Flagler School District

Mental Health Plan

Developed July of 2018

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Flagler Schools Mental Health Plan

Flagler School District has developed a tiered continuum of services for mental health needs of students. The continuum provides a systemic approach to identifying, assessing, diagnosing, intervention, treatment, and monitoring recovery of our students. The Mental Health Continuum is inclusive of collaborative relationships with community agencies. Flagler Schools is the recipient of a three year implementation grant In partnership with Halifax Behavioral Services and Stewart Marchman Center. The grant Is designed to provide behavioral and substance abuse counseling and coordination of services. Additionally, Flagler Schools maintains Memorandums of Understandings with multiple community agencies for 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. Agency providers are reviewed on an ongoing basis to determine if additional services are needed, as well as monitoring the connection rate to families to evaluate the quality of service received.

Inclusive in the Mental Health Continuum of Services for Flagler Schools is a flowchart of tiered services with aligned personnel resources, a matrix of screenings and assessments, and a definition of roles within the mental health continuum for guidance counselors, school psychologists, mental health counselors, and school social workers. Also inclusive In the plan Is a matrix of trainings, tracking procedures, and a description of funding sources.

Through the implementation grant Flagler School District receives a position for a Service Coordinator who will be placed to oversee the continuum of services for students. Halifax Behavioral Services will also have a grant funded service coordinator designated to Flagler Schools. The two positions are designed to worked collaboratively, with the Halifax position becoming the primary coordinator of services for students and families who enter tier 3 of the continuum. The Flagler Schools Service Coordinator will oversee referrals received for both Internal and external resources. Oversight will include monitoring that accurate documentation Is in place to track students screened for possible intervention needs, students referred to services, and students receiving services. The Coordinator will also serve as the liaison with school based teams, meeting directly with onsite personnel on a regular basis to assess needs and assist In coordinating intervention and treatment for students: they will facilitate an exchange of information regarding services with primary care physicians; including transition meetings as students within tier 2 and 3 of the continuum move from one school level to another, Ie; elementary to middle school.

Through the collaborative partnership with the Halifax Behavioral Services (HBS) service coordinator ongoing coordination will be In place to monitor students who have been referred for Baker Acts or are exiting residential, closing a gap of lack of knowledge in the school setting when this has occurred and allowing for development of treatment and safety plans for students upon reentry to the school setting. The Flagler Service Coordinator, in partnership with the HBS Service Coordinator, will also serve as the school district representative on the multi-cfisciplInary teams convened for studen In intensive tier 3 of the Flagler Schools mental health continuum. This includes being the liaison with school based student service teams, school based personnel and outside agencies and resources, CAT teams, etc••• to monitor quality of services received and problem solve when a breakdown In implementation occurs.

TIER 1 Support

Universal mental health awareness and identification is embedded in systemic programs and practices utilized in Flagler School District. All schools are trained and have Implemented for 11 years Positive Behavior Intervention and Supports. Additionally, our district conducted training for all school leadership teams In restorative practices in June of 2018 and ·are adopting this practice as a district initiative with a multi-year roll out plan. PSIS and Restorative Practices are designed to build a positive and safe culture. Early Warning System indicators are monitored for all students and utilized to provide academic supports, attendance monitoring, and universal behavior supports. Evidence based programs addressing character education, bullying awareness, suicide awareness, guidance curriculum and universal training on recognizing indicators of mental health needs will be utilized to support a positive emotional climate and increase identification of students who may be In need of further screening and possible interventions and supports for mental health.

Identification of students who may need to advance through the mental health continuum can and should come from a multitude of entry points including but not limited to:

- Their peers
- Parents/Guardians
- Teachers, deans, nurses, and other school staff
- Registration questionnaire as required by SB 7026
- Disciplinary action required by SB 7026 to Include a referral for mental health screening
- Community Connection such as faith based leaders etc•.••
- Court system as defined in SB 7026
- BakerAct

Tier 2 Intervention

The guidance counselor and/or school psychologist will be the first point of contact for students who enter the mental health multi-tiered continuum of support at Tier 2. Students will be referred for counseling services by a form completed by the school counselor or psychologist Identifying problem areas and indicating the appropriate Tier Interventions needed. Consents for treatment, and release of Information and permission for information sharing with the primary provider and other service providers will be secured by the parent/guardian at this time. The guidance counselor will be the point of contact for the family. The school psychologist may be a first point of contact initiated by the student but may be referred to the guidance counselor to coordinate interventions. The school counselor or the school psychologist. as appropriate, will assess the social and emotional needs of the student Evidenced-based assessment tools will be used to screen for risk in crisis situations and the guidance counselor or school psychologist will initiate crisis support interventions when indicated. For non-crisis situations the school counselor/ school psychologist will use brief evidenced-based assessment tools designed to initially identify the presence of and severity of a mental health or substance use issue to determine the level of need (see attached matrix). The assessment results will determine if treatment interventions wlll be conducted by school counselor or the school psychologist. Interventions at this tier may include, but are not limited to, approaches such as: check-ins, brief solution focused counseling, group based counseling. and other short-term evidence based interventions. The matrix of evidenced based assessments are tiered In order of use and functionality. Tier 1 and 2 assessments are used to screen for risk of harm to self or threat to others and for universal difficulties in the domains of emotional, behavioral, mental health, or substance use. These are done for initial pre-screening and identification by the school counselor or the school psychologist and some screening tools have a parent component

