

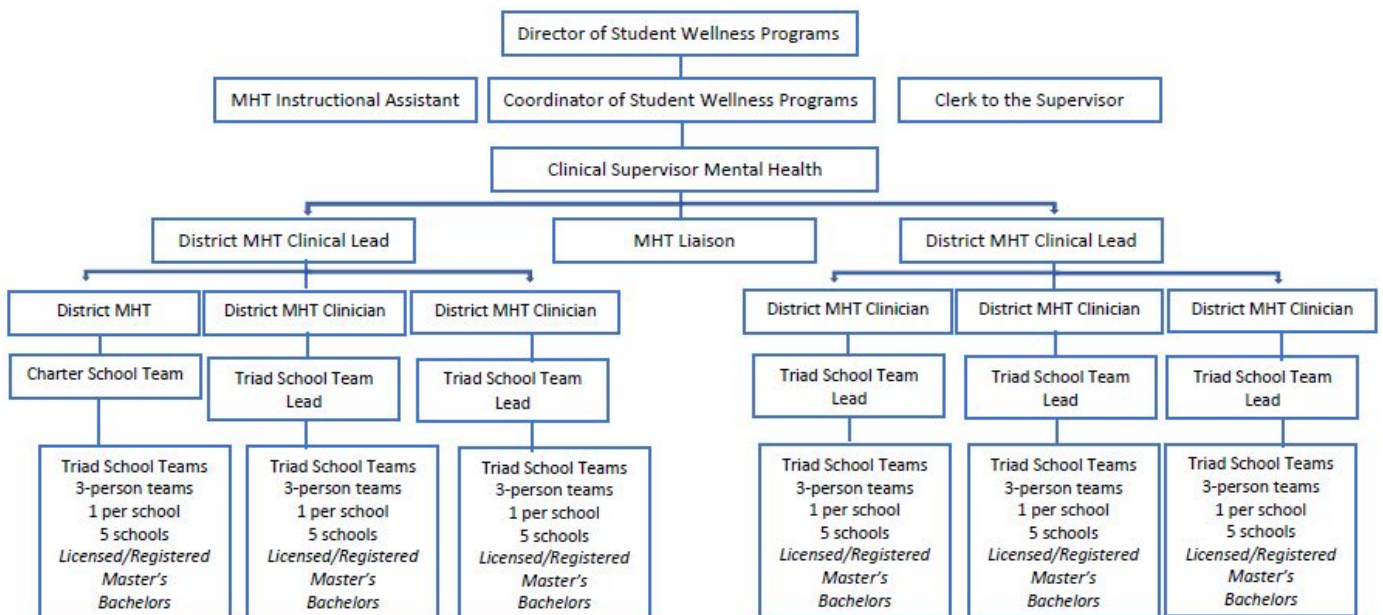
BAY DISTRICT SCHOOLS MENTAL HEALTH ASSISTANCE ALLOCATION (MHAA) PLAN 2020-2021 School Year

Mental Health Assistance Allocation Plan

In accordance with SB 7030 Bay District Schools (BDS) Mental Health Assistance Allocation Plan has been written to provide a detailed explanation of our school and community based mental health continuum as well as the planned expenditures. This plan will include all BDS schools, including charter schools (letters of intent available upon request.) The multi-tiered approach, the community of care referral process and BDS training opportunities all focus on improving the early intervention of social, emotional and/or behavioral problems or substance abuse disorders. In addition this plan focuses on improving the provision of early intervention of services and assists students that are dealing with trauma and violence. This plan, submitted to Bay District School Board on August 11, 2020, will serve as the BDS 2020-2021 annually approved plan.

It should be noted that Bay District Schools received pre-approval from FDOE to roll forward our unused mental health allocation. Bay District Schools has been the recipient of additional fund sources (RESTART, SERV, FDEM) to support the mental health needs unique to Bay District Schools following Hurricane Michael and now the COVID-19 pandemic. Our pre-approved request illustrated our action plan to use the additional funds, then roll forward 19-20 and 20-21 mental health allocation funds so that we can continue our mental health supports in the 2021-2022 school year. Prior approval was sought to ensure we would not see a decrease in our allocation amounts (aside from a typical FTE decrease) or have to return any of the allocation.

