

Flagler School District



Mental Health Plan

Developed July of 2019

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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 Understanding 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. A Memorandum of Understanding was signed in partnership with Halifax Behavioral Services and Stewart Marchman Center in December of 2018 expanding the access to the SMA operated Crisis Treatment and Triage Unit (CTTU) to serve youth under the age of 18 during its regular operating hours and provide crisis assessment and transportation to Halifax Health when determined appropriate. 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. Memorandums of Understanding will be reviewed for the 2019-20 school year to include language pursuant to SB 7030 stating community-based mental health services are initiated within 30 days of referral.

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. The flowchart delineating school based personnel aligned with providing services at specific tiers and the venn diagram defining roles of school based providers is designed to promote efficiency of internal resources and maximize the time internal providers spend providing direct mental health services. 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 work collaboratively, with the Halifax position becoming the primary coordinator of services for students and families who enter tier 3 of the continuum through the Baker Act process at Halifax Behavioral Unit. 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 the 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-disciplinary teams convened for students in intensive tier 3 of the Flagler Schools mental health continuum. This includes being the liaison with school based student services 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 12 years Positive Behavior Intervention and Supports (PBIS). In 2017-18 all nine traditional schools were recognized as PBIS model schools, with five schools receiving silver recognition and four schools receiving gold recognition. All nine traditional schools have currently met the requirements to apply for model school status for 2018-19. Additionally, our district conducted training for all school leadership teams in restorative practices in June of 2018, and completed year one training with core teams at Buddy Taylor Middle School and Wadsworth Elementary School during the 2018-19 school year. We are adopting this practice as a district initiative with a multi-year roll out plan, Rymfire Elementary will begin year one training in the 2019-20 school year. Ten individuals from across the district attended Train the Trainer training in June of 2019 to further promote implementation. PBIS 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.

A continued focus on early identification and intervention will be maintained. Core teams were trained at each school site in Youth Mental Health First Aid to assist in early identification, training will continue for recognition and awareness with all school personnel. The Sandy Hook Promise program "It Starts with Hello" and "Signs of Suicide" have been adopted. Start With Hello teaches youth how to be more inclusive and connected to one another by minimizing social isolation, marginalization and rejection. Signs of Suicide trains youth and adults in how to identify, intervene and get help for students who may be depressed or suicidal. Additionally, programs that provide universal screening to identify needs in the areas such as Belief in Self, Emotional Competence, Engaged Living, Belief in Others with supporting resources are being reviewed. Handle With Care has been implemented to assist with sensitivity and awareness for students who have been exposed to traumatic situations.

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
- Baker Act

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 supports at Tier 2. Tier 2 interventions are defined as those requiring the services of a qualified individual such as a guidance counselor or psychologists. Assignment of a mentor, check-ins with non counseling components, etc... do not require entry into the mental health continuum and would be considered tier 1 supports available to all students and universal best practices. 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 initial 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 complete coordination of entry into the mental health continuum. Students referred for a mental health screening shall be assessed within fifteen days with parental consent. For students who school based mental health services are determined to be needed, initiation of services will occur within fifteen days of identification.

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 as appropriate 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 will be conducted by the school counselor or the school psychologist. Interventions at this tier may include, but are not limited to, approaches such as: 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 term 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 Individualized Intervention

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, Tier 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 Tier 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 Tier 1 monitoring. If the student does not reach recovery through the Tier 3 supports then the student requires more intensive supports involving the community and moves to the next level.

Intensive Tier 3 Multidisciplinary 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 determine 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.

The school service coordinator, HBS service coordinator, and district social workers 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 indicates the student remains in tier 1, the form is maintained at the counselor documentation level.

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 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 or identified social workers. 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). The Mental Health Continuum Support Personnel maintains contact with all agencies to which students requiring tier 3 services are referred in order to track status of connectivity with services, and refer to an alternate agency as needed. Information is maintained in a referral spreadsheet.