The implementation grant funds a substance abuse counselor from Stewart Marchman (SMA) to be housed on site at secondary schools for adolescent outpatient and/or Intervention level counseling. Students with substance use or co-occurring diagnosis will be assessed by the SMA counselor for treatment needs.

Once the student completes the short tenn interventions at Tier 2, post-screening tools will be used to re-assess and determine if additional/alternate Tier 2 supports are needed. If interventions were successful and the student achieved recovery, they will continue to be monitored with Tier 1 supports. If recovery did not occur and the student needs individualized and intensive supports. the school counselor or school psychologist will refer the student to Tier 3.

Tier 3 IndIvIduallzed InteryanHon

Tier 3 supports may include collaboration with parents/guardians, district mental health staff, primary care physicians, and community based agencies which could produce a referral to a community treatment provider or to the school based mental health counselor. If It Is determined that the student will be treated intensively by the school mental health counselor, lier 3 assessments are used to assist in determining a diagnosis, treatment plan development. and progress towards recovery (see assessment matrix). If the student Is referred to services in the community, the Service Coordinator will collaborate with the community agencies involved to ensure that the student Is receiving appropriate intervention.

Students who have been voluntarily or involuntarily hospitalized will automatically be placed in lier 3 intervention. They will have a discharge safety plan from the facility and will receive a safety assessment by the school mental health counselor upon re entry back into school. The service coordinator will partner with the HBS liaison to ensure both safety plans are implemented and reviewed by the school psychologist, school counselor, administration, teachers and any other appropriate school staff. Students who have been discharged from residential programs will be assessed by the school mental health counselor for required maintenance services upon re entry back into school, and automatically receive Tier 3 supports. The service coordinator will be the liaison between the community agencies and the school staff to monitor and ensure successful recovery and Integration back to lier 1 monitoring. If the student does not reach recovery through the 11er 3 supports then the student requires more intensive supports involving the community and moves to the next level.

Intensive Der 3 MultidIsclpIInary Intervention

Students who do not reach recovery through Tier 3 individualized treatment interventions will require more intensive Intervention through a multidisciplinary team approach.

The service coordinator will partner with interagency intervention teams to provide intensive wrap-around treatment services utilizing CAT teams, FACT teams, FIT teams, and/or partial day treatment or residential programs. At this level the family may become involved with the FSPT process and with the Department of Children and Families in order to gain access to additional community services available to children and families requiring further assistance.

Both the school service coordinator and HBS service coordinator will collaborate to monitor services and progress. Additionally, the school service coordinator will be the liaison between the agencies, DCF. school counselors, psychologists, administration, teachers, and the family when the student re-enters the school and/or returns to previous tiered Interventions by regularly attending student services team meetings.

After successful recovery from any Tier 2 or 3 interventions, students will be given appropriate maintenance and follow--up services at the school level to sustain progress which may include monitoring at Tier 1.

Documentation and Monitoring*

At the school level a referral form will be utilized as an initial identification of a possible student at risk. Forms will be submitted to school counselors as identified in the Mental Health Continuum flow chart.

If initial contact and/or screening Indicates the student remains in tier 1, the form is maintained at the counselor documentation level and entered by the counselor into the Mental Health Continuum (MHC} database as a referral.

If initial contact indicates tier 2 services are to be provided at the school level a mental health continuum flag will be entered into the students records in the district information management system* and the student will be entered or updated in the MHS database system for the purpose of identifying the number of students screened, referred, and receiving interventions.

