School District of DeSoto School Board Action July 14, 2020 APPROVED

# School District of DeSoto County Mental Health Assistance Plan 2020-2021



SCHOOL DISTRICT OF DESOTO COUNTY 2020-2021

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# **Section I: Mental Health Assistance Allocation Plan Description**

The School District of DeSoto County has constructed a Mental Health Assistance Plan to provide internal structures as well as external support to identify and address the mental health needs of the students, including: Identification, assessment, diagnosis, intervention, treatment and recovery. According to the National Association of School Psychologists (2016):

"School mental health services are essential to creating and sustaining safe schools. Increased access to mental health services and supports in schools is vital to improving the physical and psychological safety of our students and schools, as well as academic performance and problem-solving skills. Additionally, in the aftermath of a crisis, school-employed mental health professionals provide supports that facilitate the return to normalcy, are sustainable, and can help to identify and work with students with more intense or ongoing needs." (p. 1)

School-based mental health services include the following: A broad spectrum of assessment, prevention, intervention, post-vention, counseling, consultation, and referral activities and services (American Counseling Association, n.d.). This plan describes the structures of the mental health supports that are in place or will be put into place in the 2020—2021 school year to support DeSoto County Students.

Delivery of Mental Health Supports: Describe the delivery of evidence-based mental health assessment, diagnosis, intervention, treatment and recovery through a multi-tiered system of supports.

The School District of DeSoto County has developed a tiered continuum of services to meet the mental health needs of our students. This tiered continuum provides a systemic approach to mental health assessment, diagnosis, intervention, treatment and recovery.

The School District of DeSoto County maintains Memorandums of Understandings as well as Service Agreements with multiple community agencies for collaboration and referral of services. These agencies provide a variety of services, including, but not limited to: Mental health counseling, psychiatric care, case management, crisis support, and substance abuse counseling. These agreements are reviewed on an annual basis and are modified when deemed warranted.

# Tier 1

#### Tier 1 Supports:

- Universal mental health screenings (opt-in model)
- Consultation with school personnel: School counselors, school psychologists, school social workers, school nurses
- Bullying reporting, identification and investigations
- Early Warning Systems
- Cloud9World
- Sanford Harmony
- Character Strong
- Student Trainings / Courses:

- Drug Abuse Awareness Training Drug Free DeSoto
- Mental Health Courses School District of DeSoto County Staff
- Staff Trainings:
  - o Bullying
  - Suicide Awareness
  - o Child Abuse

#### Additional Tier I Information:

Students demonstrating a higher level of need beyond Tier I will be identified using a variety of data sources such as early warning system indicators and an opt-in universal screening system by staff, parents, peers, and student themselves. Students who are determined to be at risk will be referred for small group and/or individual mental health services, including behavior support (as needed).

Identification of students extends upon the universal opt-in screening process and early warning system. Students may be identified and advance through the tiered continuum from a multitude of entry points including but not limited to:

- School Threat Assessment Teams
- IEP Teams and Manifestation Meetings
- Alternative to suspension options
- Court system action
- Baker Acts
- Attendance Committee Meetings
- Referral based upon disciplinary action

#### Tier 2

# Tier 2 Supports:

- Check and Connect Mentoring
- Behavior Contracts
- Check-in Check-out system
- First Step Student Assistance Program
- Staff Trainings
  - Professional Crisis Management Training
  - Youth Mental Health First Aide Training
  - Youth Mental Health First Aide Training (Train-the-Trainers)
  - o Trauma Informed Care
  - Protective Factors

#### Additional Tier 2 Information:

The school counselor will be the first point of contact for students who enter Tier 2. Students will be referred for counseling services by a form completed and submitted to the school counselor identifying problem. The school counselor will assess the student using research-based screening instruments including, but not limited to: Strengths and Difficulties Questionnaire (SDQ) and a Self-Harm Assessment. The screening results will assist in determining appropriate Tier 2 Interventions or if an immediate referral to Tier 3 is warranted.

Students will be monitored during Tier 2 interventions to assess progress. Modifications to Tier 2 interventions may be made during this process to determine if additional/alternate Tier

2 supports are needed. When support beyond Tier II is warranted the school counselor will refer the student to Tier 3. Referrals to community agencies will be processed upon recommendation from Student Success Teams, School Counselors and/or coordinated efforts between families, school personnel, and agency representatives.

