



Mental Health Assistance Allocation Plan

FDOE Plan Checklist Elements

I. Mental Health Assistance Plan (s. 1011.62(16)(a) and (b). F.S.)

_____ *Focuses on delivering evidence-based mental health services*

All programmatic elements will be evidence-based and consistent with professional standards linked to the service. This will include traditional mental health counseling when delivered by both district and community agency partners bound by professional practices and ethics consistent with their credentials, as well as curriculum programs administered by district and school staff on topics such as character education (e.g., Second Step and Sanford Harmony), substance use and prevention (e.g., Family Education Program (Clay Action Coalition) and Hanley Foundation), and personal safety and awareness (e.g., Child Safety Matters, One Love, and Sandy Hook Promise).

All programs will have expectations and student outcomes that are determined prior to service delivery, and coordinated for appropriate grade levels and target groups by the School Counseling Specialist, Coordinator of Mental Health Services, and Coordinator of Student Engagement. Delivery will be implemented by a variety of personnel and program partners, including school-based School Counselors, district-level mental health specialists such as social workers, school psychologists, and mental health clinicians, and partners through such programs as Hanley Foundation and Motivational Coaches of America.

_____ *Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).*

A variety of cursory and comprehensive assessment tools will be used to help in identifying students at risk and those in need of intervention services. The Panorama Education student survey will monitor every student in the district for social-emotional development, including self-management, social awareness, self-efficacy, grit, and growth mindset. The Performance Matters/Unify dashboard has been developed to include an Early Warning System that considers failing grades, absences, and suspension events as a way to regularly monitor for students that may be at risk for disengagement from the learning process. School-based MTSS teams will use these universal data tools to evaluate students at risk, and engage the planning and problem-solving process to identify need and intervention strategies. Similar to the ESE paradigm, all work will consider the least restrictive supports in order to minimize a student's time away from the natural learning environment.

When supplemental supports are needed beyond what might be considered the "core" social-emotional curriculum, the school-based team will utilize screening tools to identify level of need and more carefully consider a focused intervention. Short-term counseling targeted at an acute event or more broad topics such as a social skills development or anger management for small group counseling will be utilized. These services will be delivered via school-based counselors or through agency partnerships. Expected outcomes will be determined prior to the intervention.

Finally, when more intensive services are indicated, school-based personnel will work with the district coordinator for mental health services to determine the most appropriate course of action. Counseling services may be referred out to



a specialized agency/provider, or district-based mental health clinicians will take the case. If a Baker Act is considered, the school-based leadership team will consult with the District Crisis Response unit and work closely with the Clay County Sheriff's Office to make that decision. The state's Mobil Crisis Response Team will also be available for consultation and partnership under these extreme conditions. Supports may include a referral to SEDNET and the Community Action Treatment Team for on-going services.

_____ ***Identifies evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses.***

Students that present with one or more mental health disorders, including the manifestation of substance abuse, will be identified and monitored through the district's Early Warning System and environmental scan using data from the Youth Risk Behavior Survey results. In addition, school-based MTSS teams will determine appropriate recommendations for community agency referrals and district-provided intervention services such as the Family Education Program.

___ ***Describes the collaborative partnerships with community providers and agencies.***

Collaborative agreements are established through the district's legal office and affirmed through local agency providers and the district. The services agreed to include individual, group, and family support services, using evidence-based programming specific to the chronic condition and case management requirements. Providers will be given access to students on campus once background checks are completed and approved. Explicit language will be used regarding the need to maximize third-party billing and Medicaid fees for service, with a pre-determined ratio of Medicaid to non-Medicaid services identified. Appropriate space for counseling services will be ensured to these partnerships.

Through a provider-led meeting process, community agencies/providers will be expected to actively engage professional discourse regarding requirements and capacity to meet the needs of students and families for mental health and other therapeutic interventions. It is expected and expressed in the affiliation agreements that awareness programs and professional development will be provided by the community agency partnerships.

_____ ***Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.***

The district currently has an information sharing agreement with local facilities that take in juvenile Baker Acts, allowing the district to communicate quickly with the family and school regarding a safety plan for the student's return to classes. In addition, school-based teams will utilize social workers and case managers to access information sharing agreements with local providers. This information will be specific to treatment needs at the school level and only be available to school and district personnel associated with the intervention plan.