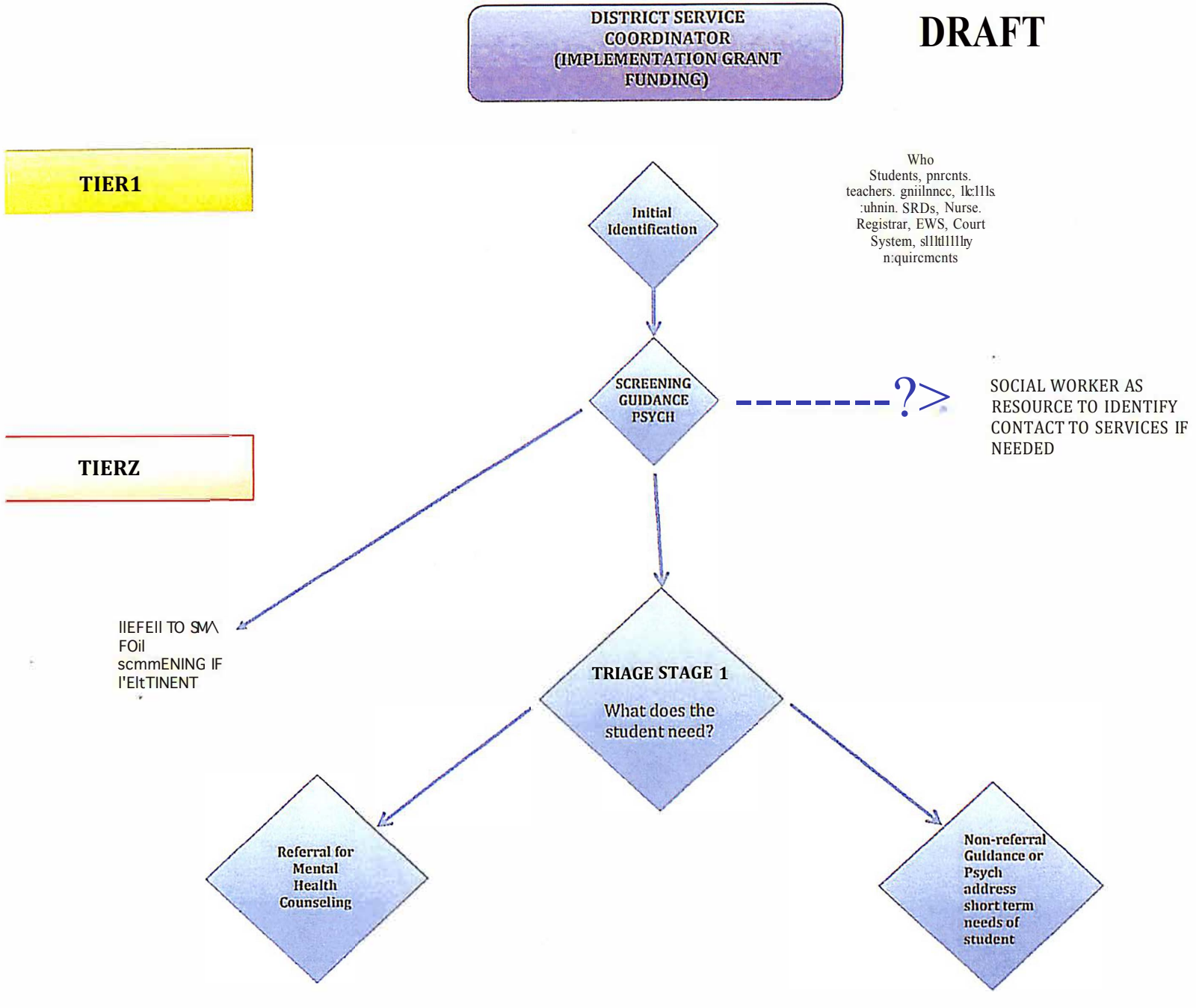
Documentation forms will be maintained at the school level. District Mental Health Continuum support personnel will monitor the database to ensure tracking through completion of services and provide follow up to school level personnel if needed.

