-based partnerships to support student mental health. (Suicide Prevention Resource Center)

SLPS will begin the third year of implementation of the SOS Signs of Suicide Prevention Program during the 18/19 SY. We have provided this instruction to all ninth-grade students each year at all comprehensive and alternative schools where ninth grade students are enrolled.

This program has been presented by school psychologists and social workers and beginning with the 18/19 SY, professional/certified school counselors will become more active in the presentation process with the curriculum by taking a

more active role in partnering with the student services personnel in the presentation of the program and follow up associated with the curriculum.

During the 19/20 School Year, we will expand the program to include middle school students in grades eight and incorporate the screener used for identification of students who may be at risk of suicide or in need of more intensive intervention.

STUDENT ASSISTANCE PROGRAM

The Student Assistance Program is a comprehensive school-based prevention program designed to prevent and reduce substance use/misuse and violence among youth. The Student Assistance Program provides evidence-based substance abuse and violence prevention curricula to students in kindergarten through 2nd grade, including the district-mandated **"Too Good for Drugs"** program, which is provided to every 5th grade classroom in the county and **"Too Good for Violence"** which is presented to all our middle school students. Prevention services are also available to children on an individualized basis. Referrals for individualized services are made primarily from the school's Problem Solving Teams, which may include teachers, guidance counselors, and principals, etc. Students and parents may also contact the Student Assistance Prevention Specialist directly. Children are screened by the Prevention Specialist to determine eligibility and appropriateness for individualized prevention services. The skills taught by Student Assistance Prevention Specialist programs help to reduce risk factors and strengthen protective factors related to the onset of numerous high risk behaviors, including bullying behaviors, truancy, and alcohol, tobacco, and other drug use. The Student Assistance Program provides free and confidential services. Funding for this program is provided by the Children's Services Council of St. Lucie County and the Department of Children and Families. This program places 14 Student Assistance Program Counselors in our schools.

PROJECT SUCCESS

SLPS also partners with community agencies to expand the reach of student support services for all students while avoiding duplication of services. SLPS also has an agreement with Drug Abuse Treatment Association to provide Project Success Counselors in eight of our middle/high schools to focus on drug prevention and intervention. The individuals work all year with identified schools providing prevention and intervention assistance. Utilized as a Tier I approach focusing on all students for prevention, much of the intervention moves to a Tier II and Tier III level when the need arises for more individualized approaches to deal with a substance abuse issue. This program places 8 prevention specialists in our schools.

COLLABORATIVE AGREEMENTS FOCUSING ON OUT-OF-SCHOOL SUSPENSION

SLPS has multiple collaborative agreements with outside agencies for the provision of assistance to students and to meet the many mandated instructional requirements. To

address out-of-school suspensions of students, SLPS has cooperative agreements funded by the Children's Services Council to target suspension and provide an alternative to out-of-school suspension. **Project Rock North and Project Rock South** both provide an alternative to suspension and provide daytime programs for children to attend in lieu of staying at home if suspended from school. Participation in the alternative program affords the student an option of staying current with their classwork and allows them to exchange the out-of-school suspension to an in-school suspension upon completion of the program. Suspensions, both in and out of school, are early warning indicators that can lead to a reduction in instructional time and social isolation which can result in increased mental health issues.

ATTENDANCE INITIATIVE

Operating within an understanding that attendance is critical to the academic and social and emotional success of the individual student, SLPS has also established an awareness campaign for attendance by launching "**Your Time Counts**" during the 17/18 SY as an initiative to reduce chronic absenteeism and truancy within our schools. SLPS has increased its focus on absenteeism to ensure that children attend school and receive the necessary supports to achieve success. School based attendance teams comprised of administration, faculty, support staff and district level staff meet monthly to address the students who have demonstrated chronic absenteeism or truancy issues. Every attempt is made to include parents in the attendance committee meetings. For students who have demonstrated chronic absenteeism (21 days or more absent from school), every effort is made to ensure that accurate documentation is provided to address the reasons for absenteeism and then support systems are put into place to increase student attendance. For students who are chronically absent or truant from school, the local law enforcement officers who normally patrol the community have all been trained in proper procedures for approaching students and providing alternatives to the student which may include returning the student to school or returning the child to the home setting for parental intervention. For students who are suspended out of school, information is provided identifying alternatives to-out-of-school suspension that the student can attend each day. As this is a high-level initiative due to a chronic absenteeism rate of over 14% districtwide (2016 DOE Database), data is monitored constantly to ensure that the focus remains on keeping students in school. Each school has made attendance a priority with parents and continues to notify parents when students are not in attendance at school. School Social Workers assist in communicating with parents and attendance teams and work individually with families to assist in obtaining any supports necessary to help them keep their children in school. **The Academic Success Network** (a Network of Community Organizations) has aligned its work with the District's initiative to reduce chronic absenteeism and truancy.

SLPS has worked collaboratively with local law enforcement agencies to address the issue. As an active partner the Chief of the Port St. Lucie Police Department presented a progress report in January, 2018 on the success of the initiative.

