

**ASCHOOL DISTRICT OF INDIAN RIVER COUNTY  
MENTAL HEALTH ASSISTANCE ALLOCATION PLAN  
2019-2020**

**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 (11 SDIRC schools met PBIS model school criteria designated by Florida’s Positive Behavior Supports Project for 2018-2019)
- uses school-based and district-wide data to identify areas of concern and implement preventative measures that promote a positive, equitable, and safe school climate for all students
- monitors progress and analyzes student discipline data to implement preventative strategies and provide student supports
- trains staff on our Positive Climate and Discipline Code of Student Conduct and its progressive intervention and discipline measures, and will continue training in
  - PBIS best practices
  - youth mental health (in addition to Youth Mental Health First Aid, staff will complete the Kognito Youth Mental Health Awareness training in August 2019)
  - 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 Panorama data (SEL monitoring)
  - 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 justice
  - equity and evidence-based 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, as well as other programs like CHAMPS and Kids at Hope. All 6<sup>th</sup>-8<sup>th</sup> grade students participate in Botvin Life Skills, and secondary students will receive depression and suicide awareness programming beginning in 2019-2020. Some schools have adopted restorative justice practices such as circles and restorative chats as part of their Tier 1 programming. SDIRC delivers Child Safety Matters in grades K-5 (Monique Burr Foundation Partnership) and Teen Dating Violence Prevention Curriculum in grades 7-12 (Florida Coalition Against Domestic Violence). Finally, SDIRC

utilizes 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. Panorama data will be utilized in 2019-2020 to help identify students who might be at risk, as well as 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 school-based Behavior Intervention Specialist serves as a professional development instructor and on-campus coach, as well as direct service provider at other Tier levels. School Counselors may provide additional training and coaching; school social workers and mental health specialists also support Tier 1 interventions. Finally, Community Partners assist with the delivery of Tier 1 interventions (e.g., Botvin Life Skills).

For students for whom Tier 1 interventions are insufficient, referrals are made to school-based MTSS teams. MTSS teams will evaluate each referral to identify student strengths and risk factors, and develop a plan to promote academic success and good mental health.

Tier 2: MTSS teams serve as problem-solving teams that develop collaborative plans and monitor plan implementation and student outcomes. Within SDIRC, behavior intervention specialists, school counselors, school psychologists, school social workers, mental health specialists (beginning in 2019-2020), and instructional staff (as appropriate) provide direct and indirect services. MTSS team members will utilize early warning indicators including office discipline referrals, suspensions, attendance, and Panorama 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 social skills groups, individual use of the evidence-based program Ripple Effect (coming in fall 2019), 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. SDIRC is working with other community partners like Children's Home Society to offer additional Tier 2 intervention services on-campus for students and parents (e.g., SNAP). Tykes and Teens provides the ALTOSS program, an alternative placement for students while on out-of-school suspension that includes restorative practices and therapeutic processing groups, service learning activities, and time designated for academic work. Also beginning in 2019-2020, SDIRC will pilot restorative re-entry meetings that employ conferencing and problem-solving for students following out-of-school suspensions (and other discipline infractions as appropriate).

Tier 3: Tier 3 interventions may be delivered by SDIRC staff (e.g., mental health specialists [anticipated 2019-2020], school psychologists, school social workers, school counselors, and behavior intervention specialists), contracted mental health providers (anticipated 2019-2020; Tykes & Teens), staff from partner community agencies with whom SDIRC has active agreements, or providers selected by a student's guardian(s).

Students experiencing a significant interference in functioning at school are referred through MTSS 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. The MTSS 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 members of the MTSS team 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.