## Tier 3

#### Tier 3 Supports:

- School-based individual or group counseling by district-employed social worker or mental health counselor
- MCR Health Services Community Care
  - Individual and Group Therapy
  - Psychiatric Evaluation
  - Medication Services
- YMCA Family Management Services (CINS-FINS)
  - o Individual Counseling
- Referral to Interdisciplinary Team such as the CAT Team, Youth-at-Risk
- DeSoto Psychiatric Services
  - Psychiatric Evaluation
  - o TBOSS Program

#### Additional Tier 3 Information:

Students who have been voluntarily or involuntarily hospitalized will automatically be placed in Tier 3 intervention.

# **Responsibilities of Mental Health Personnel**

## **School Counselors**

- Conduct mental health screenings
- Collaborate with school and district personnel on threat assessment teams
- Collaborate with administration, teachers, guidance, and parent/guardian on Student Success Teams
- Conflict resolution
- Academic Tracking
- Bullying investigation and intervention
- Collaborate with administration, teachers, guidance, and parent/guardian on Student Success Teams
- Provide training in mental health awareness for students and school staff
- Coordinate services with primary care and mental health providers involved in a student's care
- Communicate and collaborate with parents and guardians
- Refer students that need Tier 3 support to social worker, mental health counselor or contracted agency for therapy
- Communicate and collaborate with parents and guardians

# **Social Workers and Mental Health Counselors**

- Complete risk assessments and threat assessments as needed
- Conduct Baker Acts when warranted

- Provide/coordinate Tier 3 interventions for students that were voluntarily or involuntarily hospitalized for mental health issues
- Conduct safety assessments and re-entry plans upon re-entry into school
- Coordinate services with primary care and mental health providers involved in a student's care
- Case Management
- Tier 2 and 3 support and intervention
- Therapy plans
- Conduct mental health assessments
- Collaborate with school and district personnel on Threat Assessment Teams
- Collaborate with administration, teachers, guidance, and parent/guardian on Student Success Teams/At-Risk Meetings and Attendance Committee Meetings
- Provide training in mental health awareness for students and school staff
- Communicate with other agencies and staff as needed and appropriate
- Communicate and collaborate with parents and guardians
- Provide individual and/or group therapy to students
  - School Psychologist (in addition to Exceptional Student Education support)
- Conduct psychological evaluations with parental consent on referred students
- Collaborate with school and district personnel on Threat Assessment Teams and Student Success Teams
- Coordinate services with primary care and mental health providers involved in a student's care
- Communicate and collaborate with parents and guardians
- Provide training in mental health awareness for students and school staff
- Refer students for Tier 3 supports when warranted

State how the plan will focus on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses.

Students with one or more known co-occurring mental health or substance abuse diagnoses will be monitored by school social workers or mental health counselors. If they are currently receiving treatment by a mental-health provider, we will work with the parents to obtain information about the diagnosis and treatment of the child. We will ask the parents to sign consents for the release of medical information. We will send this release to all known providers of that student. The district will utilize this information to assist in the treatment of the child and to determine what services are needed. Students will be monitored to ensure additional support is not warranted. Additional interventions will be put into place as deemed appropriate.

Students at high risk for diagnosis will be identified through referral to school counselors, Early Warning Systems, Threat Assessment Teams, Attendance Committees, IEP Teams, 504 Teams, and methods as deemed appropriate. At-risk students will be monitored closely and Tier 2 or 3 interventions will be put into place as deemed appropriate via assessment by the school counselor.

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

There are presently no charter schools in DeSoto County.

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.

In the 2020-2021 the following school-based mental health service providers that will be direct hires of the District include:

- Three (3) full-time Licensed Clinical Social Worker (LCSW)
- One (1) full-time Licensed Mental Health Counselor (LMHC)
- One (1) full-time Social Worker (Florida Department of Education Licensed)
- Eight (8) full-time School Counselors (Florida Department of Education Licensed)
- One (1) full-time School Psychologist (Florida Department of Education Licensed)

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

The Mental Health Service employed by the District to provide mental health services increased last year to enable the District to expand mental health services to students. Each one of these staff members will have to complete and submit monthly reports identifying time allocated to mental health services. This time will be monitored by the Director of Student Services. Revisions of schedules/staff allocations will be made based upon mental health assistance needs.

State how the plan will establish school board policies and procedures for all schools, including charter schools, to ensure: 1. Students referred for a mental health screening are assessed within 15 days of referral; 2. School-based mental health services are initiated within 15 days of identification and assessment; and 3. Community-based mental health services are initiated within 30 days of referral.