SEDNET (The Network for Severely Emotionally Disabled Students)

SLPS serves as the fiscal agent for the discretionary project of SEDNET. SEDNET serves the counties of St. Lucie, Okeechobee, Martin, and Indian River. SEDNET focuses on:

- ❖ Supporting and representing the needs of students in each school district in joint planning with fiscal agents of children's mental health funds, including the expansion of school-based mental health services, transition services, and integrated education and treatment programs.
- ❖ Improve coordination of services for children with or at risk of emotional or behavioral disabilities and their families by assisting multiagency collaborative initiatives to identify critical issues and barriers of mutual concern and develop local response systems that increase home and school connections and family engagement.
- ❖ Increase parent and youth involvement and development with local systems of care.

SB 7026 clearly defines SEDNET as the multiagency network for students with emotional and behavioral disabilities which works with education, mental health, child welfare, and juvenile justice professionals, along with other agencies and families, to provide children with mental illness or emotional and behavioral problems and their families with access to the services and supports they need to succeed.

Finally, SEDNET will be responsible for the "train the trainer" model for Youth First Aid Mental Health implementation as required by SB 7026.

For the school year of 18/19 and beyond we have redefined our process for use of SEDNET funds and have allocated a position for a SEDNET Specialist who will focus entirely on the three major constructs of SEDNET.

SEDNET will continue to support our on-going training and implementation of Trauma Informed Care and Practices throughout the district as well.

SLPS also works collaboratively with the University of South Florida to enhance the work of Exceptional Student Education (ESE) and Student Services in the District. USF works collaboratively with the District on the PSIS Project, Restraint and Seclusion projects and currently a redesign of the Tier III intervention process. The District continues to reap the benefit of these collaborations and the work expands the learning of our professionals by having the opportunity to work with university staff.

Trauma Informed Care

Trauma Informed Care is a strengths-based framework that is responsive to the impact of trauma on children and emphasizes physical, psychological, and emotional safety for all. The framework focuses heavily on relationship building within the school system and allows individuals an opportunity to gain a better understanding of students.

SLPS continues its work in this area through guidance and assistance from SEDNET and through our partnership with TYKES and TEENS.

SLPS is currently working with other community partners as well to expand our Trauma Informed Practices in schools.

A MULTI-TIERED SYSTEM OF SUPPORTS TO GUIDE OUR WORK-TIER 11

Delivering Evidence Based Mental Health Services

Using the process of Teacher Nomination students suspected of being at risk of potential mental health issues are brought forward to the school based problem solving team for discussion and development of appropriate interventions to address the areas of concern. Following the problem-solving model, the team will identify the issues associated with the student of concern and develop a plan with appropriate progress monitoring targets. Teams following the problem-solving process will determine the appropriate level of intervention for the student.

After at least a ten-week period of Tier II intervention by a school-based mental health professional delivering an evidence based curriculum in small group sessions, the problem-solving team will determine the effectiveness of the intervention. If the student(s) have demonstrated a response to the intervention, the intervention will continue. If the student's response has been determined insufficient to the intervention with appropriate adjustments, a referral to the Mental Health Collaborative will be made by the teacher or problem solving team leader. If the nomination/referral leads to a referral for mental health services outside of the school system, the information is collected on the Mental Health Referral form and submitted to the Mental Health Collaborative. (See attachment)

For students who have demonstrated potential harm to self or others, those referrals are given high priority status for immediate Tier III intervention.

A MULTI-TIERED SYSTEM OF SUPPORTS TO GUIDE OUR WORK-TIER 111

Interventions at Tier III are intended to be more intense in nature and are provided to students who demonstrate more intensive mental health needs such as unique behavioral or social and emotional needs that cannot be addressed in a small group setting. These interventions are delivered on a one-to-one basis and by individuals who have been specifically trained in providing mental health services. Utilizing the same process, the problem-solving team will determine who will be best to deliver the evidence-based service to the student. Students who need intensive services at this

level must have a more frequent intervention with progress monitoring occurring at a more frequent interval than those participating at a Tier II intervention level.

Collaborative Partnerships with community providers and agencies:

Leaving no stone unturned to support student needs, in some cases, outside vendor resources are utilized. The tiered support provided to students is directly correlated to SLPS's matrix of services is based on student's identified need(s). This attention to detail has allowed students the support and care they need based on their history of trauma. SLPS continues to focus on the importance of addressing the social and emotional needs of all students. The District has a collaborative agreement with many mental health service providers in St. Lucie County to refer and assist students with obtaining services to address the many issues young people face today. This collaborative works to reduce the burden imposed on parents when trying to obtain the necessary services for their children. St. Lucie Public Schools has partnerships with various community agencies including a long-term collaboration with several local mental health providers. This formal agreement is known as the Mental Health Collaborative and is a collaboration with six local mental health agencies. Each agency has entered into an agreement with the school district to provide mental health counseling, case management and psychiatric services as needed. The primary source of funding for services comes from Medicaid or private insurance. Once a referral is received in the District ESE office, the referral is sent to one of the six agencies for services.