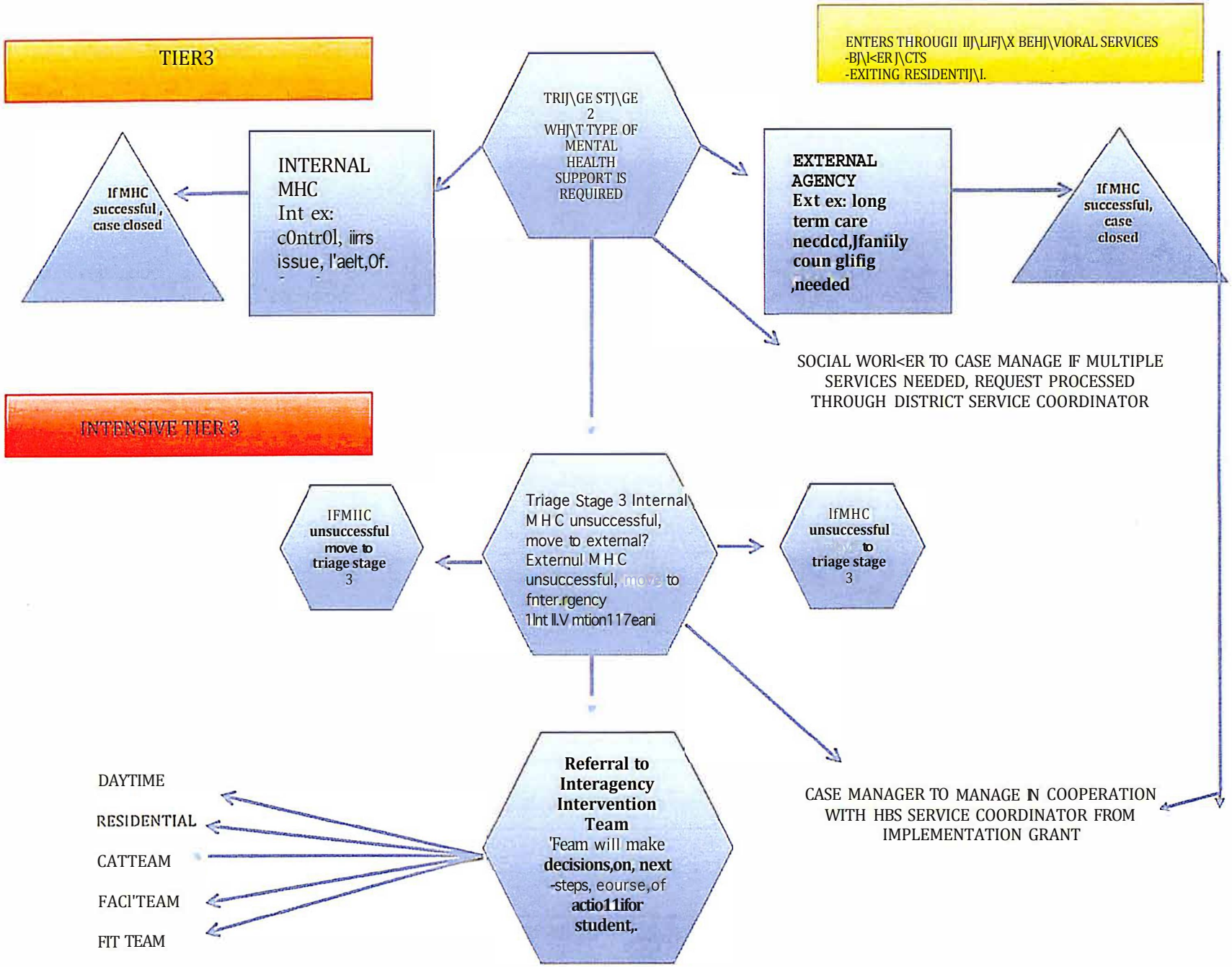
Upon referral for tier 3 services, to Include internal mental health counselor services, Internal social worker support, or external agency support. referrals will be submitted to the District Service Coordinator. The District Service Coordinator will evaluate requested service needs, communicate with school-family-and provider to establish services, and pursue release for sharing of Information between the primary provider and the school district. • The Mental Health Continuum support personnel will update or enter the tier 3 referral Into the district database system and maintain copies of referrals at the district level. Flagler schools has support through the NEFEC consortium to assist families in signing up for insurance if they do not have a provider. The Mental Health Continuum support personnel will assist the family to connect with the NEFEC resource person to acquire insurance.

Evaluations for the effectiveness of services being provided to students will be evaluated based on early warning system indicators (academic performance. attendance. and disciplinary referrals) along with feedback from stakeholders Involved with the student's success (counselor/staff providing services. teachers, family, student).

he most efficient means of maintaining a database would be utilize our current district management Information system, Skyward. A request has been placed through NEFEC to add the fields needed.

DRAFT


DISTRICT SERVICE COORDINATOR (IMPLEMENTATION GRANT FUNDING)
TIER1
TIERZ
Initial Identification
Who
Students, pnrcnts. teachers. gniilnncc, llc:111s :uhnin. SRDs, Nurse. Registrar, EWS, Court System, sl1ltl1111ly n:quircmcnts
SCREENING GUIDANCE PSYCH
SOCIAL WORKER AS RESOURCE TO IDENTIFY CONTACT TO SERVICES IF NEEDED
IIEFEII TO SM\ FOil scmmENING IF l'ElttINENT
TRIAGE STAGE 1
What does the student need?
Referral for Mental Health Counseling
Non-referral Guidance or Psych address short term needs of student


