

**MENTAL HEALTH ASSISTANCE ALLOCATION PLAN CHECKLIST**  
**Due August 1, 2020**

**District:**

Mental Health Assistance Allocation Plan (s. 1011.62(16)(a) and (b), F.S.)	
Delivers evidence-based, mental health assessment, diagnosis, intervention, treatment and recovery, through a multi-tiered system of supports.	
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.	
Includes 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.	
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).	
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 (plan must specify the type of services that are provided in the agreement).	
States how the plan will establish school board policies and procedures that ensure the following for all schools, including charter schools: <ol style="list-style-type: none"> <li>Students referred for a mental health screening are assessed within 15 days of referral;</li> <li>School-based mental health services are initiated within 15 days of identification and assessment; and</li> <li>Community-based mental health services for students are initiated within 30 days of referral.</li> </ol>	
Describes 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.	
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.	
Describes the process for coordinating mental health services for students at charter schools that are part of the school district's plan.	
Identifies strategies to: <ol style="list-style-type: none"> <li>Improve the early identification of social, emotional or behavioral problems or substance abuse disorders;</li> <li>Improve the provision of early intervention services; and</li> <li>Assist students dealing with trauma and violence.</li> </ol>	
Expenditures (s. 1011.62(16), F.S.)	
Number of school-based mental health providers funded by the allocation and licensure/certification for each.	
Number of community-based mental health providers (list individual not agency) funded by the allocation and licensure for each.	
School district expenditures for services provided by contract-based collaborative efforts or partnerships with community mental health program agencies or providers.	
Other expenditures (specify the expenditure type and amount).	
Expenditure Assurances (s. 1011.62(16), F.S.)	
One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.	
Mental health assistance allocation funds do not supplant other funding sources OR increase salaries or provide staff bonuses.	
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).	
Program Implementation and Outcomes (s. 1011.62(16)(d), F.S.)	
Identifies the number and ratios 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 services providers by licensure type).	
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 services 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.	
Plan Approval and Submission (s. 1011.62(16)(c), F.S.)	
Local school board approved the district plan.	Date of Approval:
Approved plan was submitted to the Commissioner of Education by August 1, 2020 (attached).	

2020-21 MENTAL HEALTH ASSISTANCE ALLOCATION  
PLAN CERTIFICATION FORM

ATTENTION: Andrew Weatherill  
[Andrew.Weatherill@fldoe.org](mailto:Andrew.Weatherill@fldoe.org)

Due: August 1, 2020

Richard Corcoran, Commissioner  
Florida Department of Education

Dear Commissioner Corcoran:

This letter certifies that the \_\_\_\_\_ School Board approved the district's Mental Health Assistance Allocation Plan on \_\_\_\_\_, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), Florida Statutes (see attached Mental Health Assistance Allocation Plan Checklist). This letter further certifies that legislative funding allocated to implement the district's plan does not supplant funds already allocated for school-based mental health services and the funds will not be used to increase salaries or provide bonuses. The district's approved plan with expenditures and Mental Health Assistance Allocation Plan Checklist are attached

School (MSID) Number	Charter School Name

Note: Charter schools not listed above will be included in the school district Mental Health Assistance Allocation Plan.



\_\_\_\_\_  
Signature of District Superintendent

\_\_\_\_\_  
Printed Name of District Superintendent

Attachments: Mental Health Assistance Allocation Plan Checklist  
District Mental Health Assistance Allocation Plan  
Charter School Mental Health Assistance Allocation Plans



**DIXIE DISTRICT SCHOOLS  
2020-2021**

**MENTAL HEALTH ASSISTANCE ALLOCATION PLAN**

Approved by The School Board of Dixie District Schools approved on July 21, 2020

Dixie District Schools believes that support of children's mental health is critical to their success in school. The district is committed to provide a comprehensive school mental health program that will provide mental health services to support the social and emotional well-being of all students. In order to ensure a safe and healthy environment, Dixie District Schools will continue to implement a multi-tiered system of support to provide academic and behavioral supports while expanding mental health services designed to assess, intervene, diagnose and treat students with or at risk for mental health concerns.

**Evidence-based Mental Health Assessment, Diagnosis, Intervention, Treatment and Recovery through a Multi-tiered System of Supports**

Universal school practices will be provided to all students in order to promote successful student outcomes. Prevention activities include monthly guidance lessons, Social Emotional Curriculum-Sanford Harmony (elementary), 5 Star Life curriculum (secondary), bullying prevention assemblies, AVID (high school), suicide awareness and red ribbon week activities. All teachers and staff are trained in Youth Mental Health First Aid, all guidance counselors will be trained in Trauma Informed Care. Universal screeners will also be used to assist with identifying students who may be at risk for a mental health concern and may need monitoring or intervention. These screeners will include the review of Early Warning System indicators (attendance, discipline referrals, test scores and grades) on Skyward and/or Performance Matters at the end of each grading period, identification of previous mental health services on school registration form and teacher and/or administrative referrals. After the universal screeners are reviewed and/or referrals have been received the data will be analyzed to determine which students may be in need of potential Tier 2 or Tier 3 supports.