Bay District Schools is proud to share that with our RESTART, SERV and FDEM dollars, we have been able to directly employ Student Wellness Triads (School-based Teams) at each school to serve in addition to our district Mental Health Team. These three person teams currently consist of licensed (21), registered (9), masters (17) or bachelors (41) level staff in order to support the socio-emotional development of students. These services are in addition to the district-level Mental Health team personnel - licensed (4), registered (2), and social worker (1). All school-based as well as district-based supports will collaborate closely with our community-based providers. All will be able to systematically support the varying socio-emotional needs of our students. Please see the visual below illustrating the school and district-based staff interaction.



Program Implementation and Programs

BDS Certified / Licensed School-Based Mental Health Service Providers			
Providers Employed	Number Employed	Number of Students	Ratio of Employees to Students
Certified School Counselor	67	23606	1:352
School Psychologist	10	23606	1:2360
Licensed MHC (District MHT)	4	23606	1:5901
Registered Mental Health Intern (District MHT)	2	23606	1:11803
Social Worker (District MHT)	1	23606	1:23606
Licensed Mental Health Professional (School-based Triad)	21	23606	1:1124
Registered Mental Health Intern (School-based Triad)	9	23606	1:2622
Masters Mental Health Professional (School-based Triad)	17	23606	1:1388
Totals	131	23606	1:180

**Evidence-based, Targeted Mental Health Interventions and Services
Awareness/Prevention at Tier 1**

All BDS Schools implement and teach the state mandated Character Education Traits. The BDS Student Wellness Staff and MTSS Behavior Teams provide customized training and professional development (PD) to district staff and personnel who in turn utilize this information with students school-wide. Training topics include, but are not limited to, Trauma Informed Care, Tier 1 implementation, Classroom Management, Bullying, Brain Friendly Teaching, Youth Mental Health First Aid, and Positive Behavior Supports. The ultimate goal of the on-going PD is to build capacity and promote awareness and understanding of the importance of social emotional learning and its impact on students' achievement and well being. In addition to these trainings, other opportunities are being coordinated by these departments and offered as needed to build capacity.

The Botvin Life Skills Training Program is implemented at identified BDS elementary and middle schools. The Botvin Life Skills curriculum is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, opioid misuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.

The Merrell's Strong Kids curriculum is being made available to every school, including the charters. This is a student capacity building curriculum focusing on emotions and the social-emotional skills. Some of the topics include managing anger, reducing stress, and solving interpersonal problems. This scientifically-based curriculum has partially scripted lessons, handouts, and worksheets. Through this program, teachers have everything they need to implement the program with little added cost or preparation.

Tier 2

BDS Student Wellness Team staff and MTSS Teams train, guide and support school counselors and administration with the implementation of evidence-based mental health services for students with one or more co-occurring health or substance abuse diagnoses and students at high risk of such diagnoses. Examples of practices to support students at the Tier 2 level include, but are not limited to:

- Check-In/Check-Out
- Mentoring
- Social Skills Groups
- Online social skills programs including Zoo-U and Suite 360
- PROMISE Para-professionals provide opportunities for recovery, reflection and re-entry to the classroom as an alternative to suspension (elementary schools only)
- Strengths-based Social Emotional Learning Universal Screener: CoVitality Licenses used to screen identified “at-risk” students and target specific and appropriate interventions
- Telehealth Equipment will provide students access to Mental Health Counselors and Physicians. Students will have virtual counseling appointments at school via a “real-time” secure computer connection
- School Counselors, Mental Health Counselors and/or Social Workers provide counseling, individual and group, and when further interventions are indicated. Referrals for school based therapy can be initiated with parental consent and/or referred to community based providers when appropriate

Tier 3

The BDS Student Wellness Team staff also operates on a referral basis to work individually with students through a Community of Care (CofC) referral process. In addition, school behavior team meetings are taking place with Triad team members, school counselors, school psychologists, and MTSS Team members to complete Functional Behavioral Assessments (FBAs) and developing Positive Behavioral Intervention Plans (PBIPs). Both of these teams also provide training and individualized consultation to build the capacity of district and school based staff. Tier 3 support is in addition to school based behavioral interventions and supports and does not supplant any other supports.

