

**SCHOOL DISTRICT OF INDIAN RIVER COUNTY
MENTAL HEALTH ASSISTANCE ALLOCATION PLAN
2020-2021**

1. Delivers evidence-based, mental health assessment, diagnosis, intervention, treatment and recovery, through a multi-tiered system of supports (MTSS).

The School District of Indian River County (SDIRC) is committed to working collaboratively with the greater Indian River County community to prevent, identify, and treat mental health and substance-abuse related conditions from which our students may be adversely affected. SDIRC utilizes Positive Interventions and Behavioral Supports (PBIS) as our primary framework to “build capacity for implementing a multi-tiered approach to social, emotional and behavior supports” (OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports; 2017). PBIS and MTSS serve as universal practices that support a positive culture and climate within our schools. SDIRC:

- assesses school PBIS fidelity annually
- uses school-based and district-wide data to identify areas of concern and implement preventative measures that promote a positive, equitable, and safe learning environment for all students
- monitors progress and analyzes student discipline data to implement preventative strategies and provide student supports
- trains staff on our Code of Student Conduct and its progressive intervention and discipline measures, and will continue training in
 - PBIS best practices
 - Youth Mental Health First Aid
 - Youth Mental Health Awareness and youth suicide
 - the use of early warning indicators, including data focused on social and emotional learning (SEL), as part of the MTSS process
 - analysis and use of social emotional learning data (Panorama)
 - evidence-based social and emotional learning programs and strategies
 - alignment of SEL goals and academic standards (e.g., literacy and SEL)
 - trauma-informed care and the effects of adverse childhood experiences
 - restorative practices
 - equity and best practices for working with at-risk populations (e.g., students of color, LGBTQ+ students)

Tier 1: In addition to district-wide implementation of PBIS, schools within SDIRC utilize evidence-based SEL programming like Sanford Harmony and Conscious Discipline. Secondary students receive instruction aligned with the comprehensive health education standards, including mental and emotional health education (Rule 6A-1.094121) and teen dating violence (1003.42, F.S.). Elementary and secondary students also receive substance use and abuse education (Rule 6A-1.094122). Some schools have adopted restorative practices such as circles and restorative chats as part of their Tier 1 programming. Finally, SDIRC utilizes a universal SEL assessment (Panorama) to assess student self-perceptions on several dimensions of SEL (self-management, self-efficacy, social awareness, grit, and growth mindset), as well as behaviors around anxiety and

anger, and perceptions of safety. SEL data helps to inform classroom, school-based, and district-wide SEL programming plans.

SDIRC school-based administrative teams direct PBIS and SEL programming with support from district staff. School-based instructional team members are the primary practitioners of PBIS and SEL, whereas the student support services personnel (e.g., school counselor, student success coach, prevention & intervention specialist) provide professional development, consultation, and coaching focused on PBIS, SEL, and other related evidence-based strategies. For students for whom Tier 1 interventions are insufficient, referrals are made to school-based problem-solving teams. Problem-solving teams evaluate referrals to identify student strengths and risk factors, and develop a plan to promote academic success and good mental health.

Tier 2: Problem-solving teams develop and monitor collaborative plans and student outcomes. Within SDIRC, school counselors, school psychologists, school social workers, mental health specialists, and instructional staff, including student success coach and prevention & intervention specialist (as appropriate) provide direct and indirect services. Problem-solving team members utilize early warning indicators including office discipline referrals, suspensions, attendance, and SEL data) to identify students in need of assistance, in addition to relying on direct referrals.

Examples of Tier 2 interventions include small group facilitation of evidence-based SEL programming like Second Step and other groups (e.g., anger management, mindfulness) groups, individual use of the evidence-based program Ripple Effect, check-in/check-out, and problem-solving circles. Too Good for Violence is offered in SDIRC high schools by New Horizons of the Treasure Coast. Tykes and Teens provides the Alternative to Out of School Suspension (ALTOSS) program, which provides an alternative learning space that incorporates restorative practices and therapeutic processing groups, service-learning activities, and time designated for academic work for students in lieu of a suspension.