***For the 18/19 School Year we will expand our collaboration to seven agencies with the addition of a new provider who recently located in our district who has a primary focus on outreach to students and families who are Hispanic or Haitian-Creole.**

MENTAL HEALTH SCREENING AND ASSESSMENT AND PROCEDURES FOR DETERMINING WHICH STUDENTS NEED MENTAL HEALTH INTERVENTIONS AND TREATMENTS

Students can be referred for mental health counseling and substance abuse treatment services both in school and through community based services. Referrals for these services can come from teachers, school counselors, Problem Solving Teams or other sources on campus. Referral options on campus include the school counselor, school social worker, school psychologist, Project Success Counselor/Intervention Specialist or Student Assistance Prevention Specialist.

Once a determination has been made that a student needs mental health counseling or services by outside agency staff, a referral can be made to the Mental Health Collaborative. The School Counselor (or other school or district staff member) completes the referral form and contacts the parent to gain consent for the referral. The parent or legal guardian MUST sign the consent form for the referral to be processed.

The referral form is then submitted to the designated district staff member in the District ESE Office.

Once the referral has been made, the information is logged into Skyward, our Student Information System. The referring staff person can check the status of the referral by checking in Skyward. Reports can be generated to determine how many students were referred and to which agencies.

The school district currently has a partnership with two local agencies that provide substance abuse treatment services for youth. Both agencies serve our schools with prevention programs. Students who need substance abuse treatment services who attend schools that are served by one of these two agencies would be referred to the on-site counselor. If more intensive services are needed, the prevention specialist would then make a referral to an outside agency for services. For students attending schools that are not served by one of these two prevention programs, a referral can be made directly to one of the local substance abuse treatment program providers.

To share the information and monitor the students' progress in counseling, the interagency agreement with the participating agencies includes a mutual exchange of information. Once the agency completes the intake with the family, the parent signs the release which allows the agency and school to share information regarding the students' progress. Additionally, each agency involved in the collaborative is required to submit quarterly progress reports on the status of each student they are serving.

All agencies participating in the collaborative bill Medicaid or third party insurance for services rendered before requesting payment for services by the school board.

When determining, what interventions are most appropriate for students, we will first begin with the referral process to clearly clarify the need for intervention.

MENTAL HEALTH SERVICES AND PROVIDERS

Professional/Certified School Counselors

School counselors are certified/licensed educators with a minimum of a master's degree in school counseling, making them uniquely qualified to address all students' academic, career and social/emotional development needs by designing, implementing, evaluating and enhancing a comprehensive school counseling program that promotes and enhances student success.

School counselors are employed in elementary, middle/junior high and high schools; in district supervisory positions; and counselor education positions. School counselors serve a vital role in maximizing student success (Lapan, Gysbers, & Kayson, 2007; Stone & Dahir, 2006).

Through leadership, advocacy and collaboration, school counselors promote equity and access to rigorous educational experiences for all students. School counselors support

a safe learning environment and work to safeguard the human rights of all members of the school community (Sandhu, 2000) and address the needs of all students through culturally relevant prevention and intervention programs that are a part of a comprehensive school counseling program (Lee, 2001).

The American School Counselor Association recommends a school-counselor-to-student ratio of 1:250

SLPS has lowered the Student to Counselor ratios. In our large high schools, we have added an additional counselor to the staffing formula. After reviewing our counselors time demands we added a testing coordinator to every school to increase their time with direct counseling related to activities to support social and emotional growth and to provide direct attention to the mental health needs of students.

As a support to our counselors, graduation coaches were also provided for six comprehensive high schools.

SLPS currently employs 86 Professional/Certificated School Counselors.

Social and Emotional Learning Specialists

St. Lucie Public Schools also employs two Social and Emotional Learning Specialists who focus on the provision of curriculum and strategies to enhance the social and emotional well-being of children. The social and emotional development of children is vitally important to gain the social competence necessary for eventual success in life. Implementing evidence-based curricula approved through the Collaborative for Social, Emotional and Academic Learning, our schools will focus on establishing seamless integration of Social and Emotional Learning throughout the curriculum. A major focus will be on the five core competencies taught in diverse settings throughout the school and classroom. The five core competencies are self-awareness, self-management, social awareness, relationship skills and responsible decision making.

School Psychologists

SLPS currently employs 19 School Psychologists for the provision of services to all traditional and charter schools within our district including our FAU research school. The school psychologist functions as a member of the total educational team and brings specialized knowledge and skills related to the learning processes, techniques of assessment of learning and social adjustment, research design and modification of behaviors. School Psychologists apply expertise in mental health, learning and behavior, to help children and youth succeed academically, socially, behaviorally and emotionally. The NASP recommendation for school psychologists is 1:500-700 students.

