

Clay County District Schools

2019-2020 Mental Health Assistance Allocation Plan



FLOE Plan Checklist Elements

I. Mental Health Assistance Allocation Plan

Delivers evidence-based mental health assessment, diagnosis, intervention, treatment and recovery through a multi-tiered system of supports.

All programmatic elements will be evidence-based and consistent with professional standards linked to the service. Clay County has established the Social and Emotional Learning (SEL) priorities of Sense of Wellness, Sense of Safety, and Sense of Connectedness. These CASEL informed focus areas will guide the district wide awareness and prevention Tier I efforts. The evidenced-based 7 Mindsets program will be thoroughly incorporated into 19 schools on a daily/weekly basis delivered within the classroom setting. All schools will be able to implement 7 Mindsets on a broader scale through school counselor initiatives and school wide gatherings. Multiple complementary programs (e.g., Sanford Harmony, Second Step, Bully Prevention, Suicide Prevention, Red Ribbon Week, Child Safety Matters, Teen Safety Matters) will also be launched throughout the district as a means of offering a comprehensive strategy towards awareness and prevention.

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. These evaluation processes and methods will aid in identifying students needing additional supports to ensure their success.

When supplemental supports are needed beyond what might be considered the “core” SEL curriculum (Tier I prevention), students will be referred to the Student Success Team. This multi-disciplinary, school based team, directed by school social workers, will use universal data tools and other identified behavioral and emotional indicators to evaluate students at risk, and engage the planning and problem-solving process to identify needs and intervention strategies. The Student Success Team will be comprised of school administrators, school counselors, teachers, parents, and when

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appropriate, the student to evaluate and discuss possible Tier II early interventions and supports.

These interventions and supports may include, but are not limited to: school based group or individual counseling, community referrals, special education services, or referrals to outside mental health services. Expected outcomes will be determined prior to the intervention, and the Student Success Team will monitor the progress of interventions and follow up when necessary to adjust or redirect services.

Students needing further assistance will be referred to the Student Success Team for further support of Tier III interventions. In the instance of acute or crisis care, students will be referred to a district mental health professional for assessment. Appropriate referrals for the given situation that may include, individual mental health counseling with a district mental health counselor or outside provider, the school based threat assessment team, or the county Mobile Response Team. Further supports may include, but are not limited to referrals to SEDNET or the Community Action Treatment Team for on-going services. All interventions will have expectations and student outcomes that are determined prior to the service delivery.

Focuses on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses.

Students that present with one or more mental health disorders, including the manifestation of substance use will be supported through the district's system of care that includes referrals for community agencies, Student Assistance Program, and the Family Education Program.

Include direct employment of school-based mental health services providers (i.e., school psychologists, school social workers, school counselors and other licensed mental health professionals) to reduce staff-to-student ratios and meet student mental health assistance needs.

The creation of administrative staff to oversee and support the mental health efforts within the district enables direct-care mental health staff to have fewer planning and researching obligations towards effective programming and implementation. This in turn provides additional one on one and group time with students. Administrative expansion also allows for further the coordination of community providers to implement

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on-site drop in clinics at all secondary schools and on-site short term therapy for students most in need.

Offering a complete system of care for our students includes the collaboration of physical health services that are often needed for students with medical needs related to their mental health care. Administrative oversight for district nurses coordinates and encourages this work.

Expanding the number of social worker and school psychologist positions decreases the staff-to-student ratio to provide more direct services to additional students. Adding district wide mental health clinicians allows for the district to provide a liaison to families following a Baker Act, as well as further supporting the district crisis response team.

Identifies strategies to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).

The increase of school-based mental health positions provides greater opportunity for a range of preventative, early intervention, and intervention services to a greater number of students. The increase in administrative support towards the programs that are implemented by these direct-care staff also create additional time for student interactions. The district will expand its agreements with local university programs to provide internship assignments in school social work, school psychology, and school counseling. The use of interns in these areas enables still more direct student services provisions for students.

Includes contracts or interagency agreements with local behavioral health providers or Community Action Team services to provide behavioral health services on or off the school campus.

The district will contract with outside agencies to provide drop-in mental health clinics at all secondary schools 1 day/week, as well as provide intensive short-term mental health services for students facing barriers to receiving outside mental health services. Current agreements with outside providers will continue to include the use of the county Mobile Response Team, the Community Action Treatment Team, Student Assistance Program, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Stop Now And Plan program, individual and group therapy, and case management.

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

1. Students referred for a mental health screening are assessed within 15 days of referral;

Student Success Teams will meet on a biweekly basis to ensure assessment occurs within 15 days of referral.

2. School-based mental health services are initiated within 15 days of identification and assessment; and

All referrals for mental health services provided by school-based staff, whether originated by a Student Success Team, a social worker, a school counselor, or administrator will be administered through a universal referral process that will be tracked by district mental health staff. This consolidated process will allow for administrative tracking of assessments and referrals to follow statute guidelines.

3. Community-based mental health services are initiated within 30 days of referral.

All referrals for mental health services provided by community based mental health agency, whether originated by a Student Success Team, a social worker, a school counselor, or administrator will be administered through a universal referral process that will be tracked by district mental health staff. This consolidated process will allow for administrative tracking of assessments and referrals to follow statute guidelines. All agreements with outside providers will detail this criteria for services rendered.

