

Highlands County 2019-2020 District Mental Health Assistance Allocation Plan

The vision of the School Board of Highlands County Mental Health Plan is to build strong partnerships between schools, parents, students, and community providers to maintain a coordinated system of care. This approach will allow students and families to receive individualized integrated care.

Delivery of evidence based services through a multi-tiered system of supports (MTSS)

Using a problem-solving approach for promoting mental health, MTSS teams will identify and use evidence based screenings and assessment procedures to identify students with elevated levels of behavioral/social emotional needs. Implementing a systematic MTSS system directly leads to improved early identification of social, emotional or behavioral problems or substance abuse disorders. In addition provision of early intervention services is improved.

The district team contributes to the ongoing development of a comprehensive resource map that supports a full continuum of evidenced based mental health services and supports that are recognized in national evidence-based registries. In addition, the district social emotional learning workgroup will work to review and evaluate evidence based social emotional learning programs.

The foundation for assessing mental health needs, includes a systematic management approach. Using the MTSS multi-tiered problem-solving approach, the district is able to evaluate and manage a referral system and move through the tiers as needed. Differentiated levels of support exist within each tier and can be accessed and/or provided by mental health professionals at school sites.

Students that have been identified to be in need of more intensive substance abuse interventions receive such interventions from a community based partner. Such students are identified through random and/or reasonable suspicion drug testing.

Tier 1:

Universal Screening and Assessment

All schools will identify school-based teams that will meet quarterly to identify students that are in need of targeted or intensive intervention. Data used to identify students, assess needs, and monitor progress will incorporate the Early Warning System (attendance, discipline, grades, previous retentions). Data will be reviewed systematically by the school-based team. The school-based team will identify the delivery and fidelity of the comprehensive school-wide positive behavior plan. The Positive Behavior Interventions and Support (PBIS) core calculator and Benchmark of Quality (BOQ) will be used to determine fidelity of Tier 1 interventions.

Universal Prevention

The School Board of Highlands County provides universal evidenced based mental health and substance abuse interventions that address the behavioral and social/emotional well being of all students. Within Tier 1 universal prevention, instruction, assessment, data review, personnel, resources and evidence of

implementation are identified, so that this plan can be monitored and evaluated for effectiveness and value to our students, families, and school personnel.

Tier 1 universal interventions are designed to reduce mental health risk factors and increase protective factors for our students and school campuses. School-based MTSS (Multi Tiered System of Supports) provides a continuum of mental health supports. As part of the universal prevention, all schools will develop and implement a comprehensive school-wide positive behavior plan. The following school-wide initiatives are in place on various campuses throughout the district: PBIS, Leader in Me, and AVID.

Social emotional skills instruction is available to all students under Tier 1 universal prevention. Students in grades K-5 will receive instruction through the Monique Burr Child Safety Matters curriculum. Students in grades 6-8 will receive instruction through the Monique Burr Teen Safety Matters curriculum. Students in grades 9-12 will receive instruction through the Children's Safety Network resource guides. School based teams will determine how the universal instruction will be delivered.

Substance Abuse awareness and prevention is supported district wide under Tier 1 universal prevention through Red Ribbon Week activities in October. Supplemental/supporting materials include: Red Ribbon Week National Organization (all grades), Natural High - curriculum based drug awareness and prevention program (grades 6-12). All secondary schools have in place a Positive Action Club and New Horizons group early intervention programs. In addition, all 5th grade students participate in DARE taught by school resource deputies.

Tier 2

Targeted/Supplemental Screening and assessment

Students are identified as at-risk or in need of supplemental Tier 2 interventions through systematic analysis of universal screening (EWS) data, in addition to teacher, parent, and/or guidance referrals. Services may include grief/bereavement counseling or short-term crisis intervention. The specific progress monitoring tool will be identified on the Tier 2 intervention plan. Monitoring will take place at least monthly and more often as determined by the team. Such tools may include the Tiered Fidelity Inventory (TFI) or AIMSweb probes.

Supplemental/At-Risk Intervention

Tier 2 interventions are intended for students with mild or emerging mental health needs in addition to assisting students dealing with trauma and violence. Tier 2 interventions are typically delivered in small group settings and are often time-limited in duration. Evidenced-based mental health services are provided to students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses.