- BDS Student Wellness Team staff identified in the above Tier 2 will also:
 - Assess and identify needs for targeted and intensive intervention and/or mental health treatment plans, provide individualized counseling/therapy, and PBIPs and progress monitoring
 - Coordinate intensified wrap-around services including sharing data and strategies with the identified community mental health agencies if appropriate
 - Utilize telehealth model to provide students access to mental health counselors and physicians
 - Provide counseling or short term therapy with parental consent

A CofC team has been established with representatives invited from all nonprofit and for-profit community mental health providers and agencies. This team meets monthly to collaborate and review processes for BDS students’ and families’ access to local mental health services. BDS participates in the monthly Mental Health Summit meetings with local community mental health providers as well as a variety of other trainings that are offered by the agencies.

The district partners with multiple community agencies to provide mental health and substance abuse services to students and families. These include the following:

- Florida Therapy Services
- Life Management Center
- PanCare of Florida, Inc.
- Anchorage Children’s Home

- Emerald Coast Behavioral Hospital
- Gulf Coast Children’s Advocacy Center
- Big Bend Community Based Care
- Families First
- Private / For-Profit providers with Superintendents approval (see BDS Board Policy 2.129 listed below)

Community of Care Referral Process

**Step 1: School Counselor, with parent, completes referral through the MHed database.
Emily Fidler, district social worker, will complete referrals for Bay Virtual School.
School-based Triads will assist when the school counselor is not available.**

Step 2: Mental Health Team lead communicates with family, Triad lead, and school counselor.

1. Instructional Specialist Assistant prints referral and FOCUS face sheet to create clinical file.
2. Clinical team lead contacts family and coordinates the completion of the packet (consent, questionnaire, and Medicaid forms).
3. Clinical team lead documents (in spreadsheet and student clinical file) the outcome and communicates it to the triad lead and school counselor through email.
4. Once the consent packet is received by the clinical team lead, they schedule the initial assessment to be completed by a mental health team clinician within 15 days of referral date.
5. The student is assigned to a mental health team clinician or an outside agency and the clinical team lead documents on the spreadsheet, in the clinical file, and through the established email thread with the triad lead and the school counselor.

Step 3: Follow up

1. The triad team follows up with the family within 10 business days to ensure that they have been connected to services.
2. If not connected, the triad lead communicates through the established email thread. The clinical lead contacts the agency for updates and documents on the spreadsheet, clinical file, and through the established email thread.
3. All follow-up communication will be to support families in keeping students engaged in services as needed.

All of the students that are enrolled at the charter schools are part of the school district’s plan and all of the services and interventions in this plan apply to them.

The MHAA funding for 2020-2021 has coordinated other funds to allow for the direct employment of school-based mental health service providers. As mentioned previously, the additional funds will be prioritized for funding, the 20-21 unused MHAA will roll forward to join with the 21-22 allocation to fund our expanded, and necessary, supports in the 21-22 school year.

Based on school need assessment, mental health staffing allocations have increased to reduce the student to staff ratio when accessing student services personnel at the school site. School wide master schedules have been adjusted to embed time for students to receive regularly scheduled services without lost core instruction. Clerical support staff will be available to improve time management case management services on site.

School board policies and procedures for all schools, including charter schools, have begun to be updated to reflect the requirements that students referred for a mental health screening are assessed within 15 days of referral, school-based mental health services are initiated within 15 days of identification and assessment and that community-based mental health services are initiated within 30 days of referral. All referrals that are made for services that are not able to be provided by the school staff, are through the CofC process. After SB7030 was passed there was a meeting where all of the community providers were invited and presented with the new legislation. There was a clear understanding that this was the new expectation and monthly community based partnership meetings will take place to ensure that this takes place. In addition, Big Bend Community Based Care, the managing entity, will work with BDS and the providers to enforce this expectation. BDS Mental Health Team and the providers have a mutual agreement that they will be reporting back to BDS on the date of the initial assessment, the date of the initiation of services as well as any barriers preventing these from taking place in the legislative timeline.

BDS School Board policy 2.129: **PRIVATE PROVIDERS OF STUDENT SERVICES** was updated and approved by the board in June of 2019. This update allows for BDS Mental Health Team to make referrals to for-profit providers and individuals which may better align with student needs, access to insurance and family choice.

BDS School Board policy 2.130: **STANDARDS FOR DELIVERY OF SERVICES BY OUTSIDE PROVIDERS** was also updated and approved June, 2019 to reflect services during school hours for for-profit providers. By updating this policy students access to providers can take place while at school which reduces the obstacle of a student having to be transported by the parent or guardian to ensure assessment, initiation of services and the appropriate additional services. The numbered items listed in 2.130 are in alignment with ensuring providers have access to students that are referred to them during the school day and that this interaction with BDS students is regulated to ensure student safety.