II. **Program Implementation and Outcomes (s. 1011.62(16)(d), F.S.)**

_____ ***Identifies how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community).***

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The district will continue to utilize a tracking system that monitors how many students are supported through the school-based MTSS process, as well as school and community Baker Acts as we are made aware of them through the information sharing agreements. In addition, the district will incorporate a monitoring system into the Student Information System that captures district and community-based mental health services/family care plan activities. These data portals will be combined with already existing monitoring systems that track students referred for specialized instruction (ESE) and assignment to an alternative program. All of this information will be compiled for School Board and state reporting.

Identifies number and credentials of mental health services providers employed by the district.

Since the phrase "mental health services providers" can take on a general description or have a legal interpretation that is rather narrow, the following represents the number and credentials of Clay County District Schools staff that support students in the social-emotional domain.

<u>Title/Description</u>	<u>Number on Staff</u>	<u>Credentials</u>
School Counselor	85	FDOE Certification in Professional Guidance & Counseling K-12
School Social Worker	11	FDOE Certification in School Social Worker PK-12
School Psychologist	18	FDOE Certification in School Psychologist PK-12
Specialist -District level	4	FDOE Certification in various areas
Licensed mental health provider	27*	Licensed or Registered under Chapter 491 and the Florida Department of Health to provide clinical, counseling, and psychotherapy services

**includes personnel from school counseling, school social work, and district specialists*

Identifies number and credentials of mental health services providers contracted by the district.

The district has a number of ways in which contracted mental health services providers gain access to students, and includes professional services with local agencies, as well as internship assignments in school social work, school psychology, and mental health services. These agencies/universities have included the following, with the expectation that prior to the start of the 2018-19 academic year, all potential partners will have signed an affiliation agreement that outlines expected outcomes and maximizes billing reimbursement opportunities where appropriate.

Clay Behavioral Health Center	First Coast Behavioral
Right Path Behavioral Health Services	Dr. Justin Spooner, M.D.
Children's Home Society	Columbia University (social worker internship)
Youth Crisis Center	Florida State University (social worker and school psychology internship)
Motivational Coaches USA	Jacksonville University (clinical mental health internship)
Sunrise Behavioral Health	Eastern Washington University (school psychology internship)
Quality Life	
Family Services Resource Center	
Daniel Kids	



III. Expenditures (s. 1011.62(16). F.S.)

_____ ***Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers.***

Additional staff allocations that are specific to mental health services or the coordination of such services will be combined with existing staff to provide direct and coordinated interventions, increase awareness among instructional and school administrative staff, maximize Medicaid and third-party insurance reimbursement, and serve as a point of contract for primary care and community mental health providers. The total award of \$926,049 to the district does not supplant other funding sources or serve as bonuses/increased salary for staff.

_____ ***Includes assurances that Mental Health Assistance Allocation does not supplant other funding sources OR increase salaries or provide staff bonuses.***

By increasing awareness among instructional staff on mental illness signs and symptoms, strengthening coordination of mental health services both internally and with community service providers, and regularly monitoring at risk and treatment indicators, the majority of the work will focus on identification and access. This process will be maximized by leveraging existing staff, new allocations specific to mental health coordination and service delivery, and identification/monitoring tools. No district staff will be provided an increase in hourly rate or provided bonuses as a result of this work; other general funds, Department of Defense Education Agency grants, federal Title programming, Medicaid and IDEA funding will continue to support these initiatives and not be supplanted by the Mental Health Assistance Allocation.

_____ ***Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g., Medicaid reimbursement, 3rd party payments, grants).***

The district has been fortunate to be awarded numerous Department of Defense Education Agency grants over the past seven years, as well as capitalize on Medicaid Fee for Services reimbursement and Administrative claiming, Title I and Title IV grant programming to help support social-emotional curriculum and mental health services. Adjustments will be made to the daily tasks of school counselors so that the majority of their time will be spent engaging with students; case managers will be hired to assist school social workers so that the latter group can stay focused on clinical intervention; community providers will be accountable for maximizing Medicaid reimbursement and third-party payments; and the district will continue to pursue grants to expand these services.

IV. Plan Approval and Submission (s. 1011.62(16)(c). F.S.)

_____ ***Local school board approved the district plan.***

Date of Approval:

_____ ***Charter school governing body(ies) approved plan(s), when applicable.***

1. Clay Charter Academy: plan approved by governing board on June 28, 2018, and submitted to district on July 2, 2018.
2. St. Johns Classical Academy

Date Board Approved: 7/23/18



_____ *Approved plan(s) was submitted to the Commissioner of Education by August 1, 2018 (attached).*

Date Submitted:

_____ *Plan(s) establishes or expands school-based mental health care.*

Best Practice Considerations:

Describe awareness/prevention efforts that address mental health issues.