Utilizing the Mental Health Allocation, we plan to increase the number of school psychologists to 23 for the 18/19 School Year. This increase of four (5) additional staff members will lower the school psychologist to student ratio and assist us in meeting the needs of all children in a timely manner which will also

include the identification and evaluation process for children who may be suspected of having a disability or in need of immediate intervention to address their mental health needs. (See cost analysis sheet attached)

School Social Workers

SLPS currently employs nine (9) Social Workers composed of 5 LCSWs and 4 Master's Level DOE Certificated School Social Workers. The social workers provide a variety of services to students and their families who are referred for assistance in the prevention and remediation of problems in attendance, behavior, health (including mental health) and social adjustment. School Social Workers are uniquely qualified to provide mental health counseling and services to students and are vastly aware of the services within our community. The national recommendation for school social workers is 1:250.

Utilizing the Mental Health Allocation to further support our infrastructure of services to students and families, SLPS expects to increase the number of School Social Workers by adding four (5) positions. The addition of these positions will reduce the ratio tremendously and enhance the services to students and families. (See cost analysis sheet attached)

Motivational Coaches of America (MCUSA)

In March of 2018, SLPS signed an agreement with MCUSA to provide mental health counselors in ten (10) of our schools. Beginning with the 18/19 SY, these counselors will provide small group and individualized counseling services to students at no cost to the school system or to the families of our students. These counselors will participate in third party billing for all services by utilizing Medicaid or private insurance.

Mental Health Counselors

SLPS does not currently employ Mental Health Counselors whose sole purpose is the provision of mental health services. Even though SLPS has an agreement with MCUSA for the provision of Mental Health Services in ten of our schools, this does not meet the current needs of students placed in our alternative school. Many of these children are placed in the school in lieu of expulsion and this also serves as a second chance or last chance at educational opportunity for many students.

Utilizing the Mental Health Allocation, SLPS will hire a full time Mental Health Counselor for our Alternative School. The counselor will be responsible for providing small group and individual counseling services to identified students. The Mental Health Counselor will be responsible for billing Medicaid when possible for all services provided. (See cost analysis sheet attached)

Medicaid Billing

All eligible personnel employed in SLPS will be required to utilize Medicaid as a billing source for services provided through assessment, diagnosis, intervention, treatment or recovery. All school psychologists and social workers currently bill Medicaid routinely for the services they provide. Any expansion of services involving eligible school based personnel such as mental health counselors will also be required to bill Medicaid.

OUTCOME DATA THAT WILL BE USED TO EVALUATE THE EFFECTIVENESS OF SERVICES.

Following the guidelines for reporting mental health services outlined in SB 7026, our current Student Information System (SKYWARD) or one of our other data collection systems will be updated to reflect data elements that will be utilized to report the evaluate the effectiveness of the services provided and our achievement of outcomes associated with the delivery of those services.

In addition to the required data elements that must be reported to the state, we will also continue to measure the effectiveness of our programs by linking the services to measurable student outcomes related to an increase in student achievement, reduction in in-school and out-of-school suspension, reduction in chronic absenteeism and a reduction in the number of office discipline referrals.

We will also continue to collect data related to the number of students referred to outside agencies for Mental Health Services through our Mental Health Collaborative. New to the data collection system for the referrals will be measuring elements indicating what happens beyond the referral process. Participants in the collaborative will be required to report monthly on the number of students accessing services based on the referral, the funding source for services, the length of established services and the collaborative partners will also be required to provide progress reports monthly on the status of response to services.

EXPANDING OUR INFRASTRUCTURE TO ENHANCE THE MENTAL HEALTH SERVICES

Mental Health Task Force

Following the Sandy Hook Elementary School shooting in Newtown, Connecticut in 2012, SLPS organized a Mental Health Task Force to address the mental health needs of its students. This task force will be re-established to guide much of the work we do to address the needs of our students. This task force will also aid in establishing guidance

for our community partnerships and collaborative efforts associated with the provision of mental health services for our students.

Increase in the number of personnel to address mental health services

Currently SLPS employs 19 School Psychologists and 9 School Social Workers. Our plan is to increase the number of employees in each of these disciplines to better address the needs of our students. Much of the work of the school psychologist has been to work within the realm of Child Find activities to identify and evaluate children suspected of having a disability. These individuals have a broader skill set and will be utilized to provide more services in mental health as we lower the student to school psychologist ratio. We will expand our work in the areas of prevention and intervention to students. Our plan allocates an increase of a minimum of four new positions in school psychology.

School Social Workers are usually licensed or certificated counselors and have a tremendous skill set in mental health service provision. School Social Workers spend most their time focusing on attendance issues, child find activities, and work with families to obtain services necessary for full participation in the school process. Our plan allocates an increase of a minimum of four new positions in school social work.

Counselors who focus primarily on the delivery of mental health services are necessary to meet the needs of some of our students who have demonstrated immediate intensive needs that go beyond those of a school psychologist or school social worker. Many of our students with these intensive needs are often placed in an alternative school setting, therefore our plan will allocate a full time licensed or certificate mental health counselor in our alternative school setting.

Clinical Psychologist Services

In many cases our need for mental health intervention and services goes beyond the current level of school based services we provide. To meet the need to students who may need a more in-depth analysis of their behavioral or mental health issues, we will contract with a clinical psychologist for a referral and evaluation and potential treatment process. We will utilize funds from the Mental Health Services Allocation to establish a contract with a local clinical psychologist.