TIER3
ENTERS THROUGII IIJ\LIFJ\X BEHJ\VIORAL SERVICES
-BJ\I<ERJ\CTS
-EXITING RESIDENTIJ\I.
TRIJ\GE STJ\GE 2
WHJ\T TYPE OF MENTAL HEALTH SUPPORT IS REQUIRED
INTERNAL MHC
Int ex:
c0ntr0l, iirrs issue, l'aelt,0f.
IfMHC successful, case closed
EXTERNAL AGENCY
Ext ex: long term care necdcd,Jfaniily coun glifig ,needed
IfMHC successful, case closed
SOCIAL WORl<ER TO CASE MANAGE IF MULTIPLE SERVICES NEEDED, REQUEST PROCESSED THROUGH DISTRICT SERVICE COORDINATOR
INTENSIVE TIER 3
IFMIIC unsuccessful move to triage stage 3
Triage Stage 3 Internal\ M H C unsuccessful, move to external? Externul M H C unsuccessful, move to fnter.rgency 1lnt ll.V mtion117eani
IfMHC unsuccessful move to triage stage 3
DAYTIME
RESIDENTIAL
CATTEAM
FACI'TEAM
FIT TEAM
Referral to Interagency Intervention Team
'Feam will make decisions,on, next -steps, eourse,of actio11ifor student,.
CASE MANAGER TO MANAGE IN COOPERATION WITH HBS SERVICE COORDINATOR FROM IMPLEMENTATION GRANT

The Mental Health Training Matrix includes, but is not limited to, those identified in the following chart.

TIER 1		
TRAINING	TARGET GROUP	PURPOSE
DOE identified Youth Mental Health Awareness and Assistance Training	All staff as identified by statute	Universal awareness of identifying youth at risk
Positive Behavior and Intervention Supports	All School Leadership and Staff Bus Drivers	To establish a positive and healthy school climate
Legal requirements of Senate Bill 7026 and the universal district referral process for students at risk (Youth Mental Health First Aid abbreviated model-in development)	All staff	Universal awareness of referral process for youth at risk
Restorative Practices	District initiative. All Leadership trained June of 2018. Two pilot schools for 2018-19. Multi year roll out for full district implementation	The aim of **restorative practices** is to develop community and to manage conflict and tensions by repairing harm and building relationships
Early Warning Systems	All instructional and leadership staff	Early Warning Systems serve as global risk indicators for possible intervention needs in academic, behavioral, or mental health needs
Bullying reporting, identification and investigations	Deans, school counselors, additional identified staff	To ensure compliance with legal requirements and assess need for intervention

TIER 2 and TIER 3		
TRAINING	TARGET GROUP	PURPOSE
Trauma Informed Care	Deans, School Counselors, Administration, additional identified staff	To provide a greater understanding of child traumatic stress and identify students in need of intervention.
PREpARE	psychologists	
Accelify	Medicaid Eligible Billable positions	To ensure eligible medicaid billable services are consistently processed
Youth Mental Health First Aid Train the Trainer (SB 7026 requirement component)	Service Coordinator, District Mental Health Counselors, District Behavior Specialists (number as allowed by state allocation for training)	
Youth Mental Health First Aid School Team of First Aiders (SB 7026 requirement component)	School Psychologists, School Counselors, School Admin as designated, additional identified staff	
Crisis Prevention Intervention (CPI)	Deans, administrators, ESE staff, bus drivers, additional identified staff	Focuses on prevention and teaches strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage.

Flagler Schools Evidenced-Based Mental Health Screening Matrix

Initial Identification Tier 1- Optional Universal Screening, Overseen by Counselor						
Assessment Name	**Age or Grade**	**What types of concerns are detected?**	**Who may complete this tool?**	**Is this a no-cost instrument?**	**Administration Time**	**Online Scoring Available?**
Student Risk Screening Scale/Student Internalizing Behavior Screening Scale (SRSS/SIBSS) *Adapted for classwide use.*	PK-12	Externalizing and internalizing behaviors	Teacher	Yes	15 minutes per class	No
Tier 2: What Does the Student Need? - General Screening for Identified Students, Overseen by Counselor						
Strengths and Difficulties Questionnaire (SDQ)	Ages 2-18+	Total difficulties; Emotional symptoms, hyperactivity, conduct disorders, peer problems, prosocial behavior	Teacher, Parents, Students (ages 11-17)	Yes	5-10 minutes per student	Yes ($.25 per score)
Harm to Self Checklist	K-12	Threat Assessment	Counselor	Yes	10-15	No
Harm to Others Checklist	K-12	Threat Assessment	Counselor	Yes	10-15	No

- SDQ PDFs: http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(UK)
- SDQ Teacher/Parent/Self-Report Scoring Guide: http://www.sdqinfo.com/py/sdqinfo/c0.py
- If student scores “High” or “Very High” in one domain only, school-based interventions are recommended. Consider remaining at Tier 2. (To be confirmed).
- If student scores “High” or “Very High” in Total Difficulties or in multiple domains, a referral to mental health counseling is recommended. Consider moving to Tier 3. (To be confirmed.)

