

## **Mental Health Assistance Allocation Plan** **2019-2020**

**Jefferson County K-12, a Somerset Charter School**

**MSID – 0111, 0021, 0024    Principal – Cory Oliver    Board Chair – Todd German**

### **School Safety Summary**

There is a growing mental health crisis among young people, including the alarming rise in youth suicide rates, and schools play a critical role in the meeting their needs (NASP, 2019). Mental health awareness and intervention is the responsibility of all stakeholders responsible for the educational welfare of students. Left unaddressed, mental health problems interfere with learning, behavior, social engagement, overall well-being, and sometimes physical safety. According to the National Survey of Children’s Health (2012), children can develop the same mental health conditions as adults, but their symptoms may be different. One in five students will experience a mental health problem that requires support, yet approximately 80% of them will not receive the necessary services. In addition, because of preconceived stigmas, stereotypes, and misinformation, mental illness in children can be hard for parents to identify. Of those who do receive services, the vast majority access them at school. Research shows that students are more likely to receive mental health services if they are offered at school—especially in low-income communities (National Council for Behavioral Health, 2018). Therefore, school aged children suffering from mental health disorders would greatly benefit from the merging of services between the home and school. Our rationale is constructed from a layer approach that identifies school site referral procedures, monitoring, referral to specialized services, and communication with all of the school’s stakeholders.

Jefferson County K-12 enrolls students in grades PreK3-12th. These students are predominately represented and identify as African American. A significant number of these students identify as living in economically disadvantaged homes. Both of these identifiers have been cited by several studies as the leading factors that increases a student's propensity to develop mental health issues (World Health Organization, 2016).

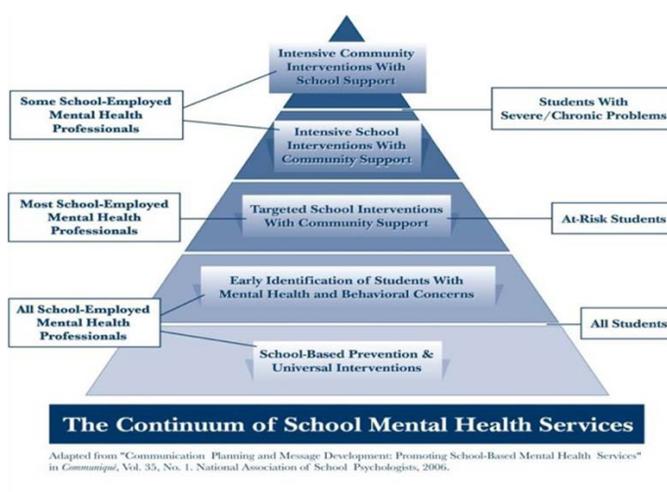
As youth grow and reach their developmental competencies, there are contextual variables that promote or hinder the process. These are frequently referred to as protective and risk factors. The presence or absence and various combinations of protective and risk factors contribute to the mental health of youth. According to Youth.Gov, 2019, a protective factor can be defined as “a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.” Conversely, a risk factor can be defined as “a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.” The guiding principle of our School’s plan is to identify protective and risk factors in youth which will guide the prevention and intervention strategies our School will implement. In summary, our School’s

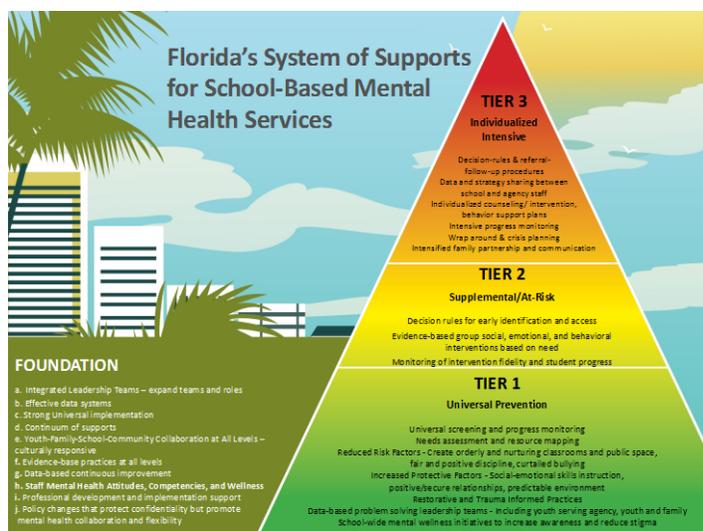
belief will be to provide for the educative welfare of our students, and his or her positive mental health, welfare, and development.