Tier 3: Tier 3 interventions may be delivered by SDIRC staff (e.g., mental health specialists school psychologists, school social workers, school counselors), staff from partner community agencies with whom SDIRC has active agreements, or providers selected by a student's guardian(s). Tier 3 mental health interventions include individual, group, and family interventions. Examples of Tier 3 groups include specialized interventions designed for students who have experienced trauma (e.g., Bounce Back, CBITS).

Students experiencing a significant interference in functioning at school are referred with parental consent to appropriate SDIRC staff or community partners for assessment/evaluation, and appropriate interventions are coordinated. Students may also be referred for Tier 3 services because of a crisis assessment, traumatic or other emergency event, or a self- or parent-initiated request (with parental consent). The appropriate problem-solving team will monitor student progress with regular updates and input from providers, parents/guardians, the student, teachers, and others, as appropriate.

All students re-entering school following a Baker Act or credible threat and their guardian(s) will meet with a mental health specialist and problem-solving team members to create a plan known within SDIRC as a "Circle of Care." A Circle of Care plan will document student needs and goals,

safety plans and procedures that will be implemented, and outside providers with whom care should be coordinated. A member of the school's mental health team will coordinate services as needed and facilitate ongoing follow-up to ensure the student is safe and making progress toward his or her goals.

At Tier 3, behavior analysts may also conduct functional behavioral assessments and develop behavior intervention plans, in addition to providing direct services along with Student Services staff. SDIRC-employed staff who are professionally licensed or certified by the Florida Department of Education or Florida Department of Health (school counselors, school psychologists, school social workers, clinical psychologists, LMHC, LCSW, and LMFT) will assist with crisis assessment including suicide and threat assessments. All students found to have made a substantive threat, regardless of current academic status, will be referred for appropriate mental health services.

SDIRC staff will adhere to FDOE guidelines and requirements related to threat assessments, and the mental health coordinator and other members of the Student Services team will deliver ongoing training to school-based threat assessment team members.

2. Focuses on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses.

Mental Health

SDIRC staff provides evidence-based interventions such as cognitive-behavioral therapy, trauma-focused cognitive-behavioral therapy, and solution-focused brief therapy. Specific to trauma, SDIRC offers three interventions including Bounce Back, Cognitive Behavioral Intervention for Trauma in Schools, and Support for Students Exposed to Trauma. SDIRC partners with community agencies that also offer evidence-based therapeutic interventions, as well as targeted case management, such as Mental Health Association of Indian River County, New Horizons of the Treasure Coast, Sequel Care, Suncoast Mental Health, and Tykes & Teens.

Substance Abuse

Specific to students with, or at risk for, one or more co-occurring substance abuse diagnoses, SDIRC has continued our collaborations with organizations like the Substance Awareness Center, Substance Abuse Free Indian River Coalition, Tobacco-Free Partnership of Indian River County, Drug Abuse Treatment Association, Inc., New Horizons of the Treasure Coast, and our local law enforcement agencies, among others, to ensure that SDIRC:

- Staff receive ongoing professional development training focused on identification of risk factors for, and signs and symptoms of, impairment associated with mental health concerns and substance abuse.
- For students identified as at-risk or in need of early intervention, we partner with agencies like Drug Abuse Treatment Association, Substance Awareness Center, and New Horizons of the Treasure Coast to provide Tier 2 and 3 interventions.
- Coordinates services with other agencies like Department of Children and Families, Department of Juvenile Justice, and Children in Need of Services (CINS) and Families in Need of Services

(FINS), among others, to ensure students receive the supports necessary to promote health and recovery (if applicable).

- 3. Includes direct employment of school-based mental health services providers (i.e., school psychologists, school social workers, school counselors and other licensed mental health professionals) to reduce staff-to-student ratios and meet student mental health assistance needs.**

Mental health staff funded by the MHAA will be assigned to schools using a tiered approach, and will help to build capacity at schools. Assignments will be based on the level and intensity of school needs. Licensed/certified mental health staff will provide crisis intervention as part of school- and district-crisis response teams, and they will serve schools based on proportional needs as referenced above to reduce mental health staff to student ratios. Mental health providers hired with mental health allocation funds will provide individual and group interventions and help to build capacity.