School Based Mental Health Counselors

Utilizing the Mental Health Allocation, SLPS will hire a full time Mental Health Counselor for our Alternative School. The counselor will be responsible for providing small group and individual counseling services to identified students. The Mental Health Counselor will be responsible for billing Medicaid or private insurance when possible for all services provided.

Universal Screening

To identify students who may be at risk of needing mental health intervention, we will investigate the potential for accessing and utilizing a mental health screener in the future. This will require a vast amount of research and input from a variety of stakeholders before we move forward with identification and utilization.

Enhancing the Mental Health Collaborative Services

Although SLPS has a well-established Mental Health Collaborative, we need to expand the work of the collaborative from a referral based system to a fully operational system where there is two-way communication occurring within the system. As referrals are generated to the collaborative, parents will be asked to sign a release that allows for the communication between the school system and the collaborative. We will adhere to both FERPA and HIPPA regulations with the integration of this requirement. Data will be collected that aligns with the requirements of SB 7026 for reporting purposes. This requirement will also allow us to coordinate services in a more precise manner and allow us to provide progress monitoring from the school's perspective to share with the primary care provider. Data collected and shared from our sources will relate to measure outcomes of reduced absenteeism, behavioral incidents, in-school or out-of-school suspensions and student engagement in the learning process.

PREPaRE Curriculum Training

The PREPaRE Curriculum will be utilized to train all school psychologists, professional/certificated school counselors, school social workers, and social and emotional learning specialists during the 18/19 School Year. The curriculum which was developed by the National Association of School Psychologists (NASP) is an evidence based resource focusing on school crisis prevention and response. This training will align with our continued work to strengthen school safety and crisis management teams at our schools. This training also focuses on training individuals to meet the mental health needs of individuals after a crisis.

Social and Emotional Curriculum

SLPS will begin implementing evidence-based curriculum for all grade levels during the 18/19 SY. Our Social and Emotional Learning Specialists will analyze all available data related to student academic and behavioral performance in schools to determine high priority schools for implementation. Using curriculum that has been reviewed by the Collaborative for Academic, Social and Emotional Learning, (CASEL) the specialists will provide training to schools, establish a coaching model and follow-along activities and establish demonstration classrooms throughout the district. The specialists will begin with evidence based curriculum for Pre-K-5, followed by 6-8 and then 9-12.

THE PROCESS FOR IDENTIFYING AND DELIVERING EVIDENCE-BASED MENTAL HEALTH INTERVENTIONS

With the improvement of student to counselor ratios, we will be able to provide a more succinct process for the identification of students needing mental health intervention as well as the delivery of evidence based mental health services.

By increasing the student to counselor ratios, our staff will be able to more effectively coordinate the delivery of mental health interventions identified through the problem-solving process at schools. Our staff will also be able to more effectively coordinate services with community providers to address immediate concerns related to the safety and well-being of the child or other children.

All staff will be held accountable for adhering to the reporting guidelines and collection of data for reporting on the interventions applied to address the mental health needs of our students.

SHIFTING THE MINDSET OF INDIVIDUALS QUALIFIED TO PROVIDE MENTAL HEALTH SERVICES

As with any new shift in addressing the needs of children, this new focus on the delivery of evidence based mental health services will require all individuals to re-focus their way of work. School Psychologists and School Social Workers will now have their student caseloads reduced due to the addition of additional staff. This reduction in the number staff to student ratio will afford these individuals an opportunity to be more proactive in identification of specific needs of children. This additional time will also allow them to problem-solve with administration ways to address the specific needs of schools related to the provision of services that address the specific behavioral, social and emotional and mental health needs of students.