The school-based MTSS team will develop specific Tier 2 intervention plans. Each Tier 2 intervention plan identifies the behavior/social emotional area of concern and specific intervention. The behavior/social interventions will be evidence and researched based. Tier 2 intervention plans must include the following components: Support Action Plan, Documentation of Fidelity, and a Progress Monitoring Plan.

School based staff such as counselor, school psychologist, social worker, mental health counselor and/or community mental health personnel are available to provide these interventions as determined by the school-based team and the Tier 2 intervention plan.

Tier 3

Intensive Screening and Assessment

Students are identified and/or referred for more intensive services and/or assessments through a number of procedures. Such procedures may include: poor or questionable response to Tier 2 interventions, referral from the school based threat assessment team, and/or history (prior or current) of admission to a crisis stabilization unit, hospital, or detoxification center.

Once students are identified as having a need for intensive interventions the progress monitoring team will develop the student specific intervention plan. The plan will be developed to support the individual needs of the student and match the need for services. The specific progress monitoring tool will be identified on the Tier 3 intervention plan or individual treatment plan. The team will consider information regarding diagnosis, treatment, and medical history prior to developing the plan. Such plan shall be developed in collaboration with local mental health, substance abuse, and medical providers. In addition, the intervention plan will include a description of the specific evidence based intervention, duration and frequency of treatment, and measures for determining progress toward treatment goal. Monitoring will take place at least weekly and more often as determined by the MTSS team. Progress monitoring tools may include the Tiered Fidelity Inventory (TFI) or AIMSweb probes. The team will determine through specific progress monitoring whether or not the student has made progress toward treatment goals. Specific support plans will be developed based on the individual needs of the student. Services provided to students with intensive mental health and/or substance abuse needs will be provided by district level mental health staff and/or local mental health/substance abuse providers.

Individualized and Intensive Intervention

Students with more advanced mental health needs and who require more intensive intervention will receive these interventions at Tier 3. Tier 3 interventions are individualized and delivered by highly qualified intervention specialists and/or trained mental health clinicians, often in one-to-one settings. As with Tier 2 interventions, Tier 3 interventions use problem-solving strategies that accurately match students' presenting needs to evidence-based interventions/treatments. Tier 3 interventions are distinguished from Tier 2 interventions by their intensity and duration. MTSS supports are designed to be cumulative: a student who receives Tier 3 supports should also receive the Tier 2 supports that align with their needs as well as the Tier 1 supports provided to all students.

The school-based MTSS team is responsible for identifying more intense mental health issues/needs that may require additional, more intense support. The team, in collaboration with the parents, will use the four-step problem-solving model to develop an intervention plan. The plan will identify fidelity measures and methods of progress monitoring including frequency and duration. The plan may include interventions such as individual counseling to address mental health and/or substance abuse needs, a functional behavior assessment/behavior intervention plan, ongoing frequent collaboration with

medical and mental health/ substance abuse providers, referral to wrap around services and/or crisis planning.

The district team shall develop a comprehensive resource map that supports a full continuum of evidenced based mental health services and supports that are recognized in national evidence-based registries.

The foundation for assessing mental health needs, includes a systematic management approach. Using the MTSS multi-tiered problem-solving approach, the district is able to evaluate and manage a referral system and move through the tiers as needed. Differentiated levels of support exist within each tier and can be accessed and/or provided by mental health professionals at school sites.

Students that have been identified to be in need of more intensive substance abuse interventions receive such interventions from a community based partner. Such students are identified through random and/or reasonable suspicion drug testing.

Employment of school-based mental health service providers

School Counselors - 17

Guidance Resource - 6 (staff are required to be working toward certification in school counseling)

School Social Workers - 6 (5 school social workers, 1 LCSW)

School Psychologists - 5

Licensed Mental Health Therapists - 4

Mental Health Therapist (licensure in progress) - 1

Behavior Specialist -1 BCBA

Strategies to increase the amount of time student services personnel spend providing direct services

All referrals for service are reviewed to determine appropriate level of service/intervention need. Students receiving direct services are reviewed at least monthly to determine progress and appropriate level of service/intervention need. District Mental health services providers are assigned specific schools to provide services. One district level mental health therapist is assigned to provide services to students with more intensive needs.

Collaborative partnerships with community providers and agencies

Educators and their community partners share an interest in cultivating the mental health of our students. By working collaboratively and sharing information, student access to mental health and substance abuse interventions is expedited. The impact through treatment of mental health/substance abuse problems on academic and social functioning can help students achieve success in all areas.