Mental health staff will participate in weekly team supervision meetings, district data review meetings (when applicable), and work in collaboration with the school-based MTSS team members (attending meetings when required). It must be noted, that meetings and case load will have an impact on the work in terms of intensity and frequency. Mental health staff will have the flexibility to determine if services need to increase at any given school based on data reviews, creating a fluid support continuum of services that is reflective of data progress monitoring and the problem-solving process.

SDIRC employs mental health staff to reduce the staff-to-student ratios and meet the needs of our students.

- 4. Identifies strategies to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).**

SDIRC makes data-driven decisions related to mental health, behavioral, and SEL concerns and allocation decisions. To reduce ratio and increase time spent in direct services, SDIRC added 18 school counseling positions for SY 20-21 (one to each of the 13 elementary schools and four middle schools, and one counselor to a high school). **We hired elementary school counselors for the first time this year, and we hired an additional 5 secondary school counselors to reduce ratios and increase time spent in direct services. We also have reorganized our district, including separating ESE and Student Services.**

Additionally, SDIRC is increased the staff available to focus on Tier 1 and Tier 2 intervention (Student Success Coach at each secondary school and a Prevention & Intervention Specialist).

Includes contracts or interagency agreements with local behavioral health providers or Community Action Team services to provide behavioral health services on or off the school campus (plan must specify the type of services that are provided in the agreement).

- Children’s Home Society – Coordinating a Community School initiative at Dodgertown Elementary in SY 20-21.
- Drug Addiction Treatment Association – provides prevention and early intervention services focused on substance use on SDIRC high school campuses.
- Mental Health Association (MHA) of Indian River County – provides school-based crisis assessment, critical incident debriefing, and counseling for secondary students, as well as walk-in evaluations and counseling at their office location.
- New Horizons of the Treasure Coast – offers on-campus Too Good for Violence program and office-based outpatient assessment, treatment planning, mental health intervention services, and targeted case management. New Horizons is also the local Community Action Team provider.
- Sequel Care –provides school-, home-, and office-based assessments, treatment planning, mental health intervention services, and targeted case management.
- Substance Awareness Center – helps to facilitate mental and emotional health education and substance use and abuse education in middle school (6th-8th grade) and 9th grade, as well as provides Botvin Life Skills Training in several elementary schools in 5th grade).
- Suncoast Mental Health – provides school-, home-, and office-based assessments, treatment planning, mental health intervention services, and targeted case management.
- Tykes & Teens – provides the ALTOSS program, an alternative day placement for students in lieu of out-of-school suspension; includes time dedicated to academic work, restorative practices/processing groups, and service-learning projects. Tykes & Teens are seeking funding to continue to support the Phoenix Program, a school-based, trauma-informed, therapeutic intervention for students identified with emotional and behavioral disabilities or at-risk for identification.

SDIRC will continue to work in collaboration with other agencies such as DCF, DJJ, DOH, LEAs, the local Baker Act receiving facilities, the designated CAT team, the designated Local Review Team, and other as appropriate. All agreements will adhere to SB 7030 requirements.

- 5. States how the plan will establish school board policies and procedures that ensure the following for all schools, including charter schools:**
 - a. Students referred for a mental health screening are assessed within 15 days of referral;**
 - b. School-based mental health services are initiated within 15 days of identification and assessment**
 - c. Community-based mental health services for students are initiated within 30 days of referral**

School board policy

The Board updated policies that reflect the mandates associated with SB 7030.

Education and training

The SDIRC Mental Health Services manual outlines mandates from SB 7030, as well as other details from the MHAA plan (e.g., mental health referral procedures, suicide assessment procedures, tiered support resources).

Technology

SDIRC utilizes Focus, our student information system, to monitor mental health data; we continue to assess and enhance our reporting and monitoring systems.

