

Franklin County Mental Health Plan 2019-2020

I. Mental Health Services

Franklin County will provide a tiered system of mental health services through district personnel, contract personnel, and interagency agreements with local and state agencies. The district will utilize the following tools to identify students that may need additional supports; the self-report questions from the registration form, Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS) screener, and the early warning system.

Tier I supports will include:

The continued implementation of the **Sanford Harmony Program** in grades PK-6. Sanford Harmony Program (SHP) is a social emotional learning (SEL) approach being used in more than 2,500 schools across the United States. In a recent book chapter (Martin et al., 2017) the initial ASU development team described the program as follows: "The Sanford Harmony Program is a universal (meaning one that involves all children rather than targeting specific types of children), teacher-facilitated program designed to promote positive peer relations among boys and girls in preschool through sixth grade." (Martin et al., 2017). The program is designed around two primary components. First is a set of teacher facilitated relationship building activities. Second, are everyday activities structured to put prosocial skills into practice through interactions with diverse peers. Three rigorous evaluations of SHP components have been conducted since the program's inception in 2008. These initial findings suggest that students participating in both the relationship building activities and everyday activities of the Sanford Harmony program benefit both socially and academically. While each of these types of activities were evaluated separately, in different grades, other researchers have suggested that the combination of skill building (relationship building activities) and changing the classroom contexts and opportunities (everyday activities) will lead to even greater social and academic benefits (Meyer et al. 2014). This has yet to be tested with the Sanford Harmony program.

The district will also implement **The Habitudes Leadership Curriculum** in grades K-12.

The *Habitudes* leadership curriculum, including our series of Habitudes books, uses image-based learning to help instill important leadership habits in young adults. Each image introduces young adults to powerful leadership habits and principles rooted in real life, sparking conversations with facilitators that lead to memorable experiences. These unique and transformative encounters are a part of an ongoing process that builds leadership habits and attitudes.

For grades 7-12 the district will implement **You're Not Alone Program**. You're Not Alone is a universal approach to the prevention of mental health conditions. Rather than targeting specifically on a specific teen who is exhibiting signs of depression and anxiety, the program works to reach all youth in the target area by increasing the likelihood that youth who are experiencing feelings of sadness, stress, and/or anxiety are comfortable reaching out for help and talking about their feelings before a mental health crisis occurs or negative coping mechanisms, such as substance use, occur. At the same time, the program includes individual components that teach teen skills that can help reduce stress, encourage confidence, and help to focus on the present.

In addition to the implementation of the Tier I programs above for all students, teachers will be trained in Youth Mental Health First Aid (YMHFA) USA. Participants in YMHFA are introduced to the unique risk factors and warning signs of mental health problems in adolescents.

YMHFA emphasizes the importance of early intervention and teaches individuals how to help an adolescent who is in crisis or experiencing a mental health challenge.

Tier II

Students that exhibit higher risk factors and/or do not respond to the Tier I interventions will be referred to the MTSS team for Tier II interventions. The Multidimensional Students' Life Satisfaction Scale (MSLSS) and/or the CDI (Children's Depression Inventory) will be administered to the students to identify areas of focus for more intensive interventions. These interventions will be developed during an MTSS meeting, that includes parents in the decision making process. Parental consent for additional assessments and to share information with the student's medical provider will be acquired at this meeting. Interventions for consideration may include but not be limited to small group counseling, individual counseling, or referral to community based organizations for counseling or other services that may be identified through the MTSS meeting or additional assessments. If a review of the student data does not indicate that the intervention(s), having been implemented with fidelity, are having the desired effect, the student, with parent input, will be referred to Tier III.

Tier III

These interventions may include more intensive/frequent individual counseling, a Functional Behavior Assessment, development and implementation of a Positive Behavior Improvement Plan, and/or referral for Exceptional Student Education services or other community based agency that can provide mental health and/or substance abuse assistance, family intervention, case management, crisis stabilization, medication management, assessment and prevention.

II. Supports That Address Mental Health Needs

The implementation of purposeful social emotional learning and comprehensive, multi-target positive psychology intervention at all grade levels, use of an early warning system to identify at risk students, use of the MTSS process to provide appropriate interventions, engaging the community based mental health services, increasing the communication and sharing of information and tracking and collecting data on student receiving mental health services will assist Franklin County in building a mental health system to address the needs of all of our students, including students with multiple mental health or substance abuse issues. The initial screener will be the self-reporting questions on the student registration form that all student complete annually. If a student/parent self-reports on this form the student will be monitored by the classroom teacher and guidance personnel. As the teacher and guidance counselor monitor, through the early warning system, the student's behavior and progress the teacher or guidance counselor may refer the student to the MTSS team for additional interventions. An additional screener will be administered. If there are no indicators to warrant further referral the student will continue to participate in the Tier I interventions.

If the student is referred for Tier II interventions the MTSS team will develop the intervention plan with intervention strategy, time, duration, frequency of the intervention, and the frequency of data collection. Within two weeks the MTSS team will meet again to review the data collected and continue the intervention or suggest a different intervention. The student's primary care physician will be notified of the intervention plan. The MTSS team, after reviewing the data, may immediately refer the student to a community agency or additional assessments.

If the MTSS team determines that the student needs more intensive intervention, school or community based agencies may be called in to provide Tier III interventions. The MTSS team will invite the community based agency to the next MTSS meeting to develop the intervention plan the agency will provide.

Collaborative Partnerships with Community Providers

Currently Franklin County has agreements with; DISC Village, Coastal Therapy, Florida Therapy LMHC, Waterside Counseling Services, Wanda Teat LMHC, Franklin's Promise Coalition, Sara Madson, Florida Psychology Services, Community Based Psychologist, and Kevin Haeusser, Bayside School Psychologist, to provide mental health services to students. The district will support these agencies and individuals by providing space and access to students, with parent permission, to see the counselors during the school day. We will be developing agreements with Big Bend Community Cares the foster care agency for Franklin County and Apalachee Mental Health a regional provider of mental health services. It is the responsibility of the Director of Special Programs to develop the agreements, get School Board approval and monitor the implementation of the agreement. The agreement will require that all agencies provide the credentials of their staff working in the Franklin County School District. Data Collection - Franklin County, along with our PAEC partners will request that data elements be added to FOCUS (MIS) system to collect the following data: number of student's referred/assessed, number of students referred for services, and how many students received mental health services.

IV. Expenditures

The district will contract with a community based psychologist to provide services at the alternative school. (\$51,072.00).

The district will contract with two mental health counselors to provide services at Franklin County School. (\$39,760).

Materials and supplies to implement mental health programs \$2,715.00.

District allocation \$129,927.00

Allocation to Franklin County PK-12 School = \$93,547.00

Allocation to Charter School = \$36,380.00

None of the funds will be used for administrative cost.

100% of the funds will be use to provide mental health services to students.

V. Program Implementation and Outcomes

Franklin County School has one school psychologist, one certified school counselor, one school counselor working out of field, one clinical psychologist providing assessment and counseling, two licensed mental health counselors, one registered mental health intern, a CAT team/Apalachee Mental Health, Disc Village and telehealth mental health services to provide services for our total student population of 900 students.

A secure central data base has been created to track the number of intake, referrals, and on-going mental health support services.

Franklin County School District has initiated the following procedure, including contracts with the service providers, to ensure that students who are referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and ensure that the assessment of students at risk for mental health disorders occurs within 15 days of referral. School-based mental health services must be initiated within 15 days after identification and assessment, and support by community-based mental health service providers for students who are referred for community-based mental health services must be initiated within 30 days after the school or district makes a referral.