After School Board Approval of this plan, the District will author School Board Policies related to the provision of mental health services in the District (including charter schools should one open). These policies will not only specify the referral process, but will also specify the timeframes in which District action must occur. These timeframes include, but are not limited to: All students referred for a mental health screening must be assessed within 15 days of referral; School-based mental health services must be initiated within 15 days of identification and assessment; and provisions to ensure that community-based mental health services are initiated within 30 days of referral. These policies will be presented to the School Board for consideration/approval.

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

If it is suspected (or we are informed) that a student is being treated by a mental-health provider, we will work with the parents to obtain information about the diagnosis and treatment of the child. We will ask the parents to sign consents for the release of medical information. We will send this release to all known providers of that student. The district will utilize this information to assist in the treatment of the child and to determine what services are needed.

Identify strategies or programs to reduce the likelihood of at-risk students developing social,

emotional or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorders.

Below are strategies and programs that have been implemented to reduce the likelihood of at-risk students developing social, emotional or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorders.

# Social Emotional Learning Programs:

- Cloud9World is a social and emotional learning program that integrates literacy as the vehicle for teaching character strengths. This program is about the acquisition and strengthening of character, and the capacity to make wise choices for a well-rounded life and a thriving society.
- Sanford Harmony is an evidence-based social emotional learning (SEL) program, to its elementary and middle schools. Sanford Harmony SEL involves developing student competencies of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Sanford Harmony strategies also create a positive environment to help reduce personal conflicts, like peer pressure and bullying.
- Character Strong is a program that that focuses on fostering the Whole Child with vertically-aligned lessons that teach SEL and character, side-by-side. SEL Competencies: Self-Awareness, Self-Management, Social Awareness, Relationship Skills, Responsible Decision-Making. Character Development: Patience, Kindness, Honesty, Respect, Selflessness, Forgiveness, Commitment, Humility.

# Mentoring Programs:

- Check and Connect is a mentoring intervention used with K-12 students who show warning signs of disengagement with school and who are at risk of dropping out. "At the core of Check & Connect is a trusting relationship between the student and a caring, trained mentor who both advocates for and challenges the student to keep education salient" (University of Minnesota, 2018, para. 1). There are multiple Check & Connect Coordinators within the District that pair trained mentors with students that are showing warning signs of disengaging from school, such as poor attendance, behavioral issues, and/or low grades.
- First Step Student Assistance Program focuses on building supports for students dealing with non-academic barriers to learning, including behavioral health, family, and relationship issues as well as other life needs. Service components of the program include health promotion for the general student body, attention to students who are at special risk for substance abuse, teen pregnancy, violence/bullying, academic failure, school suspension or dropping out, early problem identification, and referrals for students exhibiting problem behaviors. The services are administered through Student Assistance Specialists who are placed at the school sites on a full-time basis and work with faculty teams and student leaders to develop health promotion topics and activities tailored to meet the needs of students. The Student Assistance Specialists provide support for the Drug-Free Youth initiative (e.g., through assemblies and classroom presentations, coordination of testing events, supporting business partner development), emphasizing the establishment of prosocial norms and the building of protective factors, as well as information on overcoming social and emotional barriers to learning. They also provide brief screening and referral services to small groups and individuals, linking these students to additional appropriate services in the school and community (e.g., mental health and substance abuse treatment services). student population, served by the program, presents as at risk of substance abuse

and/or mental health issues or has family risk factors for child welfare or are in the child welfare system.

- Student Trainings (including but not limited to):
  - o Drug Abuse Awareness Training Drug Free DeSoto
  - Say Something Sandy Hook Promise
  - Start with Hello Sandy Hook Promise
  - SOS Signs of Suicide Sandy Hook Promise
- Student Success Teams / At-Risk Teams are a problem solving and coordinating structure
  that assists students, families, teachers, and support personnel to seek positive solutions for
  maximizing student potential. Students will be referred to this team based upon a variety of
  factors, including, but not limited to: days of in-school or out-of-school suspension, specific
  disciplinary infractions, and early warning system data.
- SEDNET Support The School District of DeSoto County has a collaborative relationship with SEDNET. SEDNET provides the District with technical assistance, resources, and staff development for teachers and other practitioners. This support assists educators with obtaining strategies for students that have experienced trauma. SEDNET has provided assistance for our at-risk youth through participating on Interagency Teams. This support assists us in the improvement of the lives of school age children with, or at-risk of, emotional disabilities or severe emotional disorders.