Updated agreements and partnership meetings

Language within agreements reflects the requirements of SB 7030, and the Mental Health Coordinator continues to meet with partner agencies to ensure the MHAA plan and SB 7030 are reviewed and understood, as well as to problem-solve as needed. The agencies have all agreed to abide by the requirement and provide notice to the district within 48 hours of a referral being sent if they are unable to meet the requirement. SDIRC has a tracking system in our student information system (Focus) that provides alerts as we approach 15/30 days to ensure services are in place or contact attempts are made appropriately and documented (e.g., parent contact attempts, parental scheduling issues, etc.). Within the district, Student Services personnel provide professional development to school team members regarding the statutory requirements of the Marjory Stoneman Douglass High School Pubic Safety Act and we have outlined the requirements and associated procedures designed to ensure compliance in our Mental Health Services manual.

The Mental Health Coordinator will continue to work with community agencies and partners to identify youth needs associated with mental health within Indian River County and advocate for comprehensive and robust programming for students and their families, both within SDIRC and the greater Indian River County community.

6. Describes process for coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in the student's care.

Consents and Releases of Information (ROI)

Parents/guardians will be asked to identify their child's primary (and other) mental health providers upon initial referral and provide consent for ROI(s). After receiving consent to share information with the student's mental health providers, SDIRC personnel will coordinate services and participate in community provider meetings to establish working relationships that promote coordination and information sharing.

Circle of Care

A "Circle of Care" plan will be developed for any student determined to be at high risk (e.g., recent Baker Act, or experiencing significant disruption in functioning in the school environment due to a mental health condition). Circle of Care plans incorporate regular monitoring and feedback from the student, parent(s)/guardian(s), mental health care provider(s), teacher(s) (when appropriate), school counselors, and others as applicable. The plan focuses on student safety (physical and emotional), the development of realistic and measurable goals (i.e., SMART goals), and procedures for sharing information, coordinating care, and monitoring progress. Mental health providers are asked explicitly to provide information and make recommendations related to the plan and its implementation on campus; they are viewed as an integral team member whose participation is imperative to help promote student success.

7. Describes strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral problems; depression, anxiety disorders, suicidal tendencies, or substance abuse disorders.

Professional Development

SDIRC is committed to ensuring that our staff (instructional and non-instructional) have the knowledge and tools necessary to identify students who are at-risk and facilitate referrals to appropriate sources of support.

Examples of professional development training with a focus on universal prevention and early intervention include:

- Youth Mental Health First Aid
- Kognito Youth Mental Health Awareness Training
- MTSS best practices for staffing social, emotional, and behavioral concerns, including SEL assessment
- Positive Behavioral and Intervention Supports
- Trauma-Informed Care
- Collaborative and Proactive Solutions
- SEL programming like Sanford Harmony
- Restorative Practices
- Equity-focused trainings related to topics like Implicit Bias, LGBTQ+ Student Supports, and best practices for working with and supporting students from at-risk populations (e.g., students of color, LGBTQ+ students, etc.)
- Motivational Interviewing, Compassion Fatigue, Reflective Practices, and Case Studies
- Bounce Back, Cognitive Behavioral Intervention for Trauma in Schools, and Support for Students Experiencing Trauma
- Self-injury and threat assessment professional development

Prevention and Early Intervention

SDIRC is committed to maximizing protective factors, the early identification of risk factors, and early intervention to prevent the onset of mental health conditions. School team members will utilize early warning indicators including office discipline referrals, suspensions, attendance, reported trauma, and Panorama SEL data to identify students in need of Tier 2 or Tier 3 assistance, in addition to relying on teacher and other forms of direct referrals. An emphasis on positive relationship building is at the core of our work focused on mental health and SEL, and the evidence-based and evidence-informed programming we utilize throughout SDIRC promotes positive relationship and community building. We are taking steps to ensure that our classrooms and schools provide safe, trauma-informed environments that promote student success. Beginning in SY 20-21, SDIRC will onboard Student Success Coaches in all secondary schools and create a new position to support prevention and early SEL and behavioral intervention (Prevention & Intervention Specialist).