Evidence-based Tier 3 interventions are typically delivered in individual (may also include caregivers) or group settings (typically more intense or specialized compared with Tier 2). These services are also available for students with emergent needs (i.e., crisis intervention like self-injury or threat assessments) or for whom Tier 2 intervention was insufficient. At Tier 3, behavior intervention specialists conduct functional behavioral assessments and develop behavior intervention plans, in addition to providing direct services along with other Student Services/Mental Health Team Members. SDIRC-employed staff who are professionally licensed or certified in a mental health/counseling related field will participate as crisis responders, conduct self-injury assessments, and participate as members of school and district threat assessment team members. All students re-entering following a credible threat will participate in a restorative re-entry meeting facilitated by a staff member trained in restorative justice. All students found to have made a credible 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 (professional development training scheduled for August 2019). SDIRC partners with community agencies that also offer evidence-based therapeutic interventions, as well as targeted case management, such as Tykes & Teens, Suncoast Mental Health, Sequel Care, New Horizons of the Treasure Coast, Mental Health Association of Indian River County, and the Mental Health Collaborative of Indian River County. SDIRC is actively revising agreements to ensure partner agencies explicitly agree to meet all agency requirements outlined in SB 7030.

## 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, Mental Health Collaborative of Indian River County, 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. The Indian River Shores Police Department began offering Drug Impairment Training for Education Professionals in the spring of 2019. In addition to Youth Mental Health First Aid, our staff will also complete the Kognito Youth Mental Health training in August 2019. These trainings are designed to help increase early identification and facilitation of referrals to internal and external support services.
- Students receive universal, evidence-based substance abuse and violence prevention programming (i.e., Botvin Life Skills) in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades (provided in-class by trained facilitators from the Substance Awareness Center); several elementary schools also elected to introduce Botvin Life Skills into their 5<sup>th</sup> grade classrooms in lieu of DARE. Additional Tier 1 (universal prevention) efforts designed to increase knowledge and reduce risk focused on vaping are planned to commence in August 2019. 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 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 will use the mental health allocation to employ mental health staff to reduce the staff-to-student ratios and meet the needs of our students. We anticipate hiring 2.0 mental health specialists (licensed- or licensed-eligible mental health providers) through SDIRC, 2.0 contracted mental health providers (licensed- or licensed-eligible) through Tykes & Teens, and a temporary 0.5 school social worker. These staff will join 1.0 licensed psychologist (mental health coordinator), 1.5 licensed clinical social workers (school social workers), and 0.5 restorative justice coordinator (school social worker) on the mental health team funded by the Mental Health Assistance Allocation.

**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 will utilize Focus, our student information system, to capture and analyze aggregate data related to mental health, behavioral, and SEL concerns in a comprehensive and strategic manner beginning in 2019-2020. These data will be critical to helping us complete our needs assessment and multi-year plan as we strive to make effective, data-driven allocation decisions. SDIRC sunset 3.5 positions that were filled with unlicensed/non-clinical staff members to allow for hiring of 4 professionals that are qualified to provide direct mental health services (2 mental health specialists and 2 contracted mental health providers).

Mental health providers hired with mental health allocation funds will provide individual and group interventions and help to build capacity. The mental health coordinator for SDIRC will work with school-based teams to build capacity among existing staff. The Mental Health Coordinator will also help schools develop plans that ensure they are utilizing their school-based staff most efficiently and effectively as they work to address the mental health and SEL needs of their students. The Mental Health Coordinator will also help coordinate professional development that supports the MHAA plan (e.g., school-based student services personnel will participate in a 1.5 day training on Support for Students Experiencing Trauma, an evidence-based program, in early August 2019).

**5. 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 – an agreement is being developed for 2019-2020 that will bring the Stop Now and Plan program to after-school campuses for students and parents/guardians.
- Drug Addition Treatment Association – current agreement provides prevention and early intervention services focused on substance use on SDIRC high school campuses.