Our School will implement is M-TSS. M-TSS is defined as “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying student response data to important educational decisions” (Batsche et al., 2005). Based on a problem-solving model, the M-TSS approach considers environmental factors as they might apply to an individual student’s difficulty, and provides services/intervention as soon as the student demonstrates a need.

Our School currently has a robust referral process that is associated and supported by the School’s Exceptional Student Education (ESE) program. The integration of our services follows a layered approach between the School’s Student Services department, ESE specialist, communication with the classroom teacher, and interaction between the student’s parent/ guardian. Currently, students that are identified as having a Section 504 designation, Individualized Educational Plan (IEP), or Educational Plan (EP) are receiving specialized services if designated on their plans. All other students are referred to Student Services through school personnel, parental disclosure, or a governmental entity.

Once a referral is received, our School will evaluate the student’s individual needs and the appropriate School resources will be allocated. Depending on the need(s) of the student, services rendered at the School site will range from: individualized meetings with student services personnel, coordinated visitations from social services, yearly evaluations with school psychologist, coordination of services with outside agencies, and referrals to mental health centers. These services are documented at each School’s site. As a result, these services are layered in the event that the student requires additional assistance. The documentation and implementation of the services will be used to reinforce the recommendations from School staff in the event the student requires additional services. While these services are rendered, the parent/ guardian is actively involved in the process and any concern is immediately addressed. The School’s purpose is to provide the student with the least restrictive environment while providing the optimal conditions conducive to learning both at school and the home.





## Program Design

### Staffing:

#### **Kenneth Brown, 13364-827, School Guidance Counselor K-12**

Mr. Brown is the Designated Mental Health Employee (DMHE), and will offer guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being. Mr. Brown will identify issues including substance abuse, bullying, anger management, depression, relationships, LGBTQ issues, self-image, stress, suicide and refer students/families to the appropriate agencies for assistance and treatment. He will work with students to improve mental health and cooperate with outside agencies to assist in the treatment. He will also provide training and support to the School's faculty and staff on identifying warning signs which could result in a referral.

#### **Dr. Denis Robinson, 13320-569, School Guidance Counselor K-12**

Dr. Robinson is the assistant to the DMHE and will offer guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being under the direction of Mr. Doug Brown. Dr. Robinson will identify issues including substance abuse, bullying, anger management, depression, relationships, LGBTQ issues, self-image, stress, suicide and refer students/families to the appropriate agencies for assistance and treatment. She will work with students to improve mental health and cooperate with outside agencies to assist in the treatment. She will also support training and support to the School's faculty and staff on identifying warning signs which could result in a referral.

### Referral Eligibility:

All faculty and staff will be vigilant of students exhibiting: mood changes, behavioral changes, difficulty concentrating, overwhelming fears, physical harm and substance abuse, eating

disorders, talks of suicide, extreme withdrawals, self-mutilations, hyperactivity, impulsive behavior, extreme sadness, drop in academics, and/or excessive absences.

The procedures for identifying students in need of mental health services will be:

- 1) All faculty and staff will be trained on how to identify warning signs and the School's referral procedures during the Opening of Schools meeting. All remaining faculty and staff will participate in Youth Mental Health First Aid throughout the school year (as the slots become available for training from the Educational Service Provider, and/or Florida Discretionary Projects.)
- 2) Referrals will be made from teachers and other school personnel to the DMHE.
- 3) Additional information/referrals may be taken from other mental health professionals (outside agencies) and/or parent reports.
- 4) The Threat Assessment Team and the DMHE will complete a screening to determine risk assessment and level of intervention needed.

### **Description of how the behavior will be documented:**

The referral and intervention codes will be documented on the appropriate FOCUS screens within the School's Student Information System (SIS).

School administrators will download the FortifyFL App and document when applicable and include FortifyFL on the School's website.

## **Assessment**

### **Description of the evidence-based Mental Health Assessment process, how the school will initiate an assessment within 15 days of referral using a Multi-Tiered System of Support, and how the referral and diagnosis will be documented.**

The evidence-based Mental Health Assessment process the School will implement is M-TSS. M-TSS is defined as "the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying student response data to important educational decisions" (Batsche et al., 2005). Based on a problem-solving model, the M-TSS approach considers environmental factors as they might apply to an individual student's difficulty, and provides services/intervention as soon as the student demonstrates a need.

