



## **School Board of Levy County Mental Health Assistance Allocation Plan SB 7030**

The Mental Health Assistance Allocation Plan was initially developed, approved and implemented during the 2018-2019 school year based on provisions in SB 7026. The Plan is being amended to include the mental health provisions required in SB 7030, which is designed to improve and expand mental health care and safety to students enrolled in the school system.

School-based mental health services will still be directed toward students experiencing externalizing and internalizing behaviors that significantly interfere with their ability to cope and function appropriately within the school and community environments, and who have been diagnosed with mental illness, or demonstrate behaviors that place them at –risk of an emotional disturbance or a mental illness. A priority focus of school-based mental health services will address students who threaten to harm others and themselves; students who commit acts of violence; students who have and are experiencing traumatic events such as abuse, out-of-home placements, and grief; students who have been diagnosed with or show symptoms of depression and anxiety; students that are engaged in aggressive and disruptive behaviors, students that have substance abuse problems, and students that engage in inappropriate sexual behaviors.

School-based mental health services will continue to focus on the early detection and identification of students showing warning signs and indicators of emotional disturbance and mental illness in an effort to provide the students referred for services with the necessary treatment and family support needed to achieve emotional stability and recovery. To address this goal, a Multi-Tiered System of Support will be implemented that will encompass the students' academic, social, emotional, behavioral, and mental health needs.

### **MULTI-TIERED SYSTEM OF SUPPORT**

#### **TIER 1**

Tier 1 services focus primarily on students enrolled in the classroom for early detection and identification of at-risk behaviors, thus the approach to treatment is early intervention and prevention. The classroom teacher and other administrative and support personnel are vital to

this process, and play a pivotal role in the early detection and identification of students at-risk. A Universal Screener of Early Warning indicators and the evidence based Positive Behavior Intervention Support [PBIS] System will be used to identify students at risk. The PBIS focus is on prevention. It utilizes a team approach to problem-solving. Data collection about the student's behavior is on-going, and the data is analyzed to determine diagnostic problems and focus for intervention, treatment and outcomes.

## **TIER 2**

Tier 2 services focus primarily on students that have been identified as at-risk for emotional disturbance and/or mental illness and are referred to a mental health provider for evidenced based and standardized psychological mental health screenings and assessments to determine diagnoses and the focus of interventions and treatment. Interventions are more specialized and intensive, and evaluation of the student's progress toward emotional stability and recovery is on-going. Services for students referred for school-based mental health services must be initiated within 15 days.

## **TIER 3**

Tier 3 services focus on individualized and specialized therapeutic services that are needed to facilitate the student's emotional stability and recovery. Services for referred students must be initiated within 30 days of receipt of the referral. This process involves an integrative and interdisciplinary approach where communication, collaboration and consultation takes place between the school-based mental health provider, school counselor, social worker, and other appropriate school administrators, threat assessment teams and staff relevant to the student's treatment, the parent/guardian, community agencies and other mental health service providers to strengthen family support and to aid students in achieving positive change.

## **ASSESSMENT, DIAGNOSIS, INTERVENTION, TREATMENT AND RECOVERY**

### **TIER 1**

At Tier 1, the focus of assessment, diagnosis, intervention and treatment is on early detection, identification, intervention and prevention. The PBIS is an evidenced based program that involves a team approach to data collection and problem solving, which is on-going throughout the school year. Data is collected from a variety of sources such as discipline referrals, academic records/grades, observations of students, and curriculum criterion reference tests to aid in the decision-making process and to determine the focus of interventions and treatment. The Early Warning Indicators will be used at Tier 1 as a universal screener of emotional disturbance and mental illness to assist the teacher in identifying students at-risk for mental health services. Students identified as exhibiting early warning signs will be referred to the school counselor to arrange the team meeting so a discussion of the type of services needed can occur.

[2]

## **TIER 2**

At Tier 2, for students referred for school-based mental health services, the focus of assessment, diagnosis, intervention, treatment and recovery is on determining the nature of the emotional disturbance and/or mental illness to determine the appropriate intervention and treatment approach that will help the student regain emotional stability and recovery. A variety of evidence based screening and assessment instruments and standardized psychological assessments may be used, which will allow the provider to determine diagnoses and treatment approach, make comparisons of the students' at-risk behaviors with other students their age, and identify strengths of the students that can be used as a tool for interventions to build coping skills and resiliency. Interventions and treatment will be based on the data collected, and evaluation of the student's emotional stability and attainment of their treatment goals and objectives will be on-going and evaluated every six to eight weeks.