A priority focus of school-based mental health services will address students who threaten to harm themselves or others; students who commit acts of violence; students who have and are

experiencing traumatic events; students who have been diagnosed with or show symptoms of depression and anxiety; students that have substance abuse problems and students that engage in inappropriate sexual behaviors.

Students who are determined to be at moderate risk will be referred for more targeted supports, in addition to the universal supports available to all students. These supports can be provided through short-term school based counseling in the form of individual or small group support provided by the school based counselor. District MTSS teams will monitor identified students and interventions based on individual student needs are identified and implemented. School Guidance Counselors or a Behavior Analyst will conduct functional behavioral analysis, when appropriate. The district will collaborate with SEDNET for appropriate behavioral interventions for Tier 2. Through the MTSS process, schools will identify at risk students and identify needs for more intensive support.

Students who do not show positive response to Tier II supports, will be referred for intensive supports that are highly individualized around a student's specific needs. These supports differ from targeted supports, in their intensity and duration. These supports may involve interagency and contracted supports. These supports may include individualized therapy with a contracted licensed clinical social worker, mental health counselor and/or supports provided by Meridian Healthcare. (Memorandums of Understanding and/or contracts will be in place for these services.) District and school based threat assessment teams, will provide evaluation and assessment recommendations and follow up for students who are determined to be a threat to others. Behavior analyst and/or school counselors will assist with the development of behavior plans for students, when needed. The school psychologist will conduct evaluations of students suspected of having a disability and needing more intensive services. Psycho-social evaluations are conducted as part of the Emotional or Behavioral Disability (EBD) evaluations.

Once a student is identified as needing Tier III, targeted or intensive, supports school personnel will request parent permission for release of information from outside mental health providers and/or primary care providers. This release will allow for effective collaboration and ensure services are appropriately supported in the school setting. Partnerships formed with agencies such as law enforcement, Department of Children and Families, Community Action Team (CAT), other mental health providers and agencies, the Center for Autism and Related Diseases (CARD), Students with Emotional Behavioral Disabilities Network (SEDNET), Dixie County Drug Coalition, Board Certified Behavior Analysts and nurses may be involved. Services needed may include, but are not limited to out-of-home placement, medication management, hospitalizations, baker acts, detention/jail, therapeutic and residential group homes, family living assistance, and parenting skills.

Students who have one or more co-occurring mental health or substance abuse diagnoses and students who are at high risk of such diagnoses, will be identified based on parent/student disclosure on the school registration form and/or medical information. These students, and those who are at high risk of such diagnoses, will be referred to Community Action Teams (CAT) in order to receive supplementary or intensive services that go beyond school capacities. The school district will monitor student progress through monthly updates with the community provider.

Students who return to school from residential placements, hospitalizations, substance abuse rehabilitation centers, detention centers, baker acts, and therapeutic group homes may receive either mental health services by the school-based mental health provider, continue the treatment being provided by the community-based service provider, or services may be integrated and received from both providers without overlapping services. To effectively provide resources and support to students that transition back to school and who continue to receive community-based mental health services and assistance, communication, collaboration, consultation and the sharing of information between school

staff and the community-based service providers is critical to the success of the student. The sharing of information at a minimum include the interventions and treatment that were/are provided to the student, data as to whether the interventions/treatment were successful and recovery has occurred; and recommendations of the treatment to be continued for maintenance of the student's progress.

The school counselor will serve as the point of contact with community-based service providers to receive information about the student and will schedule team meetings with appropriate staff to discuss the student's treatment progress and recommendations. The goal is to ensure that the student is able to make a smooth transition back to school, that needed resources and support are available and provided to strengthen the family, and for the student to achieve and/or maintain emotional stability and recovery.

#### **District Employment of School Based Mental Health Service Providers to Reduce Staff to Student Ratios**

Dixie District Schools consists of two elementary schools, one middle school and one high school. The certified school psychologist is available to all students at all schools. Both elementary schools and the middle school have full time certified guidance counselors. The district contracts with a licensed clinical social worker and two licensed mental health counselors. There will be one mental health counselor assigned to one elementary and the middle school and another counselor assigned to the other elementary school and the high school. By assigning providers to specific schools the amount of time spent providing mental health services to students by student services personnel will increase. Outside agencies (ex: Meridian Behavioral, CDS Family & Behavioral Health Services, Inc.) will also provide services to all schools in the district, increasing the amount of time to students and reducing student to provider ratios.