The process the School will follow when initiating an assessment within 15 days includes:

- (1) The Faculty and Staff will contact DMHE or the School Administration with a referral.
- (2) The DMHE will conduct a risk assessment to determine next steps. (The Threat Assessment Team may be brought into the referral.)
- (3) Based on the outcome of the risk assessment, the DMHE will initiate an assessment, which may include: eligibility process for an IEP or a 504; revising a current IEP or a 504 Plan; creating a behavioral system (check in throughout the day with DMHE); or participating in individual or group counseling with the DMHE.

- (4) The referral will be documented on the appropriate FOCUS screens. A diagnosis will be documented if a medical doctor provides it to the School with parental permission.

The DMHE will identify the 15<sup>th</sup> day on each student referral and ensure that the student is assessed within the 15 days period. The DMHE will update the School Administration at the end of each week during the 3 week period as to the status of the referral. The DMHE will log the dates of the referral, diagnosis (if available), and any additional action steps taken onto a spreadsheet that is shared with the School Administration on a monthly basis.

**The indicators that will be used to determine:**

**(a) If a student is at high-risk of substance abuse:**

Truancy and tardies, inappropriate behavior, significant drop in grades, physical symptoms (red eyes), lethargy, smell of drugs or alcohol on body, needle marks on arms, parental reports/concerns

**(b) If a student has one or more co-occurring mental health issues:**

Truancy and tardies, inappropriate behavior, significant drop in grades, unexplained weight loss, physical harm, depression, parental reports/concerns

**(c) If a student has a co-occurring substance abuse:**

Truancy and tardies, inappropriate behavior, significant drop in grades, physical symptoms (red eyes), lethargy, smell of drugs or alcohol on body, needle marks on arms, parental reports/concerns

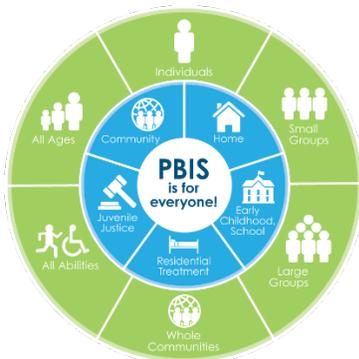
**Early Intervention Strategies and Services**

**Identification of strategies to increase the amount of time that student services personnel will spend providing direct mental health services:**

The School will identify groups of students that are at-risk based on teacher referrals and indicators on the FLDOE Early Warning Systems and designate time within the DMHEs' schedules to provide direct mental health services either in group counseling or individual counseling. The DMHEs will follow up with students that are exited as needed. Most importantly, parents will always be encouraged in supporting the academic and counseling goals within the home environment.

**Identification of programs and/or strategies to reduce the likelihood of at-risk students developing social, emotional, or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorder problems:**

Our School will implement Positive Behavioral Interventions and Support (PBIS), which encompasses “a range of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment” (APBS, 2014).



**Positive behavioral interventions and support combines:**

- valued outcomes,
- behavioral and biomedical science,
- validated procedures, and
- systems change

to enhance quality of life and reduce problem behaviors.

Our School will work with the University of South Florida’s PBIS Project to effectively implement this initiative.

In addition, the School infuses Leader in Me<sup>®</sup> within PBIS. Leader In Me is a whole-school transformation model and process developed in partnership with educators that empowers students with the leadership and life skills they need to thrive in the 21st century. It is based on principles and practices of personal, interpersonal and organizational effectiveness, and upon the powerful premise that every child possesses unique strengths and has the ability to be a leader. Leader in Me helps students learn how to become self-reliant, take initiative, plan ahead, set and track goals, do their homework, prioritize their time, manage their emotions, be considerate of others, express their viewpoint persuasively, resolve conflicts, find creative solutions, value differences, and live a balanced life. The process helps students develop the skills and self-confidence they need to lead their lives and succeed in school and beyond.