Identify strategies to: 1. Improve the early identification of social, emotional or behavioral problems or substance abuse disorders; 2. Improve the provision of early intervention services; and 3. Assist students dealing with trauma and violence.

The following professional development opportunities will be provided to teachers to: Improve the early identification of social, emotional or behavioral problems or substance abuse disorders and to improve the provision of early intervention services through increased awareness and identification:

- Youth Mental Health First Aide introduces common mental health challenges for youth and reviews typical adolescent development. This training includes a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders. All employees of the School District of DeSoto County have been or are going to be trained in Youth Mental Health First Aide.
- Trauma-Informed Care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
- Professional Crisis Management is an advanced system of crisis management. This training
  focuses primarily on crisis prevention and also teachers: Crisis de-escalation, crisis
  intervention, and post-crisis intervention components. (This training will also be utilized to
  assist students dealing with trauma and violence)
- Protective Factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities. This course is an introduction to these factors done in such a way to make them easily understood, relatable and applicable to individuals. We will briefly discuss each factor and consider examples from our own experiences to illustrate the importance and relevance in our lives and in the lives of the children and families we serve.

The following are strategies that will be utilized to assist students dealing with trauma and violence:

- Baker Acts District-employed social workers and mental health counselors will monitor school re-entry after a student is Baker Acted (in school or out of school). Interventions and re-entry plans are put in place if deemed appropriate.
- Handle with Care Notices Our local law enforcement officers notify the school system when a child experiences something traumatic, such as domestic violence or drug use, allowing schools to better understand their students' behavior. The principal and select school staff receive a handle with care notice so they can take action and provide support if there are any changes in the student's behavior.
- School Threat Assessment Teams These teams will meet on a monthly basis (more meetings will be scheduled as the need arises) for the coordination of resources, assessment, and intervention with individuals whose behavior may pose a threat to the safety of the school, staff, or students. Interventions may include, but are not limited to: Referral to MTSS (if not already participating in the MTSS process), referral to the District Threat Assessment Team, referral for mental health services, and/or referrals to our Alternative Education Program.
- External Agency Referrals Student referrals to Youth at Risk Staffing's, CINS/FINS, CAT Team.
- External Agency Collaboration Circuit 12 Collaboration, DeSoto County Sherriff's Office, Arcadia Police Department, Department of Juvenile Justice, ESSA Staffing's, Guardian ad Litem, Family Safety Alliance, Department of Children and Families.

#### **Section II: Expenditures**

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

District-Employed Mental Health Providers – Total Categorical Expenditures: \$225,000 The following are district-employed school-based mental health providers are partially funded by this allocation:

- Three (3) full-time Licensed Clinical Social Worker (LCSW)
- One (1) full-time Licensed Mental Health Counselor (LMHC)
- One (1) full-time Social Workers (Florida Department of Education Licensed)

Contract-Based Partnership Mental Health Providers – Total Expenditures: \$2,000

We have partnership with two community-based providers: MCR Health Services and Charlotte Behavioral Health. Staffing is as follows:

- MCR Health Services number may vary based upon need
  - o Four (4) part time Licensed Clinical Social Worker (LCSW)
- Charlotte Behavioral Health number may vary based upon need
  - o One (1) part time psychiatrist
  - o One (1) part-time Advanced Registered Nurse Practitioner (ARNP)

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

The School District of DeSoto County will partner with two mental health service providers: MCR Health Services and Charlotte Behavioral Health.

- MCR Health Services/Community Care MCR Health Services has partnered with DeSoto County School District to achieve its goals for a school based mental health program by delivering evidence-based mental health services to the students of DeSoto County. The partnership includes the following deliverables:
  - Provide assessments for students referred within 15 days of the initial referral.
  - o Initiate therapy within 30 days of the referral.
  - o Deliver mental health therapeutic services to all students in need.
  - o Provide required data to the district including numbers of students who received mental health screenings and numbers of those referred to other agencies.

MCR will work with the District to help ensure the financial sustainability of the program by utilizing Medicaid Billing (when applicable) to offset the cost for services.

Charlotte Behavioral Health – The School District of DeSoto County will contract with Charlotte Behavioral Health (CBHC) for psychiatric consultations. The Psychiatrist or the Advanced Registered Nurse Practitioner (ARNP) employed by CBHC will interview and evaluate referred students (and parents as appropriate) for psychiatric consultation. The Psychiatrist or ARNP will provide written reports of these evaluations to the Director of Student Services. These services are designed to provide recommendations that will assist all involved parties in meeting the mental health needs of students. Charlotte Behavioral Health Care agrees to bill insurance, as available, to offset the additional costs for this service.