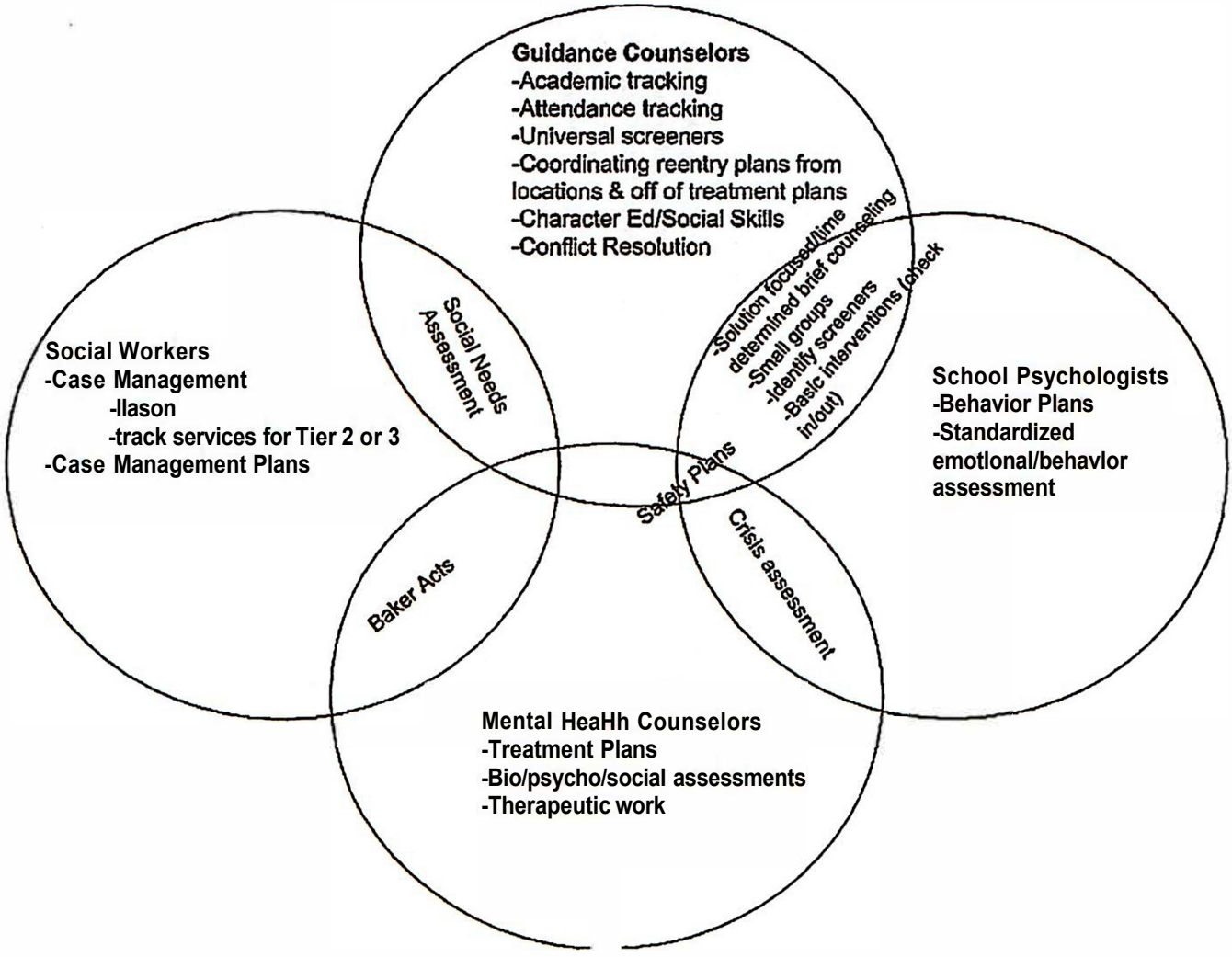
Tier 3: What Type of Mental Health Support is Required? - Clinical assessment of a cluster of difficulties overseen by Service Provider (i.e., School Psychologist, School Counselor, Mental Health Counselor, or Social Worker).						
Assessment Name	**Age or Grade**	**What types of concerns are detected?**	**Who may complete this tool?**	**Is this a no-cost instrument?**	**Administration Time**	**Online Scoring Available?**
Vanderbilt Assessment Scales	Ages 6-12	Inattention, hyperactivity/impulsivity, oppositional/defiance, conduct problems, anxiety/depression	Teacher, Parent	Yes	5-10 minutes per student	No
Child and Adolescent Disruptive Behavior Inventory (CADBI)	Ages 3-18	ODD towards peers/adults, hyperactivity/impulsivity	Teacher, Parent	Yes	10 minutes per student	No