- Mental Health Association (MHA) of Indian River County – current agreement provides school-based crisis assessment and critical incident debriefing, as well as walk-in evaluations and outpatient counseling at their office location. SDIRC is working on a revised agreement that will also allow MHA to offer on-campus direct mental health services, when appropriate.
- Mental Health Collaborative (MHC) of Indian River County – an agreement is being developed for 2019-2020 that will allow MHC to help SDIRC connect referred students and their families with appropriate services (mental health, social services, insurance).
- New Horizons of the Treasure Coast – current agreement offers on-campus Too Good for Violence program and office-based outpatient assessments (diagnostic), treatment planning, mental health intervention services, and targeted case management. New Horizons is also the local Community Action Team provider. SDIRC is working on a revised agreement that will also allow New Horizons to offer on-campus direct mental health services, when appropriate.
- Sequel Care – current agreement provides school-, home-, and office-based assessments (diagnostic), treatment planning, mental health intervention services, and targeted case management.
- Substance Awareness Center – current agreement provides Botvin Life Skills program to all middle school (6<sup>th</sup>-8<sup>th</sup> grade) students, as well as several elementary schools (5<sup>th</sup> grade; in lieu of DARE).
- Suncoast Mental Health – current agreement provides school-, home-, and office-based assessments (diagnostic), treatment planning, mental health intervention services, and targeted case management.
- Tykes & Teens – current agreement provides the ALTOSS program, an alternative day placement for students while on out-of-school suspension; includes time dedicated to academic work, restorative practices/processing groups, and service learning projects. SDIRC plans to contract with Tykes & Teens for 2 full-time mental health providers during the 2019-2020 school year.

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.

- 6. States how the plan will establish school board policies and procedures that ensure for all schools, including charter schools, to ensure:**
  - 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 SDIRC Mental Health Coordinator and the Executive Director of Exceptional Student Education and Student Services will work collaboratively with the Board to ensure policies and procedures are created that reflect the mandates associated with SB 7030.

### Education and training

The SDIRC Mental Health Coordinator, in collaboration with other Student Services personnel, is creating a manual, online canvas course, and trainings (live and recorded) to ensure that SDIRC employees, community partners, parents/guardians, and students understand the processes and procedures associated with receiving mental health and wellness services within our district.

### Technology

SDIRC is developing algorithms to use within our student information system (Focus) to create referral lists and alerts that will help ensure that SDIRC and community partners are notified and reminded of services that need to be provided and within what timeframe. Alerts will be emailed to appropriate staff as deadlines for student mental health screenings and initiated direct services approach; alerts will continue until data are entered that indicate services have commenced.

### Updated agreements and partnership meetings

All agreements with community partner agencies are being updated to reflect the requirements of SB 7030, and the Mental Health Coordinator will host a quarterly meeting during which data associated with the MHAA plan are reviewed with community partners, and problem-solve as needed. 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.

- 7. 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). SDIRC will pilot an electronic consent and ROI procedure using our student information system (Focus) to expedite the consent process and coordination of services. 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.

SDIRC is working on updated agreements that will allow community partner agencies to share information via our student information system (Focus) to reduce barriers to coordination and ongoing monitoring of student progress.

### Circle of Care

A “Circle of Care” plan will be developed for any student determined to be at high risk (i.e., recent Baker Act or credible threat, 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 and his or her parent(s)/guardian(s), mental health care provider(s), teacher(s) (when appropriate), school counselor (for secondary students), behavior intervention specialist (if applicable), and others as applicable. The plan focuses on student safety (physical and emotional), the development of realistic and measurable 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.

### **8. 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 (mandated by state legislation; ongoing trainings to ensure all SDIRC employees are trained)
- Kognito Youth Mental Health Awareness Training for elementary, middle, and high school staff (mandated by SDIRC Superintendent; scheduled for August 2019)
- MTSS best practices for staffing social, emotional, and behavioral concerns (ongoing)
- Positive Behavioral and Intervention Supports (PBIS; ongoing trainings to support sustained district-wide implementation)
- Trauma-Informed Care (ongoing trainings provided by Tykes & Teens)
- Collaborative and Proactive Solutions (training for Student Services staff and optional for all SDIRC staff provided by Lives in the Balance; scheduled for August 2019)
- Panorama (fall and spring data collections, and ongoing trainings offered by Panorama and SDIRC staff)
- SEL programming like Sanford Harmony and Conscious Discipline (ongoing trainings)
- Restorative Justice (ongoing trainings)
- 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.; ongoing trainings offered by organizations like Tykes & Teens and Equality Florida)
- Drug Impairment Training for Education Professionals (ongoing trainings offered by the Indian River Shores Police Department)