### **Identification of early intervention strategies to identify social, emotional or behavioral problems or substance abuse disorders:**

Despite the fact that the adolescents are often aware of the harmful effects of substance use, they take up this habit and continue with it. This requires a comprehensive prevention and control programs in our school and community, targeted toward adolescents and their parents and other family members. Effective measures are required to encourage shaping the attitude of school children toward self-confidence and adequacy, as also to prevent risk behavior among adolescents and to develop effective and healthy coping mechanisms in times of need (Jiloha, 2017). The early intervention strategies implement to prevent students initiating substance use will be:

- a. Reducing interest in substance use by informing about the full picture with the harmful effects of the drugs and long-term adverse consequences. Our School will hold school assemblies to discuss the harmful effects of drugs and celebrate the Red Ribbon Campaign, aka, Say No To Drugs week. In addition, coaches will address our athletes about the negative effects that can result from usage and association.
- b. Limit the availability of substances to make them more difficult to obtain and use: Our School will work closely with our School Resource Officers to maintain a clean working space. A student will be searched if the School believes or has received credible information.
- c. Use criminal or other social sanctions to discourage adolescents from using substances: Our School will work closely with our SRO's to help explain that a School is not about anything other than to receive an education. If a student is found with a substance in the School, they will lose privileges such as field trips, spill out lunch, etc.

### **Identification of procedures for assisting students who are dealing with trauma and/or violence:**

Our first goal is to ensure students feel safe. We will meet with them prior to the start of their school day. We will ensure they feel supported and heard. We will also provide an open door policy so they can come and speak to the school guidance counselors or administration if they feel the need. Students will be monitored as they progress through the Tiers, if necessary, to ensure mental health needs are being met. This will be followed by regular check-ins by SROs, Administration, Guidance, and Security with staff and students.

## Intervention

### **Identification of the criteria which will initiate a referral for mental health services. A description of the specific policies which will result in the delivery of School based mental health services within 15 days or Community based mental health services within 30 days of referral:**

The criteria which will initiate a referral for mental health services will be based on the Risk Assessment protocol administered by the DMHE and/or the Threat Assessment team. The specific school policy in delivering school based mental health services within 15 days is: (1) The DMHE will conduct a risk assessment. (2) NOTE – In the case of imminent danger, 911 will be called and appropriate action will be taken by local police. The DMHE will obtain a Consent for Mutual Exchange of Information Form and contact the facility where the student is admitted to and determine what school based mental health services need to be provided upon return of the student. The DMHE will also request discharge papers to verify what community based provider will be supporting the student after discharge to comply with the 30 days mandate. (3) If the risk assessment does not indicate imminent danger, a meeting with the DMHE, school administration, teacher, district personnel (school psychologist), parent, and student (if appropriate) will be held to discuss results and next steps to deliver mental health services within 15 days of the referral in the school or community based services within 30 days of the referral. School site mental health services may include counseling from the DMHE, or the creation of a Section 504 Plan. Community based mental health services will be accessed by contacting those agencies the District has cooperative agreements with and completing the referral paperwork with parental support.

### **Explanation of how the services be delivered within a Multi-Tiered System of Supports:**

The evidence-based Mental Health Assessment process the School will implement is M-TSS. M-TSS is defined as “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying student response data to important educational decisions” (Batsche et al., 2005). Based on a problem-solving model, the M-TSS approach considers environmental factors as they might apply to an individual student’s difficulty, and provides services/intervention as soon as the student demonstrates a need.

The School will follow The Continuum of School Mental Health Services by incorporating targeted interventions at each Tier. The School will implement appropriate interventions on each Tier based on Florida’s System of Supports for School-Based Mental Health Services. For example,

Tier 1 - The School’s Data-based Problem Solving Leadership Team will identify overall School needs and implement school-wide mental wellness initiatives such as the Social Emotional Learning program.

Tier 2 – Group counseling is offered by our School Guidance Counselor targeting specific needs such as Truancy, Lack of Motivation, or Behavioral Issues.

Tier 3 – Functional Behavior Assessment and the creation of a behavior intervention plan. Individual counseling is offered as well with parents assisting in needs assessment.

**Description of how the intervention services will be delivered and the rationale for the providers:**

**School based services being initiated within 15 days of referral and the evidence-based research supporting utilization of school-based mental health services; the types of school-based mental health services available; and a description of the process for referral from the school site to an outside agency.**

According to the Harvard Review of Psychiatry, 2017, the utilization of school-based mental health services: (a) Promotes mental health and reduces stigma by enhancing mental health literacy of students, educators and parents; (b) Promotes appropriate and timely access to mental health care through early identification, support, triage and referral from schools to health services, or through site-based mental health interventions; (c) Enhances effective linkages between schools and health care providers; (d) Provides a framework in which students receiving mental health care can be seamlessly supported in their educational needs within usual school settings; and (e) Involves parents and the wider community in addressing the mental health needs of youth.