There are numerous efforts at the school and district level designed to raise awareness and prevention efforts, including the use of the Mental Health First Aid curriculum to improve mental health literacy of teachers and staff that interact with students on a daily basis, design and delivery of month's long activities focused on School Attendance (September), Bully Prevention (October), and mental health awareness (May), and national campaigns such as the National Red Ribbon Campaign (October). Other professional development and technical assistance is provided through the PBIS model for safe and effective educational programs and in partnership with the University of South Florida PBIS Project. The District Crisis Response Team coordinates training on topics such as anger management and suicide prevention.

Describe the mental health screening and assessment procedures for determining which students need mental health interventions and treatment.

The Early Warning System embedded within the Performance Matters/Unify Baseball Card will provide the first brush for screening students at risk for disengaging from the learning process, a leading indicator of mental health problems. In addition, use of the Panorama Education student survey will monitor every student in the district for social-emotional development, including self-management, social awareness, self-efficacy, grit, and growth mindset. When a student's profile appears elevated or otherwise at-risk, the school-based MTSS team will utilize school social workers and school psychologists to more discreetly assess need and make intervention recommendations. Community partners that are connected to the school community will also be consulted.

Describe process for identifying and delivering evidence-based mental health interventions.

Self-referral and parent referrals will be one way in which to identify students in crisis or having a mental health need. The school-based MTSS team will be the primary source for identifying students and designing the intervention; all student responses to Tier 1 curricula and strategies will be reviewed to determine continuing need. It will important to understand the underlying reason for student behavior/emotional response in order to ensure that evidence-based programming is being delivered, so screening and additional assessment may be warranted to rule out focus of intervention.

Describe procedures for referring students to school-based mental health interventions and community-based mental health providers for treatment.

The school-based MTSS team, in consultation with the district coordinator of mental health services and SEDNET project manager, will make decisions on how a student will access mental health interventions through community agencies. Should individual or small group counseling be decided, a combination of school/district staff and community providers will be utilized to deliver evidence-based practices consistent with national standards, and monthly reporting will be required to ensure intervention fidelity and progress toward desired outcomes. Goal setting will be a fluid process for the MTSS team and service provider, as needs and focus of the intervention may shift as the student responds.

Date Board Approved: 7/23/18



Describe other outcome data that will be used to evaluate effectiveness of services (e.g., Early Warning System indicators, Youth Risk Behavior Survey data, school climate/student engagement data).

Outcome data used to evaluate effective services will include improvements in attendance and academic assessments, as well as social-emotional survey results, and decreases in negative indicators such as discipline referrals and suspension events.

Describe how services will be delivered within a multi-tiered system of supports (universal/prevention, targeted, and intensive).

All services to students will be recorded through their involvement with the school-based MTSS team, and monitored regularly by the district office supporting mental health and student engagement. Universal screening will be conducted and results included in the Performance Matters/Unify Baseball Card, interventions will be monitored through the Student Information System portal, and outcomes will be reviewed at appropriate intervals with intervention providers, school leadership, and district staff in an on-going effort to improve the system. Quarterly meetings will be called with all community service providers to engage in open dialogue about what works and what needs to be improved. Case logs will be maintained by district and community providers per industry standards and protected by federal guidelines of confidentiality.

A general framework of tiered supports will be as follows:

Tier 1

All schools will have available a variety of tools to address social-emotional development, including such programs as Second Step, Child Safety Matters, Sanford Harmony and the Sandy Hook Promise at the elementary level to be delivered by the school counselor, district staff, or classroom teacher; the Hanley Foundation, Second Step, and One Love to be delivered by school counselors, district staff, or program staff through non-reading/ELA and math classes.

Tier 2

Supplemental supports will be provided to students through progress monitoring and intervention design by the MTSS team, and may include a referral to the Family Education Program or other targeted but short-term counseling intervention, as well as the MCUSA curriculum administered at the junior high level.

Tier 3

The most intensive mental health programming available, including individual therapy or even Baker Act, will be a coordinated effort between the school-based MTSS team and district staff. This service level will likely involve working closely with the primary care and community provider.

This plan is submitted to the Florida Department of Education per the requirements of s 1011.62, FS.

Handwritten signature of Addison G. Davis in black ink.

Addison G. Davis, Superintendent
Clay County District Schools

Handwritten signature of Carol Studdard in black ink.

Carol Studdard, Chair
Clay County School Board

Date Board Approved:

7/23/18