- Motivational Interviewing, Compassion Fatigue, Reflective Practices, and Case Studies (ongoing trainings offered by Tykes & Teens)
- Support for Students Experiencing Trauma (evidence-based program with live contracted training organized through UCLA scheduled for August 2019)
- Bounce Back and Cognitive Behavioral Intervention for Trauma in Schools (evidence-based programs with online trainings offered by UCLA)
- Self-injury and threat assessment professional development (ongoing trainings for appropriate staff)

### 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. MTSS 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. Please refer to pages 1-4 of this plan to learn more about programming in SDIRC.

Highlights include:

- Utilization of MTSS for academic and social, emotional, and behavioral concerns
- District-wide implementation of PBIS
- Delivery of Botvin Life Skills curriculum by trained facilitators from the Substance Awareness Center to all SDIRC middle school students (6<sup>th</sup>-8<sup>th</sup> grades), as well as several elementary schools (5<sup>th</sup> grade) in lieu of DARE (facilitated by Substance Awareness Center facilitators or law enforcement officers)
- Introduction of Erika's Lighthouse, a Depression and Suicide Awareness Program in secondary schools during the 2019-2020 school year
- Utilization of the Panorama Playbook by school-based staff to incorporate SEL activities into lesson plans (includes activities for behaviors around anxiety, behaviors around anger, self-management, self-efficacy, etc.)
- Implementation of evidence-based SEL programs like Sanford Harmony and Conscious Discipline
- Implementation of Kids at Hope
- Use of Ripple Effect, an evidence-based program (coming in 2019-2020)
- Facilitation of Second Step (evidence-based) groups to remediate SEL skills
- Facilitation of Restorative Justice circles and conferencing (each tier level)
- Promotion of ALTOSS (the alternative placement for students on out-of-school suspension that provides restorative practices and utilizes other evidence-based strategies to reduce recidivism, and incorporates time for service learning and completion of academic work; offered by Tykes & Teens).
- Promotion of evidence-based programming for students and parents/guardians (e.g., SNAP delivered by Children's Home Society)

- Coordination of services with agencies providing targeted case management and mental health services for students and their families
- Crisis intervention services

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

The SDIRC mental health coordinator, the Director of Exceptional Student Education, and Executive Director of Student Services 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).

**10. 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.**

The 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 MTSS teams, school staff, 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 MTSS Tier II 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  $\geq 1$  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 Problem Solving



- 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 will emphasize the importance of the MTSS process related to social, emotional, and behavioral concerns, and ensure that staff are trained and confident in their ability to staff these issues in MTSS and consult with mental health staff and refer students in need of assistance. See pages 1-4 and 7-10 of this plan for more information.
- SDIRC is working 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 is also partnering 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. SDIRC will create advisory committees to help guide the work we do as a district over the next several years focused on youth mental health.
- SDIRC, in partnership with Tykes & Teens, offers ongoing training related to trauma-informed care. 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. In 2019, SDIRC received funding from the Florida Department of Education to provide additional trauma-informed training and ongoing consultation and coaching focused on homeless youth interactions and trauma-informed discipline. We also received federal funding to support costs associated with professional development training (Support for Students Experiencing Trauma, an evidence-based program that includes group, individual, and teacher intervention). SDIRC began using Bounce Back, a clinician led intervention for elementary students experiencing the effects of trauma, in 2019, and we will continue to

offer this program. Additionally, staff will train and offer Cognitive Behavioral Intervention for Trauma in Schools beginning in the 2019-2020 school year.