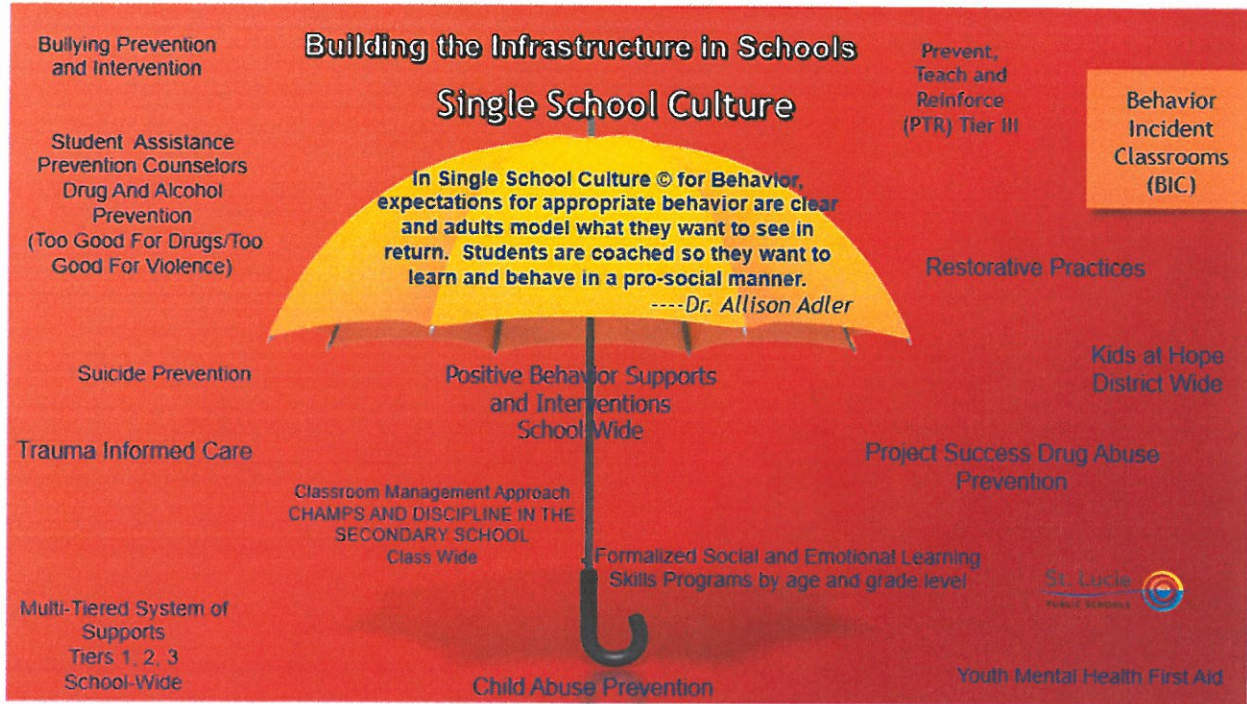
SUMMARY

Our goal is to increase the services we provide to the students and families of St. Lucie County. Our efforts will involve tremendous collaboration both internally with our other school departments as well as externally with the many agencies who play a vital role in the provision of mental health services to our students and families. This on-going collaboration is essential to the success of our process and will allow us to create a coordinated system of care to meet the needs of our students and families.

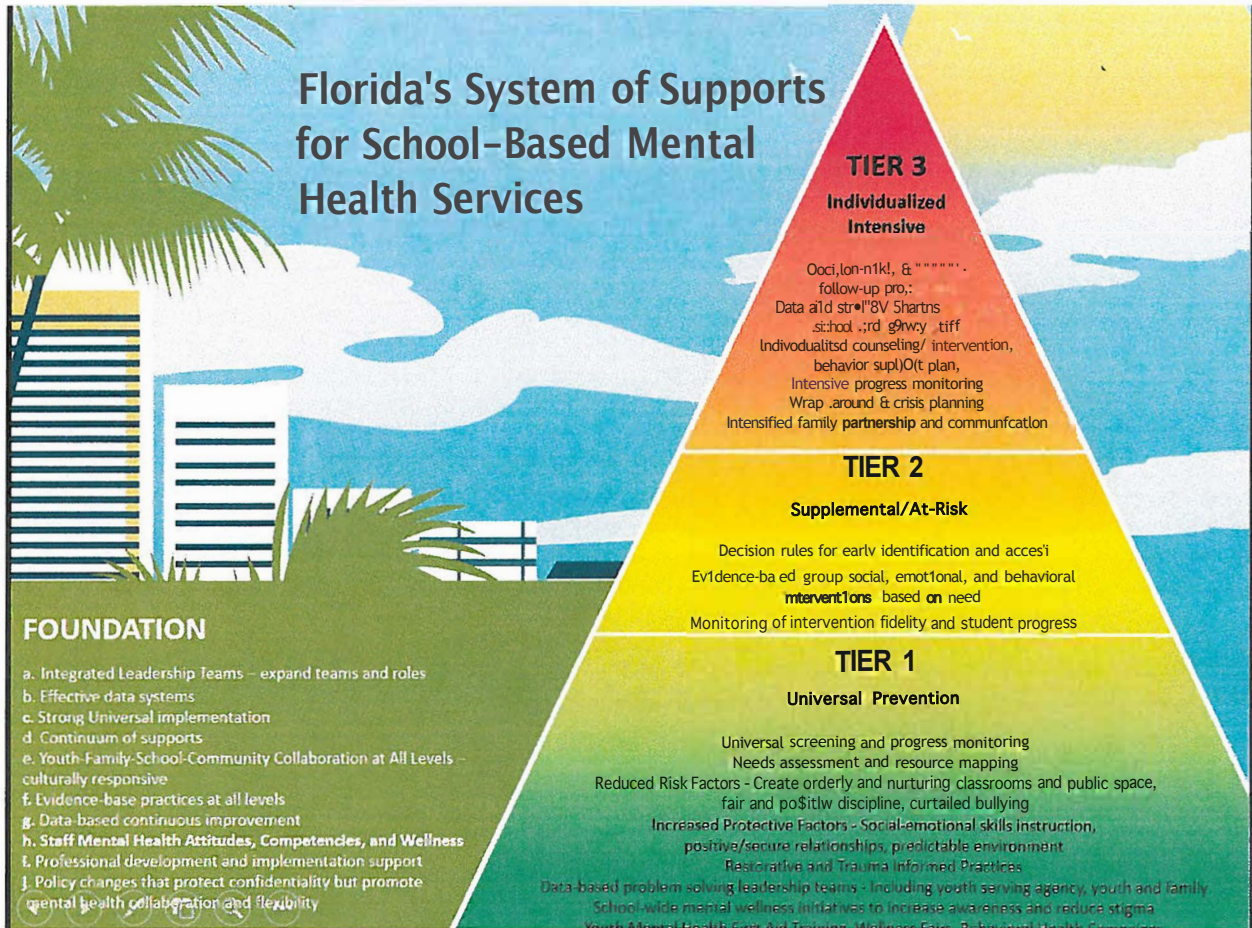
We will continue to strengthen our continuum of services by implementing the best evidence-based programs and processes for our school system. Our infrastructure is strong and our focus on the mental health of our students will only enhance our infrastructure resulting in improved outcomes for all children.