## **TIER 3**

At Tier 3, assessment, diagnosis, intervention, treatment and recovery will depend upon the needs generated by the student's emotional disturbance and/or mental illness. Partnerships formed with agencies such as Law Enforcement, Department of Children and Families [DCF], the Community Action Team [CAT], the student's Primary Care Physician, Psychiatrists, Meridian Behavior Healthcare Mobile Unit, Other Mental Health Providers and Agencies, Florida Diagnostic and Learning Resources System [FDLRS], the Center for Autism and Related Diseases [CARD], Students with Emotional Behavioral Disabilities Network [SEDNET], Levy County Prevention Coalition, the Multidisciplinary Diagnostic and Training Program, and School Mental Health Care Providers such as Counselors, Psychologists, Social Workers, Behavior Specialists/Therapists and Nurses may be involved. Services needed may include, but are not limited to out-of-home placements, medication management, hospitalizations, baker acts, detention/jail, therapeutic and residential group homes, family living assistance, and parenting skills.

Students who return to school from residential placements, hospitalizations, substance abuse rehabilitation centers, detention centers, baker acts, and therapeutic group homes may receive either mental health services by the school-based mental health provider, continue the treatment being provided by the community-based service provider, or services may be integrated and received from both providers without overlapping services. To effectively provide resources and support to students that transition back to school and who continue to receive community-based mental health services and assistance, communication, collaboration, consultation and the sharing of information between school staff and the community-based service providers is critical to the success of the student. The sharing of information at a minimum include the interventions and treatment that were/are provided to the student, data as to whether the interventions/treatment were successful and recovery has occurred; and recommendations of the treatment to be continued for maintenance of the student's progress.

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The school counselor will serve as the point of contact with community-based service providers to receive information about the student and will schedule team meetings with appropriate staff to discuss the student’s treatment progress and recommendations. Team members may include, but are not limited to school administrators, threat assessment team members, SRO, school-based mental health providers [counselors, psychologists, social workers, behavior specialist/therapist, and nurse], the student’s teacher and the parents/guardians when feasible. The goal is to ensure that the student is able to make a smooth transition back to school, that needed resources and support are available and provided to strengthen the family, and for the student to achieve and/or maintain emotional stability and recovery.

**EMPLOYMENT OF SCHOOL-BASED MENTAL HEALTH SERVICES PROVIDERS TO EXPAND AND ENHANCE SERVICES**

To effectively meet the demands for school-based mental health services throughout the district, and to expand and enhance the services provided for students at-risk for emotional disturbance and mental illness, additional school-based mental health service providers and support staff are needed. The goal is to assign permanent school-based mental health service providers and support staff to each school community, which will require an increase in the number of mental health counselors, social workers, and behavior specialist/therapists being hired or contracted for services.

**CREDENTIALLED MENTAL HEALTH PROVIDERES/STAFF**

<b>CURRENTLY EMPLOYED</b>	<b>RECOMMENDED NEW HIRES/CONTRACTED SERVICES</b>
Licensed School Psychologist - 01	Mental Health Counselors - 05
Contracted Mental Health Counselor – 05 (Licensed)	Mental Health Aides - 04
School Counselors – 12 (7 Licensed/ 5 Non-Certified)	Behavior Specialist/Therapists – 01
Behavior Specialist/Therapist – 01	
Licensed School Psychologist Student Ratio 1: 5556	
School Counselor to Student Ratio 1: 463	

The increase in the number of mental health providers will allow each school community to have a minimum of two school-based mental health counselors; and of the two hired social workers and behavior specialists/therapists, one each will be assigned to provide serves to two of the school communities. Having school-based mental health service providers assigned to each school community will not only reduce travel time, but will allow more direct time to be spent with students.

[4]

The hiring of additional mental health counselors to provide school-based mental health services in each school community will also reduce the counselor to student ratio. A mental health caseload of twenty-five to thirty [25-30] students with emotional disturbance and/or mental illness is optimal, given that there are only four to six hours of prime time during the school day in which to provide services to students at school. Reducing the caseload will increase opportunity to provide direct and indirect services to school administrators/staff, students, parents/guardians, and outside community-based service providers. Direct and indirect services allow the school-based mental health provider to:

- Increase the amount of time spent with at-risk students needing more intensive intervention treatment;
- Manage more efficiently the data and documentation of the mental health treatment services provided to students for evaluation of outcomes, and for reporting of data to Medicaid and FDOE for audit purposes;
- Conduct more consultations with staff and parents about mental health concerns;
- Share mental health awareness/prevention information to students, staff and parents.