## **Establishment of School Board Policies and Procedures for Dixie District Schools**

The district has school board policies and procedures to ensure that students receive mental health services in a timely manner. These policies address: upon the receipt and acceptance of a student being referred, with appropriate consents, a mental health screening for the identification of mental health concerns and the assessment of students at risk for mental health disorders will occur within 15 days of the referral. School-based mental health services will be initiated within 15 days after identification and assessment, and support by community-based mental health service providers for students who are referred for mental health services must be initiated within 30 days after the school or district make a referral.

## **Coordination of Mental Health Services with Student's Primary and other Mental Health Care**

### **Providers**

All mental health referrals are tracked on a district mental health Google spreadsheet that is reviewed monthly. The Director of Student Services meets, at least once a month, with mental health personnel to discuss students and care. Community based providers, ex. Meridian Behavioral Health and CDS Family & Behavioral Health Services, Inc., will have client's consent to share information with the district mental health staff. These providers provide monthly data on students who are active on their case load, students who may have declined services, students whose treatment has been completed, closed cases, and number of times a student received services in a month. Other community service providers, ex. CAT team, will also have consent from their clients to provide the school district with monthly updates on the student's progress, and to exchange any information that may be needed to assist the student.



## **Strategies to improve Early Identification, Provision of Early Intervention Services and Assist Students dealing with Trauma and Violence**

In order to increase awareness and prevention, all teachers and school staff are trained in Youth Mental Health First Aid. This training assists employees in recognizing potential risk factors and warning signs of possible mental health issues students may be experiencing. Mental health awareness training (ex: bullying, suicide prevention, depression, anxiety, trauma care) is provided to guidance counselors and other staff, to develop a better understanding of mental health, so action can be taken for at-risk students for early interventions.

Middle school staff will be using the Restorative Practices that emphasize the Circle Affirmation Relationship Emotional (C.A.R.E) Plan that emphasizes considering the feelings of the students, the value of collecting facts, and taking corrective steps to fix issues and foster positive relationships with students. Positive relationships based on trust between student and staff will, in some cases, reduce and prevent problems from developing or escalating.

Dixie District Schools will monitor Early Warning System Indicators on Performance Matters dashboard and/or Skyward database, at the end of each grading period, to monitor and identify students who may be considered at risk. The district has a character education curriculum at all four schools. All students in grades K-5 will receive the Sanford Harmony curriculum, while students at the middle and high schools will receive the 5 Star Life curriculum in Physical Education, Personal Fitness classes as well as in other classes that may embed the curriculum in their core classes.

The district has an electronic system that notifies school-based mental health providers, in real time, to any referrals and time stamps the referral. Crisis management and support are offered as soon as the

mental health team is notified of a situation. This support may vary in the form of crisis management counseling, CAT team referral, Mobile Response Team involvement or Baker Act.

**Expenditures and Assurances**

<b>Total Award Amount</b>	<b>\$173,122</b>
Amount allowed to Kinder Cub Charter School (approx.)	\$7,000
Licensed Clinical Social Worker (\$140/hour, 4 hours/week x 36 weeks)	\$20,160
2 Licensed Mental Health Counselors (\$50/hour, 60 hours/week x 39 weeks)	\$117,000
Case Manager (\$23/hour, 30 hours/week X 36 weeks)	\$24, 840
Expenditures for services provided by Meridian Behavioral Healthcare Services	\$4,122
<b>TOTAL EXPENDITURES</b> <b>(100% of allocation)</b>	<b>\$173. 122</b>

The allocated award will be used to continue contracting positions to ensure the district is able to provide a continuum of mental health services to students. The district will continue to contract with a clinical licensed social worker, two licensed mental health counselors to provide intensive mental health supports to students. The district will also be contracting services with a case manager, who will assist in coordinating and monitor the provision of services for students. This position will also be responsible for maintaining records of contact and services provided for all referred students and families. The district will also be contracting with Meridian Behavioral Healthcare Services.

One hundred percent of state funds are used to expand school based mental health care, train educators, and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services. This funding will not be used

to supplant other funding sources or increase salaries or provide bonuses to staff. The district will also maximize the use of other funding sources, Medicaid and federal grants (when applicable), to assist in providing mental health services when necessary.

### **Program Implementation and Programs**

James M. Anderson Elementary School ratio of FDOE certified or licensed providers 3: 525

Old Town Elementary School ratio of FDOE certified or licensed providers 3: 575

Ruth Rains Middle School ratio of FDOE certified or licensed providers 3: 500

Dixie County High School ratio of FDOE certified or licensed providers 2: 510

Dixie District Schools will be using an electronic referral system at all four school sites. Parents, teachers, administrators, or staff who identify a student who may need mental health services can contact the school guidance counselor. If there is a determination of need, the school counselor will electronically enter the referral. All referrals are time stamped with date and time entered to improve the accuracy of referral count. Once the referral has been entered and reviewed on the system, the student's data is entered on the district mental health Google document. This document will contain data including: referral type, screening and assessment information, types of interventions, referral to community-based agencies or other agencies. Each referral is managed from beginning of the referral until the completion or denial of services.