Disruptive Behavior Disorder Rating Scale	Ages 6-18	Symptoms associated with ADHD, ODD, CD	Teacher, Parent	Yes	10-15 minutes per student	No
Generalized Anxiety Disorder-7	Ages 13+	General anxiety, panic disorders, social anxiety, PTSD	Self-Report (ages 13+)	Yes	10 minutes per student	Yes
Behavior Assessment System for Children - 3 (BASC-3)	Ages 2-21+	Hyperactivity, aggression, conduct problems, anxiety, depression, attention problems, learning problems, atypicality, withdrawal, adaptability, social skills, functional communication, leadership, and study skills	Teacher, Parent, Interview (Ages 6+), or Self-Report	No ($1.50 per report)	25 minutes per person	Yes
CRAFFT(Substance Abuse)	Age 12-18	Alcohol and Drug Abuse	Counselor or School Psych Clinical Interview	Yes	10 minutes per student	No
Trauma Events Screening Inventory for Children	Age 3-18	Current/Previous injuries, domestic violence, physical violence, sexual abuse	Counselor or School Psych Clinical Interview	Yes	10 minutes per student	No
Children's Depression Inventory	Ages 7-17	Severity of depression symptoms	Self-Report/ Clinical Interview	Yes	10-item screening (5 minutes) or 27-item diagnostic (10-15 minutes)	No
Tier 3 Intensive Individualized intervention: Targeted in-depth mental health assessments used by the Mental Health Counselor and/or School Social Worker to determine needs for in-depth treatment, treatment planning or referrals to outside sources.						
Depression						

Depression Self-Rating Scale for Children (DSRS)	Ages 8-14	Screens for a depressive diagnosis	Self-Report/ Clinical Interview	Yes	18-item screening (score of 15 or more likely to have a diagnosis(5-10 minutes)	No
Center for Epidemiological Studies Depression Scale for Children (CES-DC)	Ages 6-17	Higher scores indicate increasing levels of depression.	Self-Report/ Clinical Interview	Yes	20 item self-report screening tool 5-10 mins. Increasing scores indicate significant levels of depression.	No
Patient Health Questionnaire-9 (PHQ-9)	Ages 13-17	Assesses and monitors depression. Scores indicate mild, moderate, and severe depression. Used for recognition and facilitating accurate diagnosis and treatment.	Self-Report/ Clinical Interview	Yes	5-10 mins 9 -item self administered screening tool. Scores indicate severity of problem.	No
Anxiety/OCD						
Yale-Brown Obsessive Compulsive Scale (CY-BoCS) for Children	Ages 15 and up	Measures the severity of OCD symptoms which can be repeated to measure treatment and intervention effectiveness.	Clinician assessment	Yes	40-Item assessment to measure severity.	No
Child Mania Rating Scale-Parent Version (CMRS-P)	Ages 5-17	Measures and assesses mania. Used as a screening, diagnostic, and monitoring tool to assess and treat childhood Bipolar disorder.	Parent and Clinician assessment	Yes	21-item assessment. 15-20 mins.	No
Revised Children's Anxiety and Depression Scale (RCADS)	Ages 3-12	Measures a variety of targeted issues for identification and treatment including depression, separation anxiety, OCD, panic disorder, compulsive disorder, social phobia, and major depressive disorder. Youth and parent versions	Clinician assessment. Self report and parent version available.	Yes	47 item assessment. 20-30 mins. Subscales identify numerous targeted issues.	No

		available.				
Self Report for Childhood Anxiety and Depression Scale (SCARED)	Ages 8 and up	Screens and identifies for specific anxiety disorders including general anxiety, separation anxiety, social phobia, school phobia and physical symptoms of anxiety.	Clinician assessment. Self report and parent version available.	Yes	41 item assessment. 30 mins.	No
Spence Children's Anxiety Scale (SCAS)	Ages 7-18	Measure has normative data available for males and females separately.	Self report measure	Yes	38 items assess anxiety, 7 items assess social desirability. 20 mins.	No
Generalized Anxiety Disorder -7 (GAD-7)	Ages 13 and up	Measures levels of severity of anxiety into mild, moderate, and severe. Also measures for panic disorder, social anxiety disorder, and PTSD for identification.	Self-assessment /Clinician	Yes	7 item assessment, self administered. 5-10 mins.	No
Penn State Worry Questionnaire for Children (PSWQ-C)	Ages 7-17	A screening tool with high scores indicating greater tendency to worry.	Self-assessment /Clinician	Yes	14 item assessment. 5-10 mins.	No
Trauma/PTSD						
Child Dissociative Checklist (CDC) Version 3	Ages 5-12	Measures dissociative behaviors in children. A high score indicates need for further evaluation.	Parent/Clinician Assessment	Yes	20 item assessment. 15-20 mins. A high score indicates further assessment.	No
Childhood PTSD Symptom Scale	Ages 8-18	Assesses PTSD symptoms, diagnostic criteria and symptom severity. Scores can be calculated for 3 PTSD symptom clusters.	Self-assessment/Clinician	Yes	26 item assessment. 20 mins.	No
Traumatic Events Screening Inventory for Children (TESI-C)	Ages 3-18	Assesses a child's experience of a variety of traumatic events including hospitalizations, injuries, DV, disasters, accidents, and abuse.	Clinician administered	Yes	15 item assessment. 10-15 mins to assess changes over time.	No
Pediatric Emotional Distress Scale (PEDS)	Ages 2-10	Screens children for emotional distress following a traumatic event	Parent/Clinician	Yes	21 item assessment. 20	No