As with any good plan, our plan will change over time as we continue to strengthen the mental health services for our students and families. Continuous improvement is a function of our process.

A visual overview of the current infrastructure in place in St. Lucie Public Schools.



A visual representation of the Tiered System of Supports for School-Based Mental Health Services.



Mental Health Collaborative Referral Form

St. Lucie Public Schools
Mental Health Collaborative Referral Form
TO BE COMPLETED BY SCHOOL PERSONNEL

Date: _____ School: _____ Grade: ____ Sex: ____ DOB: _____ Reg.Ed /504/ EBD /other ESE _____

Student: _____ Student ID#: _____

Initial Referral Source (Name): _____ Tel. # _____ Role: _____

FBA / BIP Plan *No Yes* ***If yes attach copy.*** Current Medications: _____

FAMILY/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone _____


Are there health related issues that may adversely impact the educational process of this student? *Yes No*

Are bilingual services requested? *Yes No* Has the parent been contacted regarding issues/concerns of the student? *Yes No*

Is student currently receiving outside services? *Yes No* If yes, name of agency: _____. What additional services are you recommending? _____

Has the student received services in the past? Counseling, Psychiatric, Medication Management, Case Management

Previous Diagnosis, if known _____ Previous Agency _____ Dates of Service _____

	<input type="checkbox"/> Suicidal/Homicidal Ideation <input type="checkbox"/> Self-Harm
	<p>If either of these are an immediate concern a <u>Risk Assessment</u> will be completed by school-based staff to determine the degree to which the student may be potentially dangerous to self and/or others.</p>

REFERRAL INFORMATION (check all that apply)

- | | | |
|---|--|---|
| <p>A. School Related</p> <input type="checkbox"/> Recently Dropped Out
<input type="checkbox"/> Failing
<input type="checkbox"/> Lack of Motivation/Apathy
<input type="checkbox"/> Underachievement
<input type="checkbox"/> History of _____ | <input type="checkbox"/> Smoking
<input type="checkbox"/> Involvement with Drugs/Alcohol
<input type="checkbox"/> Vandalism
<input type="checkbox"/> Involvement in Theft
<input type="checkbox"/> Possession of Drugs/Paraphernalia
<input type="checkbox"/> Carrying Weapons
<input type="checkbox"/> Inappropriate Affect
<input type="checkbox"/> History of _____ | <input type="checkbox"/> Case Management Needed
<input type="checkbox"/> History of _____ |
| <p>B. School Attendance</p> <input type="checkbox"/> Absenteeism
<input type="checkbox"/> Tardies
<input type="checkbox"/> In-School Suspension
<input type="checkbox"/> Frequent Counselor/Nurse Visits
<input type="checkbox"/> Out of School Suspension
<input type="checkbox"/> History of _____ | <p>D. Family Related</p> <input type="checkbox"/> Communication Difficulties
<input type="checkbox"/> Parent/Child Conflict
<input type="checkbox"/> Sibling Rivalry
<input type="checkbox"/> Separation/Divorce Related Problems
<input type="checkbox"/> Adjustment to Step-Family Situation
<input type="checkbox"/> Problems with Extended Families
<input type="checkbox"/> Reported Emotional Neglect
<input type="checkbox"/> Reported Physical Abuse
<input type="checkbox"/> Reported Sexual Abuse
<input type="checkbox"/> Lack of Parental Involvement
<input type="checkbox"/> Parental Difficulty with Discipline
<input type="checkbox"/> Alcohol/Drug Related Problems
<input type="checkbox"/> Medical Problems
<input type="checkbox"/> Family Death
<input type="checkbox"/> Promiscuity
<input type="checkbox"/> Sexual Identity Issues
<input type="checkbox"/> Family Crisis | <p>E. Physical Symptoms</p> <input type="checkbox"/> Frequently Ill
<input type="checkbox"/> Depressed/Sad
<input type="checkbox"/> Crying
<input type="checkbox"/> Weight Gain/Loss
<input type="checkbox"/> Vision Deficit
<input type="checkbox"/> Hearing Deficit
<input type="checkbox"/> Frequent Visits/Requests to Use Restroom
<input type="checkbox"/> Smelling of Alcohol/Marijuana
<input type="checkbox"/> Vomiting
<input type="checkbox"/> Glassy/Bloodshot Eyes
<input type="checkbox"/> Physical Complaints
<input type="checkbox"/> Slurred Speech
<input type="checkbox"/> Poor Coordination
<input type="checkbox"/> Poor Hygiene
<input type="checkbox"/> Fatigued/Tired
<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Anxiety/Nervousness
<input type="checkbox"/> History of _____ |
| <p>C. School Behavior</p> <input type="checkbox"/> Frequent Visits to Nurse's Office
<input type="checkbox"/> Frequent Visits to Counselor's Office
<input type="checkbox"/> Withdrawn/Loner
<input type="checkbox"/> Defensive/Negative
<input type="checkbox"/> Poor Social Interaction/Social Skills
<input type="checkbox"/> Immaturity
<input type="checkbox"/> Cheating
<input type="checkbox"/> Irresponsibility/Blaming/Denying
<input type="checkbox"/> Verbal/Physical Abuse to Others/Aggression
<input type="checkbox"/> Obscene Language/Gestures
<input type="checkbox"/> Discipline Problem/Defiance of Rules | | |