In order to facilitate this process the district has developed a comprehensive, regularly updated list of school and community mental health and substance abuse resources. The school-based MTSS teams along with district level mental health providers are the primary referring source for additional community-based mental health and substance abuse services.

The district recognizes that integrated coordination and supports for students who receive intensive community mental health services lead to more sustainable and comprehensive school improvement while reducing duplicative efforts and redundancy. The district has in place memoranda of understanding (MOU) with local mental health providers for mental health and substance abuse programs. The MOU outline procedures for data sharing and release of confidential information. Coordination and referral for services are done by both school and district staff. In addition, the district has a strong partnership with our local Children Services Council and Child Advocacy Center.

Current agreements:

- Peace River Center for Personal Development, Inc (PRC)
 - Mobile Crisis Response Team – A collaboration between PRC, school employees and law enforcement agencies to assess and make mental health commitments.
 - Behavioral Health Therapy and Targeted Case Management services

Establishment of policies and procedures to ensure timeliness of screening and initiation of services

All mental health service providers will be trained on district procedures for referring students for mental health services. Referrals will be made electronically to ensure timely receipt and status monitoring. All referrals will be assessed within 15 days to determine appropriate level of service/intervention need. If need is determined, services shall be initiated within 15 days of the assessment. If a referral is made to a community-based mental health provider, the district will collaborate with the provider to ensure services are initiated within 30 days of referral. The district will schedule quarterly collaborative meetings with community providers to review process and procedures ensuring timelines are being met.

Process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.

The process for coordinating mental health services is collaborative and includes procedures for information sharing. A student who is provided or referred for outside services benefits from collaboration between the school and agency. A brief service referral to the school social worker will help to coordinate services with a primary care provider, mental health provider, and the student needing intervention. In order to share information, the Consent for Release of Information for Service Coordination form (MIS 13.15) shall be completed and on file. Additionally, a multidisciplinary staffing shall be scheduled monthly to progress monitor intensive intervention plans.

Expenditures

Allocation	Description	Cost
1 - LCSW	Salary/Benefits/Travel	72,000
3 - Mental Health Therapists	Salary/Benefits/Travel	216,000
Professional Development	Professional development for staff in Trauma Informed Care	28,782
Evidence based interventions	Curriculum and materials	30,000
Progress Monitoring	Multi-Disciplinary team monthly collaboration/case management – hourly rate	30,000
Contracted Services	Specialized evaluation/treatment plan for students with severe behavioral and mental health needs	20,000
	Total Allocation	396,782

Expenditure Assurances

Proposed expenditures are 100 percent additional allocations and expenditures used to expand school-based mental health care and provide professional development for educators in responding to mental health issues. The Mental Health Assistance Allocation does not supplant other funding sources and none of the proposed dollars are for salary increases or staff bonuses.

The district will continue expand current practices to bill for all Medicaid reimbursement services provided by district mental health providers. In addition, the district will continue with current and explore additional memoranda of understanding with community service providers. The district will continue and expand collaborative partnerships with FL-DOE discretionary projects such as Positive Behavior Interventions and Supports (PBIS), Students with Emotional/Behavioral Disabilities Network (SEDNET), Problem Solving – Response to Intervention (PS-RTI), along with the Disproportionate Discipline and Tier 3 redesign workgroups.

Program Implementation and Programs

Mental Health Services Providers Ratios:

18/19 Survey 3 enrollment count – 12,313

Provider	Allocated		Actual	
	Count	Ratio	Count	Ratio
School Counselor	29	425	23*	535
Social Worker	4	3,078	6	2,052
School Psychologist	5	2,462	5	2,462
Licensed Mental Health Therapist	5	2,462	4	3,078
Behavior Specialist - BCBA	1	12,313	1	12,313

* 6 of the 23 are Guidance Resource Teachers currently working toward certification as a school counselor

A comprehensive data tracking system is used to monitor students referred for services and students that receive services both school-based and community. The district-developed data tracking system will be used to track referrals for services. In addition, the student information system along with the Medicaid billing software will be used to track services provided. The data is integrated into MTSS progress monitoring procedures and systematically reviewed by district level mental health professionals. In addition to individual student data, universal data such as EWS, PBis Core Calculator, progress monitoring data and specific fidelity measures will be used to evaluate effectiveness of services and student outcomes.