

MENTAL HEALTH ASSISTANCE ALLOCATION PLAN



Principal Cory Oliver

50 David Road

Monticello, FL 32344

Mental Health Assistance Allocation Plan (s. 1011.62(16)(a) and (b), F.S.)

Describe the delivery of evidence-based mental health assessment, diagnosis, intervention, treatment and recovery through a multi-tiered system of supports.

According to the Harvard Review of Psychiatry, 2017, the utilization of school-based mental health services:

- Promotes mental health and reduces stigma by enhancing mental health literacy of students, educators and parents;
- 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;
- Enhances effective linkages between schools and health care providers;
- Provides a framework in which students receiving mental health care can be seamlessly supported in their educational needs within usual school settings; and
- Involves parents and the wider community in addressing the mental health needs of youth.

Jefferson K-12: a Somerset School will implement all delivery of services (assessment, diagnosis, intervention, treatment and recovery) through a Multi-Tiered System of Supports (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.

Jefferson K-12: a Somerset 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.

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:

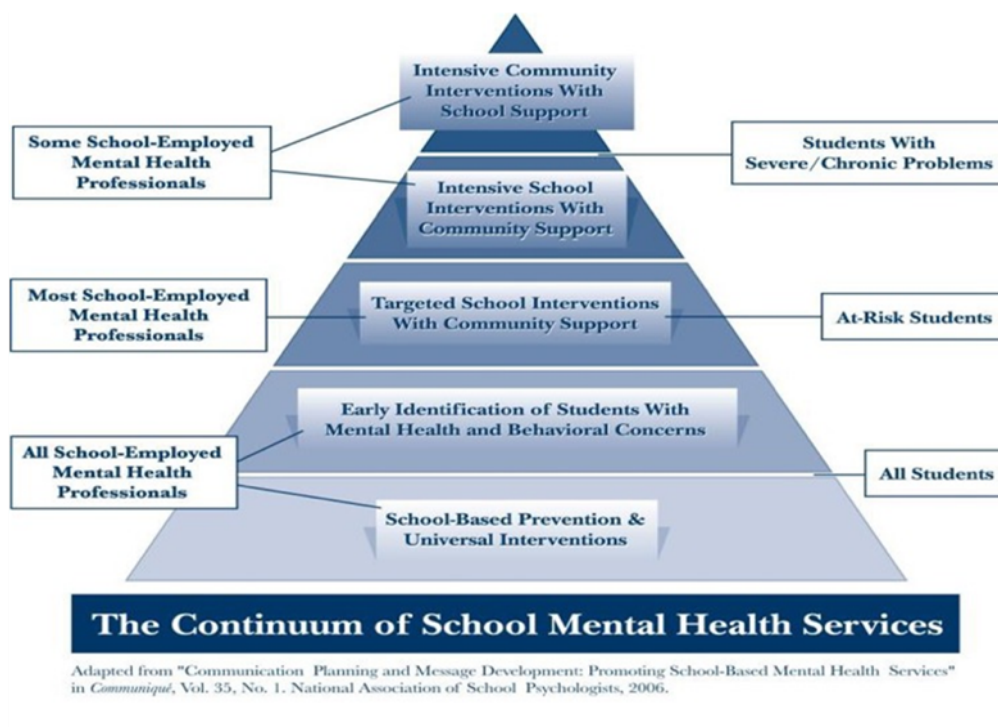
- 1) All faculty and staff will be trained on how to identify warning signs and the School's referral procedures during the Opening of Schools meeting. All faculty and staff will complete Kognito, Florida School Personnel Mental Health Awareness Training (<https://florida.kognito.com>) if they have not been trained in Youth Mental Health First Aid (YMHFA) (<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>). All remaining faculty and staff will participate in YMHFA throughout the school year (as the slots become available for training from the Educational Service Provider, District, and/or Florida Discretionary Projects.)
- 2) Referrals will be made from teachers and other school personnel to the school's mental health provider.
- 3) Additional information/referrals may be taken from other mental health professionals (outside agencies) and/or parent reports.