Highlights include:

- Utilization of MTSS for academic and social, emotional, and behavioral concerns

- District-wide implementation of PBIS
- Delivery of Botvin Life Skills curriculum for 5th grade students
- Facilitation of Erika’s Lighthouse, a Depression and Suicide Awareness Program in 6th and 9th grades
- Utilization of the Panorama Playbook by school-based staff to incorporate SEL practices and activities into lesson plans
- Implementation of evidence-based SEL programs like Sanford Harmony
- Implementation of Kids at Hope
- Use of Ripple Effect, a SEL and National Dropout Prevention Model program
- Facilitation of small group-based intervention focused on SEL skills
 - Facilitation of Restorative Practice (e.g., circles and conferencing)
 - Change to ALTOSS Program to make it a true alternative to suspension
 - Promotion of evidence-based programming for students and parents/guardians
 - Coordination of services with agencies providing targeted case management and mental health services for students and their families
 - Use of a “Handle with Care” icon to alert staff that trauma-informed practices are needed (e.g., after the loss of a loved one, involvement in an accident, etc.)
 - Crisis intervention services

8. Describes the process for coordinating mental health services for students at charter schools that are part of the school district’s plan.

SDIRC Student Services staff will work with Charter Schools that elect to participate in the SDIRC plan in the same ways in which they work with non-Charter schools. They will host a meeting with Charter School leaders who elect to opt-in to the District plan prior to the start of the 2019-2020 school year to identify school-based staff who will serve as mental health plan leaders on their campuses, determine where and how capacity needs to be built, and assign itinerant district-based staff to oversee the plan’s implementation on their campuses (just as we do for non-Charter schools).

9. Identifies strategies to:

- a. Improve the early identification of social, emotional or behavioral problems or substance abuse disorders;**
- b. Improve the provision of early intervention services;**
- c. Assist students dealing with trauma and violence.**

SDIRC created two positions for SY 20-21 to aid in the early identification of social, emotional, and behavioral problems or substance abuse disorders: Student Success Coach and Prevention & Intervention Specialist. Additionally, added 18 school counseling positions (one to each of the 13 elementary schools and four middle schools, and one counselor to a high school). SDIRC mental health staff (including, but not limited to, MHAA-funded staff) will:

- analyze district and school-based data to determine overall needs
- conduct screenings of students at risk that are referred by schools and/or parents
- provide direct and indirect intervention services with community supports

- complete referrals to appropriate community-based agencies that support the social-emotional, behavioral, and/or coping skill needed by the students (e.g., anxiety, ADHD, depression, dependency, co-occurring substance-abuse diagnosis)
- ensure that services are coordinated and are in alignment with student’s overall mental and behavioral needs

When a student is referred to a community-based organization for services, the mental health staff will coordinate and manage initial referrals, and will work in coordination with the agency to secure consent for screening, assessments, and services, as needed. It is expected that these coordinated services will have a positive impact on student achievement, student attendance, suspensions, and office discipline referrals.

For targeted interventions, the Tier 2 Problem-Solving team will utilize the Early Warning System (EWS) and the 4-Step Problem Solving Process to assess overall level of risk. Early warning indicators include office discipline referrals, suspensions, attendance, and SEL Panorama data. Teams should also consider academic achievement data and known/reported history of trauma.

Current recommendations suggest that teams should proceed with a Tier 2 assessment and intervention for students with:

- patterns of non-attendance - 10% absenteeism (excused or unexcused) and with ≥ 1 office discipline referrals for behaviors that lead to out of school suspension
- histories of trauma that impact his or her ability to cope or perform adequately (i.e., to his or her potential) in the school setting

Figure 2: Four-Step P1



- SDIRC is committed to training staff in youth mental health awareness, evidence-based social and emotional learning programs and strategies, and identification of youth at-risk for substance abuse and those under the influence. SDIRC emphasizes the importance of the MTSS process related to social, emotional, and behavioral concerns, and continually works to ensure that staff are trained and confident in their ability to problem-solve these issues using tiered supports and in consultation with mental health staff.
- SDIRC works with school-based and itinerant district staff to ensure that Tier 2 (early intervention) options are robust, readily available, and utilized efficiently and effectively.

SDIRC partners with outside agencies to enhance early intervention services, and staff are participating in local community committees to bring information about the needs of students and youth in our community to the forefront of discussions and problem-solving work.

- c. SDIRC offers ongoing training related to trauma-informed care (offered by SEDNET, Tykes & Teens, and SDIRC staff). As part of this training, staff are educated about adverse childhood experiences (ACEs) and provided with strategies to identify students struggling with the effects of trauma or ACEs and strategies to help those students. SDIRC uses Bounce Back, CBITS, and SSET to support students experiencing trauma.