**DISTRICT SERVICE COORDINATOR
(IMPLEMENTATION GRANT FUNDING)**

TIER 1

Who:

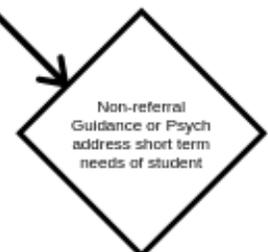
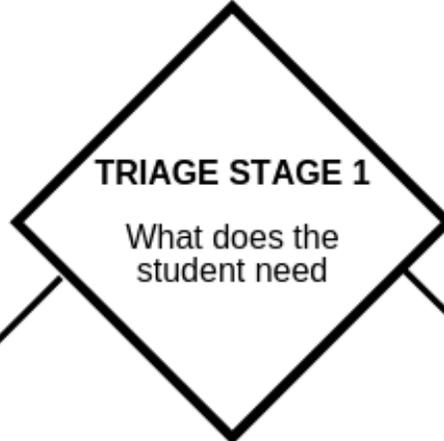
Students, parents, teachers, guidance,
deans, admin, SRDs, Nurse,
Registrar, EWS, Court System,
statutory requirements



SOCIAL WORKER AS
RESOURCE TO IDENTIFY
CONTACT TO SERVICES
IF NEEDED

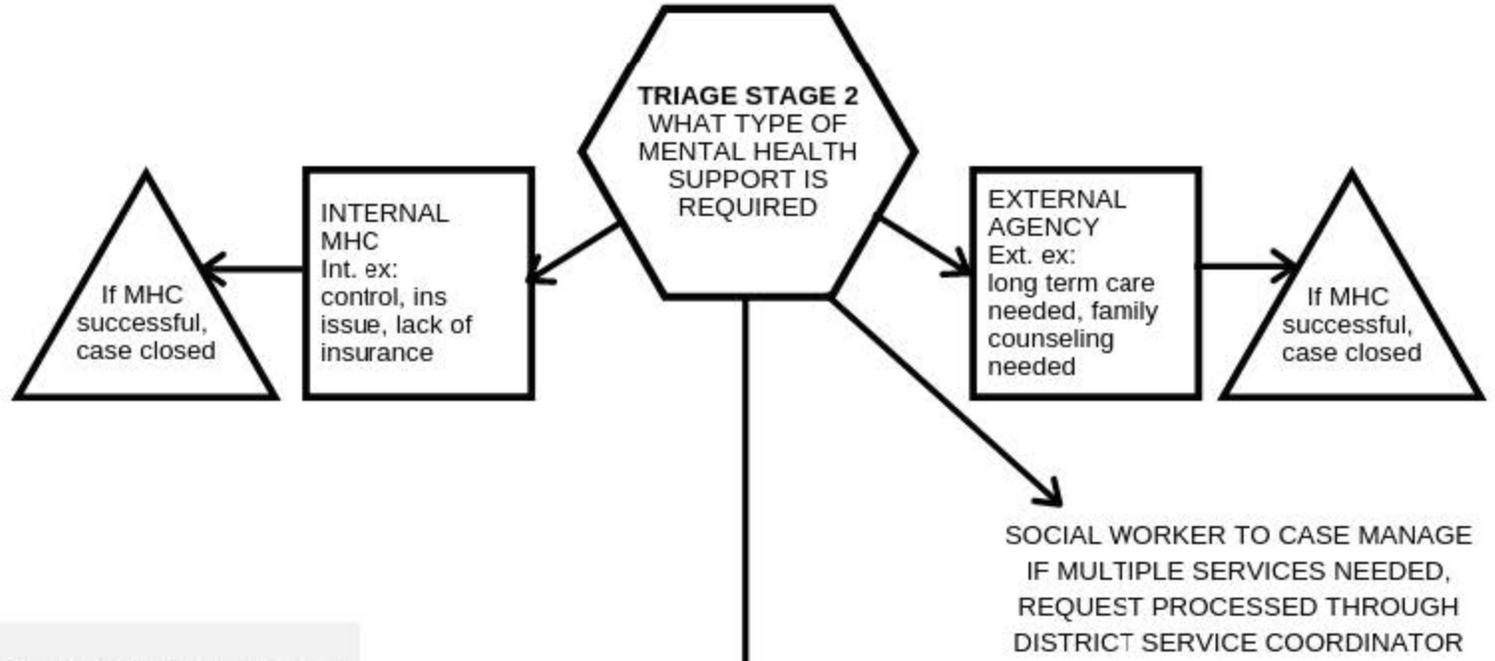
TIER 2

REFER TO SMA
FOR SCREENING
IF PERTINENT

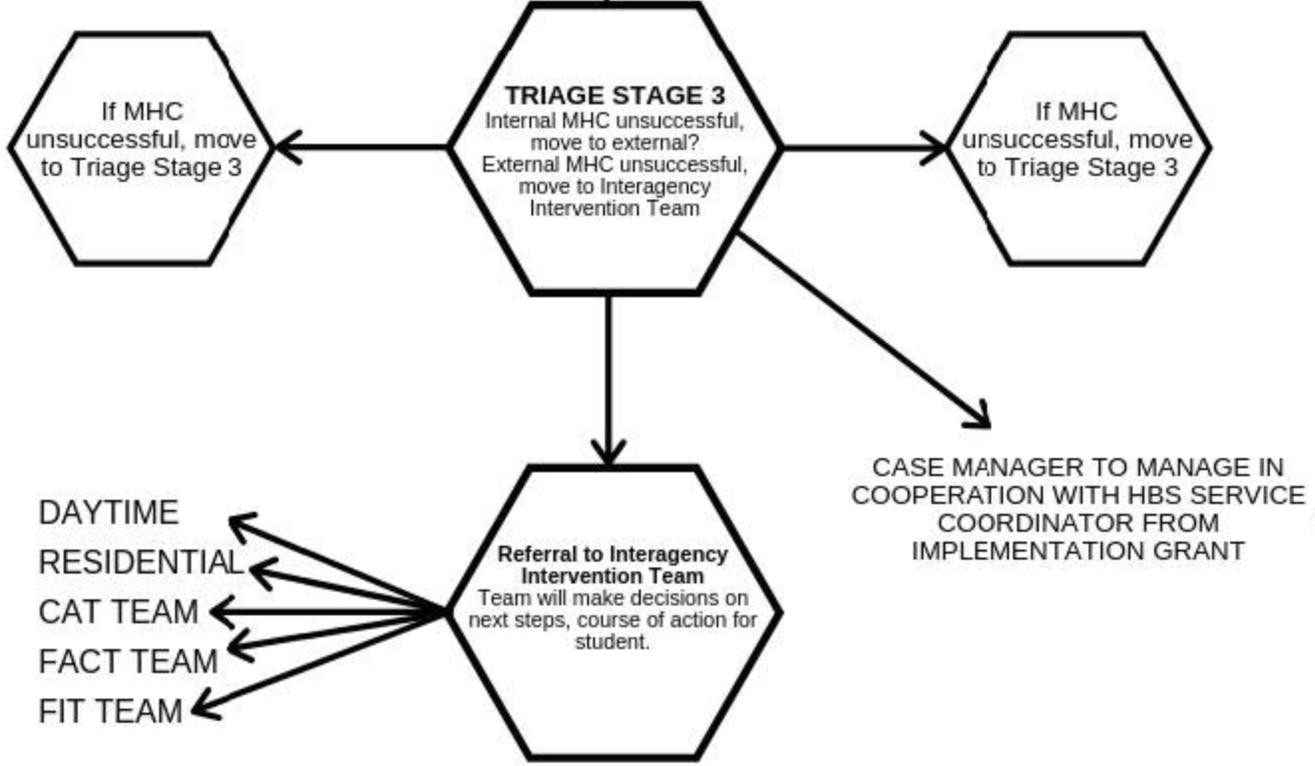


TIER 3

ENTERS THROUGH HALIFAX BEHAVIORAL SERVICES
-BAKER ACTS
-EXITING RESIDENTIAL



INTENSIVE TIER 3

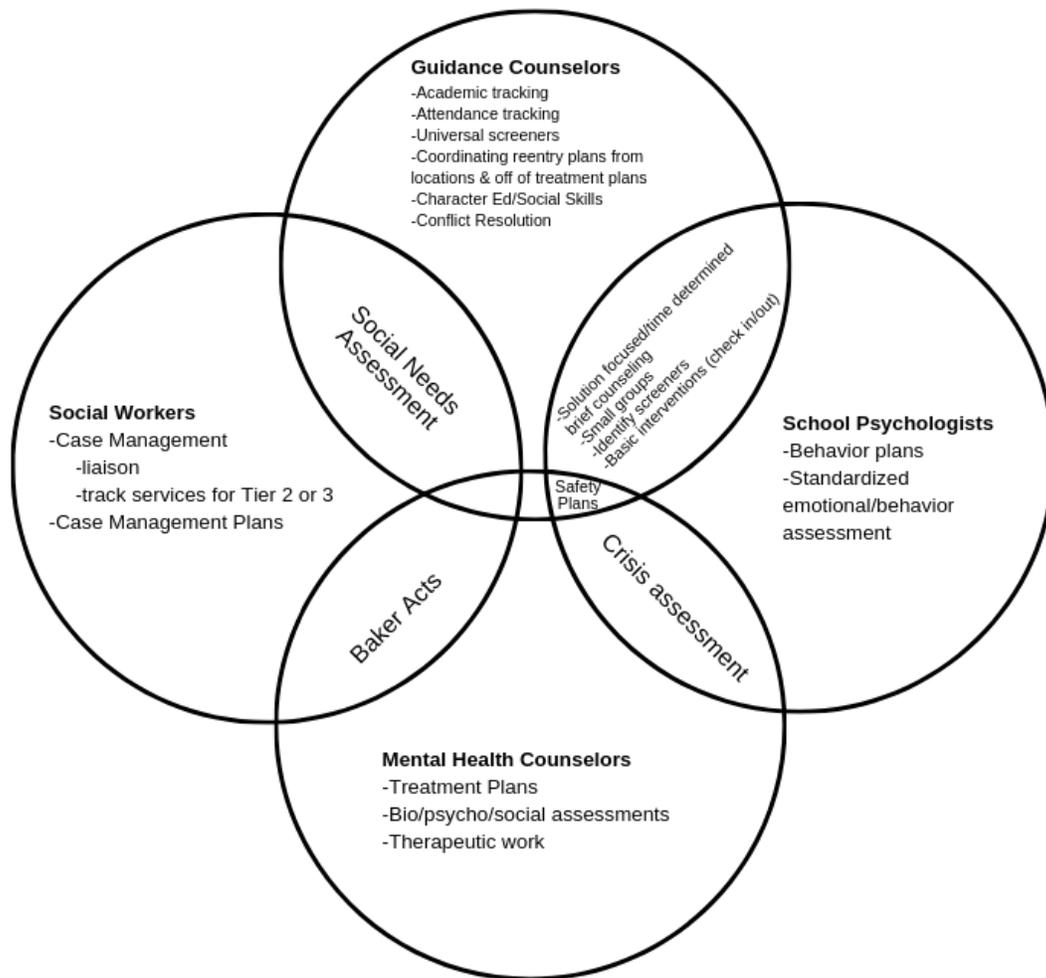


The Mental Health Training Matrix includes, but is not limited to, those identified in the following chart.

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. As per FLDOE memo dated March 25, 2019 Kognito Gold Standard Training Modules will be used to provide supplementary training.	