**Upon completion of the referral and consent forms, fax to Lisa Culver located at the District Office/ Student Services
 Fax (772) 429-4528
 Phone (772) 429-4510**

REQUESTED SERVICES: **Mental Health Counseling** **Targeted Case Management** **Substance Abuse Counseling**

Services may include one of the following: ● Individual/Group Counseling ● Family Counseling ● Behavior Support Services ● Parent Education

St. Lucie Public Schools
MENTAL HEALTH COLLABORATIVE REFERRAL FORM
Consent Form

PART II

*****Consent Form for Mental Health Counseling Services MUST be signed by parent/guardian*****

Student Name _____ **DOB** _____
Last First Middle MM/DD/YYYY

Social Security Number _____ **School** _____

Student social security numbers are collected in order to identify students within the District's computer system and will be used only for that purpose.

Medicaid Number, if Medicaid eligible _____

Private Insurance Carrier (Name of company) _____ **Insurance #** _____

No coverage (please check) _____

Community Mental Health Services:

I/We give consent to the School Board of St. Lucie County to release and exchange my child's personally identifiable information with mental health partner agency(s) for the purpose of developing and implementing a plan of care for my child. The social security number will be used to determine eligibility for Medicaid. I/We understand that I/we will be contacted by the community mental health agency and that it is my responsibility to make and keep all appointments with them for the benefit of my child and that not doing so can result in community mental health services not being delivered to my child. I/We also consent to agents of the community mental health agency serving my child contacting my child's school to obtain personally identifiable information on an ongoing basis that is important to the continued implementation and evaluation of the plan of care for my child. Consent is also given for agents of the community mental health agency to observe and see my child during the school day at a time agreeable to the school. Consent is given for the school to obtain information on the case, including attempts to contact me to arrange for appointments.

PROHIBITION ON REDISCLOSURE: This information has been disclosed from records whose confidentiality is protected. Federal and State rules prohibit anyone from making any further disclosure of this information unless the parent provides specific written authorization for the subsequent disclosure of this information or as otherwise permitted by 42 C.F.R. Part 2 or F.S.A. 394.4615. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (42 C.F.R. 2.32). Florida law requires that any person, agency or entity receiving this information shall maintain such information as confidential and exempt from the provisions of the public records law. (F.S.A. 394.4615(6)). Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to F.S.A. 394.4615 or other Florida Statutes is not subject to civil or criminal liability for such release.

School Based Services:

I/We further consent to the release and exchange of my child's personally identifiable information with Medicaid's fiscal agent, the school district's Medicaid billing agent, and any representative of the Agency for Health Care Administration (AHCA) for the purpose of determining Medicaid eligibility status and billing for direct services. I/We understand that this billing will only occur if eligible services are delivered to my child during the school day by a qualified provider and my child is Medicaid eligible and covered under IDEA, now or in the future. I understand that I can withdraw my consent at any time by written notification to the School Board of St. Lucie County's Department of Student Services/Medicaid Certified School Match Program.

▶ **Parent Signature:** _____ **Date:** _____

▶ **Parent Name (please print):** _____

▶ **Person Completing Form with Parent (Print)** _____ **Tel. #** _____

Email Address: _____

If you DO NOT want services at this time, please complete section below.

I do not want my child to receive mental health counseling services.

Student Name: _____ Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Total Mental Health Services Allocation

\$980,366.00

Requested Positions	Number of Positions	Salary and Benefits
School Psycholoaists	5	\$385,000.00
School Social Workers	5	\$340,000.00
Mental Health Counselor for DCEC	1	\$60,000.00
Contracted Services of a Clinical Psycholoaist	1	\$50,000.00
Charter School Allocation (Total for four schools)		\$81,519.00
Direct Mental Health Services		\$63,847.00
Total		\$980,366.00