Describes the process for coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in the student's care.

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 re-entry plan for the student's return to classes. In addition, all students referred to outside provider mental health services, will have a signed release on file indicating sharing procedures between provider and school staff.

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Identifies strategies or programs to reduce the likelihood of at-risk students developing social, emotional or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorders.

Complementary to the 7 Mindsets program and the SEL priority focus district wide, school district personnel as well as community agencies provide a variety of targeted programs to address at-risk students' needs. Programs include, but are not limited to: Alcohol Literacy Challenge, Signs of Suicide, Child Safety Matters, Sanford Harmony, and Second Step.

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

St. Johns Classical Academy and Clay Charter will be submitting their own Mental Health Assistance Allocation Plans that have been approved by their respective governing boards.

Identifies strategies to:

1. Improve the early identification of social, emotional or behavioral problems or substance abuse disorders;

The increasing number of district staff who have been trained in Youth Mental Health First Aid (YMHFA) ncreates a broader net of awareness in our staff to recognize signs and symptoms in students. We will continue with our on-going plans to educate staff and certify them in YMHFA. The district will create a multi disciplinary work group to evaluate the levels of early identification and develop and enact a plan to improve needed areas.

2. Improve the provision of early intervention services; and

The concentrated use of Student Success Teams will increase the facilitation of needed referrals for all Tier II and Tier III services. The district will create a multi-disciplinary work group to evaluate the effectiveness of this aspect of its System of Care and develop and enact a plan to improve needed procedures.

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3. Assist students dealing with trauma and violence.

A portion of school staff have received trauma informed training through SEDNET. The district will continue to collaborate with SEDNET to continually train additional school's staff. A specific group for students who have experienced trauma and/or violence will be provided through an outside provider at one elementary school using CBITS.

II. Expenditures

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

<u>Position & Credential</u>	<u>Staff #</u>
Administrator of Mental Health & Wellness, LCSW	1
Coordinator of Nursing, Registered Nurse, AS	1
Mental Health Clinician, LMHC, Registered LMHC Intern	1.5
Social Worker, FDOE Certification in School Social Work PK-12	1.44
School Psychologist, FDOE Certification in School Psychologist PK-12	.7
Specialist-District Level, FDOE Certification in various areas	3.15

Number of community-based mental health providers funded by the allocation and licensure for each.

The district will look to expand our current agreements and contracts with Right Path Behavioral Health, Clay Behavioral Health Center, Youth Crisis Center, Children's Home Society, and River's Edge Counseling to provide on-site drop in mental health services. These agencies all employ staff who are Licensed or Registered under Chapter 491 and the Florida Department of Health to provide clinical, counseling, and psychotherapy services.

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

The district has a current agreement for \$61,400.00 with Panorama Education to administer student surveys that monitor SEL growth in students grades 3-12. This year the district will contract for \$3,500.00 with AllHere to provide attendance assessment & intervention at 7 schools. \$44,121.11 will be used to contract with community providers to cover drop-in clinics and short term individual therapy. All of these initiatives are funded through the Mental Health Assistance Allocation.

Other expenditures (specify type and amount).

District wide SEL activities to promote a Sense of Wellness and a Sense of Connectedness are funded by \$31,850.35 of the Mental Health Assistance Allocation. Additional education and training for direct service staff is funded by \$12,000 of the Mental Health Assistance Allocation.

III. Expenditure Assurances

One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff detecting and responding to mental health issues; and connect children, youth, and families with appropriate mental health services.

Additional staff allocations and training that are specific to mental health services or the coordination of such services will continue to 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 contact for primary care and community health care providers. The total award does not supplant other funding sources or serve as bonuses/increased salary for staff.

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Mental health assistance allocation funds do not supplant other funding source 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 continue to 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 I 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 (e.g., Medicaid reimbursement, third-party payments and grants).

The district will continue to capitalize on its current Department of Defense Education Agency grant, Medicaid Fee for Services reimbursement claiming, and Title IV grant programming to help support social-emotional curriculum and mental health services.

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IV. Program Implementation and Outcomes

Identifies the number and ratio of FDOE-certified or licensed school-based mental health services providers employed by the district (i.e., school psychologists, school social workers, school counselors, and other mental health service providers by licensure type.)

<u>Title/Description</u>	<u>Number of Staff</u>	<u>Credentials</u>
School Counselor	85	FDOE Certified in Professional Guidance & Counseling K-12, LMHC
School Social Worker	17	FDOE Certified in School Social Worker PK-12, LCSW
School Psychologist	18	FDOE Certified in School Psychology PK-12
School Mental Health Professional	8	LCSW, LMHC, Registered mental health interns
Specialist - District level	4	FDOE Certified in various areas

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

All district referrals for interventions, services or assistance, as well as those made to community agencies will be entered into the student record database. All students who are assessed by the Student Success Team will be documented and recorded in the student database as well.

V. Plan Approval and Submission

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**Addison G. Davis, Superintendent
Clay County District Schools**

A handwritten signature in black ink, appearing to be "Carol Studdard", written over a horizontal line.

**Carol Studdard, Chair
Clay County District Schools**

Date Board Approved: 8.1.19