EXPENDITURES

2020-2021 SDIRC MHAA Budget (amended)

2020-2021 Allocation	\$668,781
Charter Allocation (estimated)	- \$87,744.07
	\$581,036.93
2019-2020 SDIRC (non-Charter) carry forward funds*	+\$78,111.99*
*Balance reflects variations in 2019-2020 expenditures	\$659,148.92
Estimated Salaries (1.0 Mental Health Coordinator, 2.0 School Social Workers, 3.0 Mental Health Specialists, 0.5 School Psychologist, 1.5 Prevention & Intervention Specialists).	- \$ 642,162.08
Allocation difference to be used to support MHAA Plan (e.g., supplies & materials, doxy.me, DocuSign, PD, travel, additional position salary, etc.	\$16,986.84

Note: Adjustments between the above earmarked categories will be determined by SDIRC and reported (as required and appropriate) to FDOE.

10. Number of school-based mental health providers funded by the allocation and licensure/certification for each.

Title	Licensure/Certification
Mental Health Coordinator (1.0)	Licensed Psychologist
School Social Worker (1.0)	Licensed Mental Health Counselor
School Social Worker (1.0)	Licensed Clinical Social worker
Mental Health Specialist (1.0)	Licensed Marriage & Family Therapist
Mental Health Specialist (1.0)	Licensed Mental Health Counselor
Mental Health Specialist (1.0)	Anticipated: LCSW, LMFT, or LMHC
School Psychologist (0.5)	Licensed Psychologist

11. Number of community-based mental health providers (list individual not agency) funded by the allocation and licensure for each.

SDIRC is not using the allocation to fund community-based service provision (0).

- 12. School district expenditures for services provided by contract-based collaborative efforts or partnerships with community mental health program agencies or providers.**

N/A

- 13. Other expenditures (specify the expenditure type and amount)**

See the 2020-2021 budget outlined above.

EXPENDITURE ASSURANCES

- 14. One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.**

Yes, 100% of state MHAA funds are being used to meet the objectives outlined above.

- 15. Mental health assistance allocation funds do not supplant other funding sources OR increase salaries or provide staff bonuses.**

MHAA funds do not supplant, increase salaries, or provide bonuses.

- 16. Describes how district will maximize use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).**

SDIRC will continue to submit for Medicaid reimbursement when appropriate and in accordance with state law.

The SDIRC Mental Health Coordinator will continue to collaborate with other SDIRC staff to identify and apply for grants (local, state, federal, foundation, etc.) and seek alternative sources of funding. Additionally, the Mental Health Coordinator will continue to work with and support community partners as they seek funding to provide mental health and SEL programs in SDIRC and interventions to SDIRC students and their families.

PROGRAM IMPLEMENTATION AND OUTCOMES

- 17. Identifies the number and ratios of FDOE-certified or licensed, school-based mental health services providers employed by the district (i.e., school psychologists, school social workers, school counselors and other mental health services providers by licensure type).**

<u>Team Member</u>	<u>Total</u>	<u>Licensure/Certification</u>
School Counselors*	40*	90%*
School Psychologist (itinerant)	11	100%
School Social Workers (itinerant)	6	50%
Mental Health Specialists (itinerant)	3*	100%*

*Anticipated

- 18. Includes system for tracking the number of students at high risk for mental health or co-occurring substance abuse disorders who received mental health screenings or assessments; number of students referred to school-based mental health services providers; number of students referred to community-based mental health services providers; number of students who received school-based interventions, services or assistance; and number of students who received community-based interventions, services or assistance.**

SDIRC uses our student information system (Focus) to document and track data. All requirements are noted in the Mental Health Services Manual along with information regarding how to enter and monitor data.

PLAN APPROVAL AND SUBMISSIONS

- 19. Local school board approved the district plan.**

The 2020-2021 plan was submitted to the SDIRC school board for approval at their business meeting scheduled for July 21, 2020.

- 20. Approved plan was submitted to the Commissioner of Education by August 1, 2020.**

The plan will be submitted to the Commissioner of Education by August 1, 2020.