The CofC process and supporting monthly meetings are also part of the procedure to help ensure accountability.

BDS is dedicated to providing a multi-tiered system of supports that includes the delivery of evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses. Through the CofC process these services are coordinated with each students' primary mental health care provider and with other mental health providers involved in the student's care.

The strategies or programs that are in place to reduce the likelihood of at-risk students developing social, emotional or behavioral problems is in place in Tier 1 and Tier 2 of our multi-level system of supports.

B. Expenditures: 100 percent of the funds are allocated to be used to expand school-based mental health care, train educators in responding to mental health issues and connect children, youth and families with appropriate behavior health services.

2019-2020 Expenditure Summary		
Please be reminded that Bay District Schools received permission to expend other dollars first in order to roll forward much of our allocation. This 19-20 roll forward will be combined with 20-21 MHAA dollars in order to fund our expanded services in the 21-22 school year.		
	Number	Expenditure
School-Based Mental Health Providers funded by the allocation and licensure/certification for each.	0 <i>See page 1</i>	0 <i>See page 1</i>

Community-based mental health providers funded by the allocation and licensure for each.	0 <i>See page 3</i>	0 <i>See page 3</i>
School district expenditures for services provided by contract-based collaborative efforts or partnerships with community mental health program agencies or providers.	0 <i>See page 3</i>	0 <i>See page 3</i>
Other Expenditures		
Travel		\$ 4,986.93
Tech Related Rentals		\$ 20,377.52
Communications		\$ 522.50
Cell Phones		\$ 2,100.00
Other Purchased Services		\$ 382.00
Distributions to Charter		\$ 2,206.30
Supplies		\$ 5,168.72
Tech-Related Supplies		\$ 19,117.83
Non-Cap Furniture, Fixtures and Equipment		\$ 19,086.55
Non Cap Computer Hardware		\$ 5,064.24
Tech related cap furn, fix and equipment		\$ 6,376.85
Other Personal Services		\$ 6,216.40
YMHFA Training	890	24984.10
Safety Assessment Intervention Coordinator	1	\$45428.30
Mental Health Liaison	1	\$4052.63
MHT support staff (Assistant and clerk)	2	\$25874.33
Custodial staff	1	\$3112.93
Total MHA Staff and Supplemental Expenditures		
		\$195,058.17

In a collaborative effort, BDS staff verified that the proposed BDS Mental Health Allocation Plan does not supplant other funding sources, nor have these funds been used to increase salaries or provide staff bonuses.

BDS maximizes use of local, state and federal funding sources to provide school-based mental health services. These funding sources include but are not limited to:

- RESTART Federal Grant Dollars
- FDEM (Florida Division of Emergency Management)
- Project SERV (School Emergency Response to Violence)
- BDS Student Services Budget, MTSS Budget
- School of Hope
- Title I, Title I Part A, Title II, Title IV, IDEA
- Medicaid Reimbursement (PanCare, Florida Therapy, BDS School Counselors, School Psychologists, ESE Counselors)
- State and federal grant opportunities
- Local organization grant opportunities

BDS uses the CofC referral process for tracking the number of students at high risk for mental health or co-occurring substance abuse disorders that have been referred for, screened or given an assessment for mental health services or supports. This process is initiated at the school level by the school problem solving team or at the request of a parent but always with parental notification. The school completes demographic information about the student, the perceived problem(s) of the student and the parent's input. This information is then sent to the BDS Mental Health Team for review. Contact is made with the parent again to align the identified needs of the student with services of the BDS Mental Health team or Community Based Partners. Families' unique perception of mental health services requested, paysource and availability are all taken into consideration. The referral is then sent to the agency identified as most appropriate and they reach out to the families for the initial intake / assessment appointment and further services. If referred to a community based agency the agency will report back to the BDS Mental Health Team the date of the initial assessment as well as the date that services were initiated. The BDS Mental Health Team will coordinate to remove any barriers, if appropriate with the school based counselors, social workers and paraprofessionals that have direct contact with the student and parent.

Once services are initiated the BDS Mental Health Team will code this referral as meeting the requirements for SB7030. In addition, all lines of communication open with the providers to assist in ensuring that the student remain in services or that barriers to services rendered are overcome. This system will allow BDS to report on 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.

Submitted to the Bay District School Board August 11, 2020