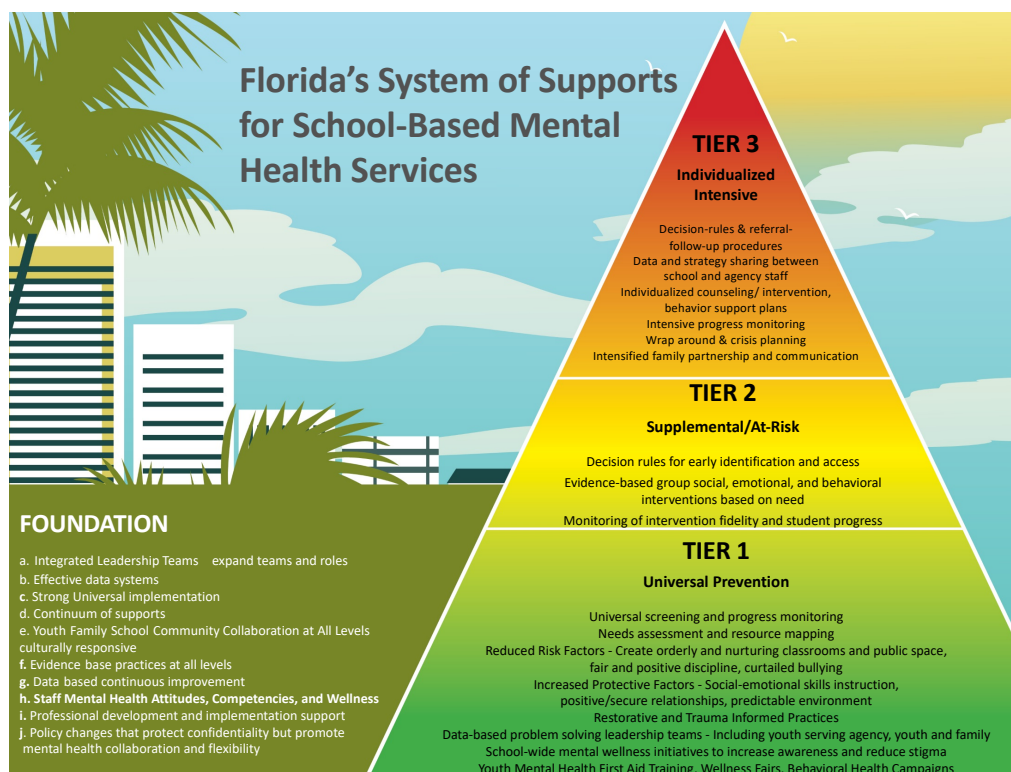
Once a referral is received, our School will evaluate the student's individual needs and the appropriate School resources will be allocated. The Threat Assessment Team (<https://www.schoolta.com/manual>) will direct the mental health provider to complete a screening to determine risk assessment and level of intervention needed if the threat is classified as a Very Serious Substantive Threat.

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 will be documented at the School site. As a result, these services will be 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 will be actively involved in the process and any concern will be immediately addressed. The School's purpose will be to provide the student with

the least restrictive environment while providing the optimal conditions conducive to learning both at school and the home.

The School's administration will meet on a monthly basis and review each student currently receiving services, including treatment/recovery, with the school's mental health provider 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 school's mental health provider and progress through the tiers will be considered. In addition, the School will work with their Educational Service Provider (Academica) and the Florida Discretionary Projects to access professional development activities to strengthen all M-TSS implemented at the School (<http://www.florida-rti.org>).





If at any time, 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.”

1-800-962-2873

**Florida Relay 711 or
TTY: 1-800-955-8771**

Report Online

<https://reportabuse.dcf.state.fl.us/>

State how the plan will focus 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.

The School will utilize an early warning system (EWS) to identify at-risk students through the analysis of readily available and highly predictive student academic and engagement data (e.g., absenteeism, course failure, GPA, credits, discipline). Utilizing data systematically to identify at-risk students as early as possible will allow for the application of more effective prevention and early intervention services. A thorough analysis of risk indicator patterns and associated relevant information will enable the School to better understand the root causes of student disengagement and academic failure (i.e., problem analysis). Armed with this information, our School will have a greater likelihood of implementing effective prevention and intervention services and maximizing student graduation rates. Reviewing the EWS data over time will assist the School in determining the effectiveness of intervention programming overall, for groups of students, and for individual students.

The types of 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 may include:

- 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

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. Appalachian Center (<https://apalacheecenter.org/jefferson-county/>) or Camelot Community Care (<https://www.camelotcommunitycare.org>) are the community-based providers available for Jefferson County. School staff will assist the family in completing paperwork, coordinating appointments within the School day, and following up with referral sources to ensure that appropriate services were put in place.

Include 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.

Luke Brocco RCSW-I (Registered Clinical Social Worker Intern)

Luke Brocco is the school-based mental health provider that will be employed to reduce staff-to-student ratios and meet student mental health assistance needs. Luke Brocco is our school's Social Worker. His job responsibilities will be to offer guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being. He will identify issues associated with substance abuse, bullying, anger, management, depression, relationships, LGBTQ issues, self-image, stress, suicide, re-entry after extended school closures and refer students/families to the appropriate agencies for assistance and treatment. In addition, Mr. Brocco will also provide training and support to our school's faculty and staff on identifying warning signs which could result in a referral. His overarching goal will be to work with students to improve mental health and cooperate with outside agencies to assist in their treatment. Our school will also employ two Behavior Specialists that have the Registered Behavior Technician (RBT) certification (Kendra Scott & TBA). They will be responsible for collecting data during the Functional Behavioral Assessment (FBA) process and assisting with creating the Behavior Intervention Plan (BIP) with the school psychologists we work with (contracted and FSU Multidisciplinary Team.) They will implement the BIP and collect data so that they can communicate with all stakeholders on the progress of the students. Contracted services will also be used for social emotional learning and mindfulness activities for our students.