The types of school-based mental health services available:

Screening and Assessment

Behavior Management Consultation

Case Management

Crisis Intervention

Individual Counseling

Group Interventions

Medication Management

Family Support Services

School-Based Substance Abuse Prevention Programs (Say No To Drugs)

Social Emotional Learning Curriculum

After-School Care Program

When a student or family requires services and supports not available through the school, the school will refer the child and family to a community-based provider who can better meet their needs. These providers will be chosen from the District-approved list located in the District's Mental Health Plan. School staff will assist the family in filling out paperwork, coordinating appointments within the school day, and following up with referral sources to ensure that appropriate services were put in place.

**Outside Community Health Agencies/Providers being initiated within 30 days of referral including evidence-based research supporting utilization of outside agency/provider mental health services; criteria and selection process will be utilized to identify outside agencies; a description of the arrangement(s) that will be developed with these agencies (contracted, collaboration, partnership); identification of the types of mental health services that will be available from these entities; and the process for referral and follow up from agency to the school site.**

According to the Centers for Disease Control and Prevention, 2018, the evidence-based research that supports utilization of outside agency/provider mental health services is the benefit of care coordination. Care coordination is the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services. Under this expectation, all providers working with a student will share important clinical information and have clear, shared expectations about their roles. Equally important, they will work together to keep all stakeholders informed and to ensure that effective referrals and transitions take place.

The criteria and selection of the providers will be based on the availability of the providers within this small rural county and the completion of a cooperative agreement. All providers will have state licenses ensuring their staff meets the state's requirements to deliver mental health services. For specific student and family needs, the DMHE will identify a provider based on: the needs of the student and family; the distance from the home to the facility; the business hours open for services; if the family's insurance is accepted or is there a sliding scale for low income families; and the willingness to communicate with the school for follow up care and support.

The types of mental health services that will be available from these entities include: Individual, family and/or group therapy; Alcohol/drug treatment, withdrawal management; Problem-solving, decision making, or social skills training; Academic counseling; Dietary management; and Medication.

**Primary Care Physician**

Our School will coordinate services with a student's primary care provider and other mental health providers caring for the student by following these steps:

Step 1: The DMHE will obtain a signed copy of the Consent for Mutual Exchange of Information Form to coordinate services with the student's Primary Care Provider (PCP) and mental health providers caring for the student.

Step 2: The DMHE will offer information to the treating doctors on the student's behavior and progress to assist the doctor with coordination of services on an agreed upon schedule within 30 days of referral.

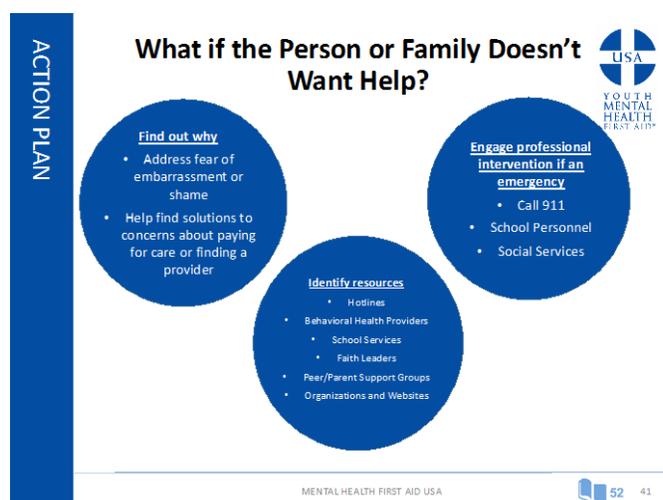
Step 3: The DMHE will review progress with the School Administration on a monthly basis to review the progress the PCP or mental health provider they will need in order to cease, maintain, or increase the level of services.

## Treatment and Recovery Services

The School's administration will meet on a monthly basis and review each student currently receiving services, including treatment/recovery, with the DMHE as part of the M-TSS process. These meetings will be under the M-TSS umbrella to ensure all stakeholders are able to provide updates on the student. Outside mental health providers will be contacted so that they can participate in person or by the telephone. The same will be encouraged for parents as it is important for the parent to be a part of the mental health recovery process every step of the way. Progress notes will be documented by the DMHE and progress through the tiers will be considered.