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 the 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.
Compassion Fatigue Training	Care providers	Focuses on providing support and assistance strategies for caregivers.



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?	Administratio n Time	Online Scoring Available?
Student Risk Screening Scale/Student Internalizing Behavior Screening Scale – CoVitality - Tools to Foster Social Emotional Readiness <i>Targeted Preventative Interventions</i> (Pending Review)	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 prosocial behavior	Teacher, Parents, Students (ages 11-17)	Yes	5-10 minutes per student	Yes (\$.25 per score)
Columbia Suicide Severity Rating Scale (C-SSRS) Screeners http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=general-use.english	K-12	Risk of Harm to Self-Assessments	Counselor	Yes	varies	No
Comprehensive School Threat Assessment Guidelines (CSTAG) http://www.fldoe.org/safe-schools/	K-12	Risk of Harm to Others Threat Assessment	Counselor	Yes	varies	No
<ul style="list-style-type: none"> - 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. <p>Inattention, hyperactivity/ impulsivity, oppositional/ defiance, conduct problems, anxiety/ depression</p>						

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 available.	Clinician assessment. Self report and parent version available.	Yes	47 item assessment. 20-30 mins. Subscales identify numerous targeted issues.	No

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 and monitors symptoms over time.	Parent/ Clinician	Yes	21 item assessment. 20 mins	No
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
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Mental Health Plan Budget