#### Other expenditures

Professional Development (Mental health trainings and trainings associated with Tier 1 and Tier II Programs) – Total Categorical Expenditures: \$31,472

• Stipends for employees to attend trainings; stipends for trainers to present trainings (including planning, implementation, and follow-up); professional development and implementation costs; and out-of-district travel associated with attending professional development.

Salaries/stipends for after school assessment/therapy (as needed) – Total Categorical Expenditures: \$2.000

After-school therapy will be provided as an alternative to suspension option for offenses such
as drugs and violence. Additionally, to provide flexibility for parent/guardians after school
assessment/therapy will be offered on a case-by-case basis.

Tier I & 2 Program Purchases – Total Categorical Expenditures: \$9,000

• Purchases related to all Tier 1 or 2 programs noted in the plan narrative and/or for additional programs that may be implemented as deemed warranted throughout the school year.

Mental Health Screening/Assessment Instruments/Supplies – Total Categorical Expenditures: \$5,000

 Purchase of Instruments for use by school counselors, social workers and mental health counselors to screen and/or assess students for mental health concerns/conditions. This would include systems for electronic record keeping and supplies for therapy.

Complete Budget

Mental Health Budget - Allocation \$258,472	
Partial Salaries for school-based mental health providers	\$225,000
Contracted mental health services	\$2,000

Professional development	\$9,472
Stipends for trainers to present trainings (planning, implementation, and follow-up activities)	\$2,000
Professional development and implementation supplies	\$2,000
Out-of-district travel to mental health trainings	\$2,000
Salaries/stipends for after school assessment/therapy (as needed)	\$2,000
Tier I & 2 Program Purchases	\$9,000
Mental Health Screening/Assessment Instruments/Supplies	\$5,000
Total	\$258,472

# **Section III: Expenditure Assurances**

State how 100 percent of funds are used to expand school-based mental health care; train educators in responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

One hundred percent of the Mental Health Allocation funds are being utilized to:

- 1. Expand school-based mental health care through the increase in school-based mental health employees;
- 2. To train educators in responding to mental health issues through participation in professional development pertaining such as Youth Mental Health First Aide; and
- 3. To connect children, youth and families with appropriate behavioral health services through collaborative partnerships.

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

The Mental Health Assistance Allocation does not supplant other funding sources. It is not being utilized to increase salaries or to provide staff bonuses.

Describe how the district will maximize the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

The District will maximize the use of other sources of funding to provide school-based mental health services. These funding sources will include Medicaid Reimbursement where applicable. Additionally, we have utilized grants in combination with these funds to increase the number of school-based mental health employees for the upcoming school year.

# **Section IV: Program Implementation and Programs**

Identify the number and ratios of Florida Department of Education-certified or licensed school-based mental health services providers employed by the district (i.e., school psychologists, school social workers, school counselors and other mental health services providers by licensure type).

Number	Mental Health Service Providers (by type)	Ratio
4 FTE	Social Workers	1/1210
	• 3 Licensed Clinical Social Workers (LCSW). 1 Florida Department	
	of Education Certified social Workers	
1 FTE	Licensed Mental Health Counselor (LMHC)	1/4838
	1 full-time	
8 FTE	School Counselors - Florida Department of Education Certified	1/605
1 FTE	School Psychologist - Florida Department of Education Certified	1/4838

Overall provider to student ratio for district-employed Mental Health Service Providers (all types) to students: 1/346.

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

All mental health referrals received at the school level and are forward to the Department of Student Services after an initial screening is completed. If it is recommended that a district-employed therapist be assigned they initiate a psycho-social assessment. If it is recommended that our contractor be assigned the case, the referrals are transferred to the Department of Student Services where services are coordinated services with our contracted providers (MCR or Charlotte Behavioral Health). The providers also send the Department of Student Services a monthly report to confirming services and/dates of services were provided to referred students. The Office of Student Services reviews and compiles this information to ensure accountability, compliance, and reporting.

#### References

American Counseling Association. (n.d.) An overview of school-based mental health services. Alexandria, VA.

National Association of School Psychologists. (2016). School-based mental health services improving student learning and well-being. Bethesda, MD.

University of Minnesota. (2018) About check & connect. Retrieved from http://checkandconnect.umn.edu/model/default.html