And		and monitors symptoms over time.			mins	
Trauma Exposure Checklist and PTSD Screener	Ages 2-10	Screens children for emotional distress following a traumatic event and monitors symptoms over time.	Self-assessment /Clinician	Yes	34 item assessment	No
Substance Abuse						
CAGE Interviewing Technique (CAGE) And Two-Item Conjoint Screen (TICS)	All Ages	Two and Four questions as a quick screener for problem drinking.	Self-assessment /Clinician	Yes	2 and 4 item assessments a brief screener	No
Adolescent Drug Involvement Scale (ADIS)						
Autism Spectrum						
Autism Treatment Evaluation checklist (ATEC)	Ages 5-12	As assessment to monitor progress for ASD students. The lower the score, the better the functioning.	Clinician	Yes	NA	No
PDD Assessment Scale	All Ages	Screening based on DSM-IV criteria and has extensive descriptions of areas of impairment to be used qualitatively for screening individuals with Autism..	Clinician	Yes	48 Item assessment. 30-60 mins	Yes
Eating Disorders						
Children's Eating Attitudes Test (ChEAT)	Ages 8-13	Measures and assesses disordered eating in youths with three subscales; dieting, restricting, and food preoccupation. The greater the score, the more severe a problem.	Self-assessment /Clinician	Yes	26 item self report screening. 30 mins.	No
Eating Attitudes Test-26 (EAT-26)	Ages 16-18	A screening tool consisting of 3 subscales of dieting, Bulimia, and food occupation for diagnosis and treatment..	Self-assessment /Clinician	Yes	26 item self report screening.	Yes
Eating Disorders Diagnostic Scale (EDDS)	Ages 13-65	This screening tool shows full and subthreshold diagnosis for AN, BN, and BED. Used for diagnosis and treatment.	Self-assessment /Clinician	Yes		No


Guidance Counselors
-Academic tracking
-Attendance tracking
-Universal screeners
-Coordinating reentry plans from locations & off of treatment plans
-Character Ed/Social Skills
-Conflict Resolution
Social Workers
-Case Management
-llason
-track services for Tier 2 or 3
-Case Management Plans
School Psychologists
-Behavior Plans
-Standardized emotlonal/behavlor assessment
Mental HeaHh Counselors
-Treatment Plans
-Bio/psycho/social assessments
-Therapeutic work
Social Needs Assessment
-Solution focused/time determined brief counseling
-Small groups
-Identify screeners
-Basic interventions (check in/out)
Safety Plans
Baker Acts
Crisis assessment

Mental Health Plan Budget

Resource	Additional Funds Utilized to Support the Mental Health Continuum	Mental Health Allocation	Purpose
Additional School Psychologists		70,000	New position-Increase number of current school psychologists to place one in each traditional school.
3 Additional Mental Health Counselors		192,000	New position-increase number of current school mental health counselors.
Mental Health Continuum Support Personnel		40,000	New position-to work with data management of students in mental health continuum to ensure tracking of state required data and follow through on services for students
School Counseling and Intervention Curriculums		5000	To provide new curriculum resources for both tier 1 universal application and tier 2 group intervention
Screening and Assessment Tools		3898	Additional screening or assessment tools as needed
Removal of Barriers		10,000	As needed funds for possible needs to ensure student can access needed services as

			identified by individual situations. Example: transportation to access daytime residential care at our local provider, Halifax Behavioral Services, which is housed in a neighboring county.
Charter FTE Allocation		26,584	Imagine Charter School has indicated they wish to submit their own plan
10% of Allocation		38,609	
Service Coordinator	**55,000**		Funded through Implementation Grant received in collaboration with Halifax Behavioral Services and Stewart Marchman
Onsite substance abuse counselor	**50,000**		Funded through Implementation Grant received in collaboration with Halifax Behavioral Services and Stewart Marchman
Current School Psychologists	**560,000**		Funded through general fund and federal grants
Current School Counselors	**1,500,000**		Funded through general fund
Current Mental Health Counselors	**128,000**		Funded through general fund and federal grants
Current Social Workers	**128,000**		Funded through general fund and federal grants
TOTAL	**2,421,000**	**386, 091**	