Resource	Additional Funds Utilized to Support the Mental Health Continuum	Mental Health Allocation	Purpose
Additional School Psychologists		70,000	Mental Health Allocation position-Increase the number of current school psychologists to place one in each traditional school. Certification as a school psychologist required.
3 Additional Mental Health Counselors		192,000	Mental Health Allocation position-increase the number of current school mental health counselors. Certification as a licensed mental health counselor required.
2 Additional Social Workers	64,000	64,000	New positions-increase the number of current social workers. Funding for one social worker to come from Title IV Federal Grant, Funding for one social worker to come from Mental Health Allocation. Certification as a licensed social worker required.
Mental Health Continuum Support Personnel		40,000	Mental Health Allocation 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
Training Costs to Support Mental Health to train educators and other school staff in detecting and responding to mental health issues		48,063	For stipend, registrations, travel and other related training costs for YMHFA, Restorative Practices, PBIS and additional trainings pertinent to preventing, detecting, and responding to mental health issues
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		24,000	Additional screening or assessment tools as needed.
Removal of Barriers		20,000	As needed funds to assist in accessing needed services as identified by individual situations and are reasonable to provide.
Charter FTE Allocation		28,556	Imagine Charter School has indicated they wish to submit their own plan. Documentation has been submitted to the state from FCSD with a signed intent form to develop their own plan, a copy of their plan and checklist, and

			documentation of Imagine Charter School bringing their plan before their governing body.
Additional Services		41,000	Support personnel who coordinates schedules and responsibilities for internal mental health providers, collection of data, and documentation of services provided on the mental health continuum. Evaluates mental health support staff and providers. Coordinates with external providers.
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
Established School Psychologists	560,000		Funded through general fund and federal grants
Established School Counselors	1,500,000		Funded through general fund. Certification as a certified school guidance counselor required.
Established Mental Health Counselors	128,000		Funded through general fund and federal grants
Established Social Workers	128,000		Funded through general fund and federal grants
		121,689	Roll Forward from unfilled position
		410,930	2019-20 Allocation
TOTAL	2,421,000	532,619	Allocation includes roll forward from unfilled psychologists and partial year Mental Health Counselor Position.

School Based Mental Health Provider	Licensure per Flagler School District Job Description	Number of projected positions for 2019-20	Ratio per total district wide student population	Ratio per number of students who entered the mental health continuum inclusive of tiers 2 and 3 with 2018-19 numbers used as a baseline.
School Counselors	<p>(1) Master's Degree from an accredited educational institution.</p> <p>(2) Certified as a Guidance Counselor by the State of Florida.</p>	27	478	55
Psychologists	<p>(1) Master's Degree in Psychology or School Psychology.</p> <p>(2) Certified by the State of Florida as a School Psychologist.</p>	9	1434	166
Mental Health Counselors	<p>Licensed clinical social worker, licensed marriage and family therapist, or licensed mental health counselor within the state of Florida as defined in Chapter 491, F.S. and a valid Florida driver license. A Candidate that has a Master's degree in mental health counseling and who is a "Registered Mental Health Counselor Intern," who is being supervised by a "Qualified Supervisor." It is preferred that the individual has passed licensure test and is eligible to obtain license within three months of start date.</p>	5	2581	<p>300</p> <p>(Internal Mental Health Counselors are assigned only to tier 3 or intensive tier 3 students not referred for outside services. Criteria for such assignment includes insurance issues, family involvement, etc... Actual case loads this past year ran around 40.)</p>
Social Workers	<p>(1) Minimum of a Bachelor's Degree in education, sociology or social work from an accredited educational institution.</p> <p>(2) Minimum of three years</p>	4	3227	375

	<p>experience working in a school setting or social services related field.</p> <p>(3) Certification and / or licensure by the State of Florida.</p>			
Service Coordinator	<p>(1) Minimum of a Bachelor's Degree in education or social work from an accredited educational institution. Master's degree in social work, school psychology or school counseling preferred.</p> <p>(2) Minimum of three years experience working in a school setting or social services related field.</p> <p>(3) Minimum one (1) year of experience coordinating services to students and families from multiple community agencies</p> <p>(4) Certification and / or licensure by the State of Florida.</p>	1	12,908	1500