### **Description of what actions the school will take as a result of parent/student refusal treatment:**

Our School will hold a Parent Conference to discuss the benefits of the treatment on the overall academic and behavioral wellbeing for their child. The School will include all stakeholders to ensure the parent understands from all stakeholders how important the treatment will be for the overall mental health and academic success of their child. The school will implement the Action Plan provided by the National Council for Behavioral Health (Youth Mental Health First Aid, 2016).



If the school suspects child abuse, abandonment or neglect, according to Florida Statutes (section 39.201(1)(a), F.S., "Mandatory reports of child abuse, abandonment or neglect") require that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare must report such knowledge or suspicion to the Florida Abuse Hotline.

The School will use a Green Folder to file all the delivered services within the Records Office. This procedure will be discussed at our Opening of Schools Meeting so that all staff knows what it means. Our school guidance counselors and ESE Directors will ensure all documentation is filed.

**The procedures for the collection and maintenance of data relating to all Mental Health Services provided for the school year, inclusive of screenings or assessments, number of students referred for school-based services, number of students referred for the community-based services, number of school-based interventions and number of community based interventions, services or assistance: (Due to FLDOE in September, 2020)**

The School will create a spreadsheet with the sections and components listed on the Mental Health Assistance Allocation Plan Outcome and Expenditures Report Checklist and the DMHE will complete the totals on a monthly basis. Any documents, such as Physician's Statements, Psychological Reports, Discharge documents, Medication, etc. will be filed in the Green folder and may be used for the M-TSS process.

## Coordination of Services

**The protocol for communicating with:**

**(a) Parents**

The School will contact parents any time it deems necessary. The School welcomes the opportunity to have parents call or email about concerns. The School faculty/staff is very communicative. The expectation is that they will return emails and phone calls within 48 hours (on school days) in hopes that the School and the family can work together in a timely manner. The School will approach the issue in an objective, methodical manner. The School will engage in fact-finding and listen to and reflect on all sides of the story before reaching a conclusion. The School will abide by FERPA expectations and regulations. In situations where the Jefferson County Sheriff's Office is responding to an individual in crisis, they will be the primary point of contact until the follow up meetings take place.

**(b) Students**

The School will create an environment where students feel free to communicate with their teachers, counselors, and all other School personnel. Students will be empowered and encouraged to advocate for themselves by talking directly to School personnel. The School will abide by FERPA expectations and regulations.

**(c) Appropriate staff**

The School will inform the appropriate faculty/staff on the related services being provided to students. The School will provide a copy of the BIP, Section 504, or IEP to ensure teachers understand the role they need to play in the coordinating of services.

**(d) Primary Care Provider/Mental Health Services providers**

The School will obtain a signed copy of the Consent for Mutual Exchange of Information Form and ensure that only the appropriate School personnel have access and communicate with these providers.

**A description of the 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:**

The DMHE will first obtain a Consent for Mutual Exchange of Information Form. Once received, the DMHE will offer information to the mental health care provider on the student's behavior and progress to assist with the treatment. The School will work with the parents to assist the with the treatment plan prescribed by the mental health care provider. In addition, the DMHE will obtain a signed Consent Form for Mutual Exchange of Information and meet with any outside agency providing services to the student. A log of visits from the Outside Agency personnel will be kept and treatment plans will be provided to the School for the Green file folders. All of the interventions will be documented and used as data as the student continues through the tiered process under the M-TSS umbrella.

**Identification and description of the collaborative partnerships with Mental Health community providers/local agencies, including the credentials and/or requirements for contracting with the outside agency:**

Our School will enter into collaborative partnerships with Mental Health community providers/local agencies that have been vetted through Somerset or PAEC, and have cooperative agreements or memorandums of understandings. The credentials and/or requirements with the outside agency will be those required by (Somerset functioning as the LEA).

In addition, our School will access the free services, support, and professional development provided by the FLDOE Discretionary projects such as SEDNET. SEDNET provides intensive, integrated educational programs to include a continuum of mental health treatment to enable students with or at risk of EBD to develop appropriate behaviors and demonstrate academic and career education skills.

Mandatory state trainings such as Youth Mental Health First Aid, Kognito, and Threat Assessment will be provided to all faculty and staff by Academica, our Educational Service Provider.