Identify 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).

The School will create a schedule that the student services personnel will implement to increase the amount of time Mr. Brocco will spend providing direct mental health services. The schedule will include the time slots allotted for the appropriate duties: individual student academic planning and goal setting, school counseling classroom lessons based on student success standards, short-term counseling to students, referrals for long-term support, collaboration with families/teachers/administrators/community for student success, advocacy for students at IEP/504 meetings and other student-focused meetings, and data analysis to identify student issues, needs and challenges. The School will review the caseload of students assigned to the student services personnel on a quarterly basis to ensure all student mental health needs are being met within the schedule.

Include contracts or interagency agreements with local behavioral health providers or Community Action Team (CAT) 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).

Our School has agreements with the Appalachian Center (<https://apalacheecenter.org/jefferson-county/>) and Camelot Community Care (<https://www.camelotcommunitycare.org>) to provide behavioral health services on and off our campus. The credentials and/or requirements with the outside agency will be those required by Jefferson K-12: a Somerset School. Both Appalachian Center and Camelot Community Care have state licenses ensuring their staff meets the state's requirements to deliver mental health services. For specific student and family needs, Mr. Brocco 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 local behavioral health providers may 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.

Our School will access the CAT (<https://www.myflfamilies.com/service-programs/samh/publications/docs/Community%20Action%20Team%20Guidance.pdf>) assigned to us in accordance with the location of our school and its district.

Hillary Stick: CAT Team Leader

HillaryS26@apalacheecenter.org

850-973-5124 ext. 7346

In addition, our School will access the free services, support, and professional development provided by the FLDOE Discretionary Project SEDNET (<http://www.sednetfl.info>). 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. Jefferson K-12: a Somerset School falls into Region 2B and is serviced by Loris McCorvey from SEDNET. Mrs. McCorvey's home base is located at Jefferson K-12: a Somerset School.

State how the plan will establish school board policies and procedures for all schools, including charter schools, to ensure:

- 1) Students referred for a mental health screening are assessed within 15 days of referral;**
- 2) School-based mental health services are initiated within 15 days of identification and assessment; and**
- 3) Community-based mental health services are initiated within 30 days of referral.**

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

- (1) The Faculty and Staff will contact the School's mental health provider or Administration with a referral.
- (2) The mental health provider 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 mental health provider 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 (EX: check in throughout the day with the mental health provider); or participating in individual or group counseling.
- (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 mental health provider will identify the 15th day on each student referral and ensure that the student is assessed within the 15 days period. The mental health provider will update the School Administration at the end of each week during the 3 week period as to the status of the referral. The mental health provider 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 types of mental health services that will be available from these entities may 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.

Describe 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.

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:

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

Identify 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.

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 (<https://flpbis.cbcs.usf.edu>).

In addition, the Jefferson K-12: a Somerset School infuses Sanford Harmony within PBIS. Sanford Harmony is a Social Emotional Learning (SEL) program for students designed to foster intergender communication and understanding, connection, and community both in and outside the classroom and develop boys and girls into compassionate and caring adults. SEL is the process through which boys and girls and adults acquire and effectively apply the knowledge, attitudes, and skills necessary for being a healthy adult. This includes problem-solving skills and intergender communication and understanding, as well as teaching kids to embrace diversity and build healthy relationships that will last well into adulthood.



Identify strategies to:

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

The School will utilize an early warning system (EWS) to identify at-risk students through the analysis of readily available and highly predictive student academic and engagement data (e.g., absenteeism, course failure, GPA, credits, discipline). Utilizing data systematically to identify at-risk students as early as possible will allow for the application of more effective prevention and early intervention services. A thorough analysis of risk indicator patterns and associated relevant information will enable the School to better understand the root causes of student disengagement and academic failure (i.e., problem analysis). Armed with this information, our School will have a greater likelihood of implementing effective prevention and intervention services and maximizing student graduation rates. Reviewing the EWS data over time will assist the School in determining the effectiveness of intervention programming overall, for groups of students, and for individual students.

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:

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.

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.

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.

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

Expenditures (s. 1011.62(16), F.S.)

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

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Expenditure Assurances (a. 1011.62(16), F.S.)

Jefferson K-12: a Somerset School will use 100 percent of funds are used to expand school-based mental health care; train educators in responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

Jefferson K-12: a Somerset School will not use the Mental Health Assistance Allocation to supplant other funding sources, increase salaries or provide staff bonuses.

Program Implementation and Outcomes (s. 1011.62(16)(d), F.S.)

Describe a 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; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

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 will the Student Services Department 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 a Green folder and may be used for the M-TSS process.

Plan Approval and Submission (s. 1011.62(16)(c), F.S.)

Todd German

Somerset Academy Inc.

Board Chair

6/24/2020