**School communities are operationally defined as:**

1. Bronson Community [BES and BMHS]
2. Chiefland Community [CES, CMHS, NCMS and WWCS]
3. Williston Community [JBES, WES and WMHS]
4. Cedar Key and Yankeetown will be combined as one community for services

**STRATEGIES TO INCREASE THE AMOUNT OF TIME SCHOOL-BASED STUDENT SERVICES PERSONNEL SPEND PROVIDING DIRECT SERVICES TO STUDENTS**

The hiring of additional school-based mental health providers and support staff will reduce the unrealistic demands that are placed on a few service providers to efficiently and effectively meet the needs of students at-risk for emotional disturbance and mental illness. At-risk students who remain untreated, create safety issues for self and others, and if left untreated, often develop into more serious mental health conditions and diagnoses. The strategies listed below are designed to assist school-based mental health providers and support personnel in providing more direct services to students.

1. To further lower student to counselor ratio [a ratio of 30 students per provider], other contracted mental health service providers [i.e., Corner Drug Store, Meridian, Children Home Society, Village Counseling, etc.] can be utilized and assigned to a school community to assist in providing school-based mental health services.
2. School social workers, behavior specialist/therapists, and psychologists can be used to provide: specialized services for families in need of assistance and support; support to teachers and students by conducting observations and providing recommendations and interventions for students experiencing classroom disruptive behaviors and academic failure; and by conducting assessments for specialized programs and providing recommendations and interventions as needed. These services will reduce the demands that are often placed on the school-based mental health provider to perform.

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3. Mental Health Aides to provide services to each school community can reduce the amount of time School Counselors are engaged in record keeping for mental health services. Having Aides perform this service will improve consistency, follow-through, and documentation required for maintaining mental health records and requests for records. Removing this task from School Counselors should provide more opportunity for counselors to engage students in learning skills and behaviors to promote mental health and wellness.

#### **CONTRACTED BEHAVIORAL HEALTH SERVICES**

Behavioral health services are provided to the district schools through our collaborative partnerships with community providers and agencies. The nature of the services provided vary depending upon the needs of the at-risk students that are referred for services, but may include screenings, assessments, individual and group counseling, family therapy, psychiatric and psychological services, trauma informed care, mobile crisis services, medication management, and behavior modification. Tier 3 students who are in need of more intensive, specialized, and therapeutic interventions are often referred to our collaborative partners for community behavioral health care services.

#### **TIME REQUIREMENTS FOR MENTAL HEALTH SERVICES TO BE INITIATED**

Service providers of students referred for school-based and community-based mental health services are required to initiate screenings, assessments and services in a timely manner. These requirements will be included in the mental health service plan and in contracts for services. Non-compliance with the time frame to initiate services, without a valid and compelling reason, will be considered a violation of the plan and contract.

1. At-risk students referred for School-based or Community-based mental health screening of mental health concerns, or assessment for mental health disorders must occur within 15 days of referral.
2. School-based mental health services must be initiated within 15 days after identification and assessment.
3. Community-based mental health services must be initiated within 30 days after the school or district makes a referral.

#### **STRATEGIES TO PREVENT AT-RISK STUDENTS FROM DEVELOPING SOCIAL-EMOTIONAL, BEHAVIORAL HEALTH PROBLEMS AND MENTAL ILLNESS**

The strategies that will be used to prevent at-risk students from developing social-emotional, behavioral health problems, and mental illness are:

1. School administrators and staff will be trained in Youth Mental Health First Aid.
2. Early Warning Indicators will be provided to school staff to use to refer students for further mental health screening and assessment and early intervention when students are exhibiting at-risk symptoms.

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3. Administrators and all instructional staff who implement the evidence-based PBIS Program are able to provide students with prevention strategies for behavior and academic learning to prevent problems from developing or escalating.
4. Using the Restorative Practices that emphasize the Circle Affirmation Relationship Emotional [C.A.R.E.] Plan that emphasizes the value of collecting the facts, considers the feelings of the student, takes corrective steps to fix issues and creates a continuing phase that develops the future of the student can foster positive relationships with students and allow the student a voice to be heard. Positive relationships based on trust between student and staff will in some cases reduce and prevent problems from developing or escalating.
5. Mental health awareness training [i.e. suicide prevention, bullying, depression, anxiety, trauma care] to staff, students and parents will develop better understanding of mental health, help remove the negative stigma so action can be taken on behalf of at-risk students for early interventions to try and resolve the issues that are causing emotional distress.
6. Individual and group counseling to teach students coping strategies to deal with stress, low-self-esteem, peer relationships, anger, conflicts, and decision-making; as well as teaching students how to show gratitude, respect, kindness and empathy will help students develop resiliency and positive mental health.