The district has one charter school, Kinder Cub School, that has submitted their own mental health assistance allocation plan.





# **KINDER CUB SCHOOL MENTAL HEALTH**

**(s.1011.62(16). F.S.)**

**20-21 SY**

# **KINDER CUB SCHOOL MENTAL HEALTH ALLOCATION PLAN**

Kinder Cub School (KCS) is a PreK to second grade, rural charter school in Dixie County. "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" (National Association of School Psychologists).

The following mental health allocation plan outlines Kinder Cub Schools approach "to establishing or expanding school-based mental health care" for all of our students. It is the belief of the school that all students should have access to quality mental health care professionals and services (school-based employees or contracted with our mental health community partners)

## **Description of Mental Health Services and Program Implementation:**

The KCS student population (PK-2) allows for a unique opportunity to set a foundation of supports to improve the physical and psychological safety of our students, as well as their academic performance.

KCS will begin at the earliest level, PK, in providing mental health services to support the social and emotional well-being of all students. This program will provide a continuum of services across a variety of school settings that will integrate the school with families and community resources. These services will range from school wide prevention efforts to individualized, intensive interventions.

KCS will implement a 3-TIER level of services that include the following:

(TIER 1) includes mental health promotional activities and screenings for all students.

The initial screenings include Ages and Stages and the BO1 (PK) and the Early Warning Indicators (attendance, referrals, and grades) will be used with (K-2).

KCS has contracted with Meridian Health Care Services. Meridian provides weekly intervention within each classroom using Second Step (100%). Second Step is a classroom curriculum that teaches social emotional skills to decrease impulsive and aggressive behaviors and increase social competence. For our particular age groups, this is a great first start for the social emotional well-being of all students. All staff (100%) have been trained in Mental Health indicators (8 hours) and have an understanding of indicators to recognize.

Targeted (TIER 2) includes prevention services for students identified as at-risk for a mental health problem, and includes individualized interventions and referrals to appropriate services and;

Intensive (Tier 3) services for students who already show signs of a mental health problem. Referrals by teachers, parents, and counselors will be documented and a problem-solving team will select an intervention that has evidence supporting it and also examine the contents of the intervention to determine if it contains appropriate strategies to target the present problem behavior.

The KCS problem solving team will utilize the Self Health Action Plan for Empowerment (SHAPE) system. The SHAPE System is a free, private, web-based portal that offers a virtual work space for our school mental health team to document, track, and advance our quality and sustainability improvement goals as well as assess trauma responsiveness. SHAPE will improve our collaborative planning and communication among our school problem-solving Threat Assessment Team (TAT).

Meeting the full continuum of student needs is dependent on collaboration between the school and community mental health providers and is accomplished through the MTSS process. The school team and partners work together to analyze data to determine appropriate mental health supports and services. The collaboration reduces barriers, allows interventions to occur in natural settings, provides schools with a more diverse range of resources and supports and improves outcomes for our students and families. These may include community-based mental health services that may provide supplementary or intensive services that go beyond school capabilities. Partnerships include: State and local

law enforcement agencies; Meridian Health Care; The Department of Children and Families; The Agency for Health Care Administration; The Statewide Guardian Ad Litem Office; FDLRS; Meridian Behavior Health Care; Dixie County Health Department; The University of Florida; and Center for Autism and Related Disabilities (CARD).

KCS has a 75%-85% free and reduced lunch rate annually, indicating a large population of students born into extreme poverty. To date, all referrals and individualized mental health services have been provided by Meridian and services have been billed to the students Medicaid plans.

All referrals will adhere to the rules of:


1. Students referred for a mental health screening are assessed within 15 days of referral and;
2. Community-based mental health services are initiated within 30 days of referral.


KCS ensures the Mental Health Assistance Allocation does not supplant other funding sources, increase salaries or provide staff bonuses. The allocation of \$ (unknown at this time) will be used exclusively for the contracted services with Meridian. One mental health counselor and psychiatrist provided weekly and bi-weekly classroom interventions at \$87 per hour (\$87 per hour per provider).

Documentation of all referrals and services will be maintained by the principal and TAT. The outcome data will vary based on the service and/or the intervention. However, whatever data sources are used to indicate a student with needed services would serve as a baseline and the same data will be analyzed after intervention to determine the effectiveness of the intervention.

KINDER CUB SCHOOL INC.  
DIXIE COUNTY, FLORIDA

ATTEST:

  
Rita Harris

  
Lu Ward, Governing Board Chair