**EXPENDITURES**

**2019-2020 SDIRC MHAA Budget**

|  |                             |
|--|-----------------------------|
| <b>2019-2020 Allocation</b>  | <b>\$515,958</b>            |
| <b>Charter Allocation (13.12%)</b>   | - \$67,693.69               |
|  | <b>\$448,264.31</b>         |
| <b><u>2018-2019 SDIRC (non-Charter) carry forward funds*</u></b>   | <b><u>+\$45,717.67*</u></b> |
| *Balance reflects variations in 2018-2019 employee start dates   | \$493,981.98                |
| <b><u>Estimated Salaries (1.0 licensed mental health coordinator, 1.5 licensed school social workers, 2.0 licensed mental health specialists, 0.5 restorative justice trainer/school social worker, 0.5 temporary school social worker), 2.0 contracted licensed mental health providers</u></b> | - \$ 482,558.46             |
|  | <b>\$11,423.52</b>          |
| <b>Professional Development /Training focused on the SDIRC MHAA plan</b>   | - \$6,000                   |
| <b>Allocation difference to be used to support MHAA Plan.</b>  | <b>\$6,423.50</b>           |

*Note: Funding totals are approximate and may be adjusted between the above earmarked categories as determined by SDIRC and reported to FDOE.*

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

| Title                     | Licensure/Certification                               | 2019-2020 Status                                      |
|---------------------------|---|---|
| Mental Health Coordinator | Licensed Psychologist                                 | 1.0 (current)   |
| School Social Worker      | Licensed Mental Health Counselor (LMHC)               | 1.0 (current)   |
| School Social Worker      | Licensed Clinical Social worker (LCSW)                | 0.5 (anticipated start Aug 2019)                      |
| School Social Worker      | Restorative Justice Trainer/Facilitator               | 0.5 (anticipated start Aug 2019)                      |
| School Social Worker      |   | 0.5 (temporary position; anticipated start July 2019) |
| Mental Health Specialist  | Anticipated licensed or license-eligible professional | 1.0 (anticipated start Aug 2019)                      |
| Mental Health Specialist  | Anticipated licensed or license-eligible professional | 1.0 (anticipated start Aug 2019)                      |

|                                   |   |                                  |
|-----------------------------------|---|----------------------------------|
| Contracted Mental Health Provider | Anticipated licensed or license-eligible professional | 1.0 (anticipated start Aug 2019) |
| Contracted Mental Health Provider | Anticipated licensed or license-eligible professional | 1.0 (anticipated start Aug 2019) |

**12. Number of community-based mental health providers funded by the allocation and licensure for each.**

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

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

N/A

**14. Other expenditures (specify type and amount)**

See the 2019-2020 budget outlined above on page 12.

**EXPENDITURE ASSURANCES**

**15. 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.

**16. 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.

**17. 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 arrange training during the 2019-2020 school year for all providers eligible to bill for Medicaid services, and, when appropriate, staff will submit for Medicaid reimbursement.

The SDIRC mental health coordinator collaborated previously, and will continue to collaborate, with other SDIRC staff to apply for other funding to promote the goals associated with the MHAA plan (see descriptions in previous sections). The 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 (e.g., providing letters of support, attending funder meetings, etc.).

**PROGRAM IMPLEMENTATION AND OUTCOMES**

**18. 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 Counselor (grades 6-12)          | 21           | 100%                           |
| School Psychologist (itinerant)         | 11           | 100%                           |
| School Social Workers (itinerant)       | 6            | 50%                            |
| Mental Health Specialists (itinerant)*  | 2            | 100%                           |
| Behavior Intervention Specialists (BIS) | 22           | 36.4% <sup>a</sup>             |
| Contracted mental health providers*     | 2            | 100%                           |
| Total                                   | 64           | 73.4%                          |

\*Anticipated

**19. 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.**

Beginning in 2019-2020, SDIRC will use our student information system (Focus) to document and track the data described above in item #19.

**PLAN APPROVAL AND SUBMISSIONS**

**20. Local school board approved the district plan.**

The 2019-2020 plan was submitted to the SDIRC school board for approval at their business meeting scheduled for July 23, 2019.

**21. Approved plan was submitted to the Commissioner of Education by August 1, 2019.**

The plan will be submitted to the Commissioner of Education by August 1, 2019.