#### **STRATEGIES TO IMPROVE EARLY IDENTIFICATION OF MENTAL HEALTH PROBLEMS AND EARLY INTERVENTION TO ASSIST STUDENTS IN DEALING WITH TRAUMA AND VIOLENCE**

1. Early Warning Indicators will be used as a universal tool to detect and identify students at-risk for mental health problems. Other evidenced-based, standardized and psychological screenings and assessments can also be used to determine specific diagnoses and the focus for intervention and treatment approaches.
2. Screenings and assessments conducted for early detection and identification of students who experience trauma and violence are critical to the healing process. Students who experience trauma and violence, when detected early, can receive the appropriate interventions and treatment needed to regain emotional stability and recovery. When students go undetected and untreated, symptoms of emotional disturbance can intensify and sometimes escalate to long-term mental illness.

#### **MENTAL HEALTH REFERRALS AND RECORD**

The authorization for students to receive school-based mental health services [screenings, assessments, counseling, treatment and interventions] and for the release and exchange of mental health information and records will be obtained from the student's parent or legal guardian. The mental health records will be kept by the school-based mental health service provider and will remain confidential except for extenuating circumstances.

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Provisions in the legislature [SB 7026 & 7030] allow the sharing of confidential mental health service records and information with district and school-based administrators, threat assessment teams, and other mental health providers/agencies when there are compelling reasons. Such reasons include: [1] Investigative purposes, [2] To aid in the welfare and safety of others, [3] When the information being requested involve safety, and [4] when the information is beneficial in the student receiving appropriate treatment for his/her mental health condition.

## **MENTAL HEALTH REFERRAL PROCESS**

### **TIER I**

Mental Health Awareness Training  
Early Detection of Academic, Behavioral and Emotional Problems  
Classroom Prevention and Intervention Strategies are Implemented  
Universal Screenings of Students to Determine At-Risk Behaviors  
Referral made by Teacher for Mental Health Services for Students Identified At-Risk  
Team Meeting to Decide Additional Services Needed & Available Resources

### **TIER 2**

Mental Health Provider Receives Referral to Provide School-Based Mental Health Services  
Screenings & Assessments to Determine Diagnoses & Treatment is Conducted within 15 Days  
Treatment Plan is Developed and Implemented  
Evaluation of Student Progress and Needs Occur Every 6-8 Weeks and is On-going  
School Counselor Arranges Team Meeting to Discuss Need for Community-based Services

### **TIER 3**

Referral for Community-Based Mental Health Services is Made  
Students who Threat Others & Self, Experience/Perform Acts of Violence, and Sustain Trauma  
are Referred Directly for Community-based Services  
Mental Health Community-based Services are Initiated within 30 Days of Referral  
For Threats, Violence and Trauma, Community-based Services are Initiated Sooner  
School Counselor Arranges Student's Transition/Re-entry Meeting  
Implementation of Treatment/Interventions to Maintain Stability & Recovery will Continue

## **MANDATORY REPORTING**

Each school will provide monthly data to the District Safety Specialist that will include the following:

- Number of students who receive screenings or assessments
- Number of students referred to employed school-based mental health providers
- Number of students provided school-based mental health services by contracted community-based mental health providers [CSD, Meridian, Village Counseling, etc.]

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- Number of students referred for mental health services who receive assistance and intervention services from other school-based support staff [i.e., School Social Worker, Behavior Specialist/Therapist, OT, PT, Nurse, etc.]
- Number of students referred to contract-based collaborative partnerships with community mental health programs, agencies or providers [i.e. CARD, CAT, Meridian Healthcare, Physician, etc.]

**SCHOOL AND COMMUNITY-BASED MENTAL HEALTH PROVIDERS- PAID FROM ALLOCATED FUNDS**

<b>NAME OF PROVIDER</b>	<b>LICENSE TYPE</b>
Dr. Leila Pratt	Psychologist
Jennifer Sayez	LMHC
Leslie Frost	LMHC
Meridian Behavioral Health Care	LMHC

**Expenditure ASSURANCES**

Levy County provides assurances that the Mental Health Assistance Allocation Plan does not supplant other funding sources or increase salaries or staff bonuses. All of the state funds will be used to expand school-based 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.

<b>FY19/20 Mental Health Allocation</b>	<b>\$229,741.00</b>
Mental Health Providers	\$225, 000
Mental Health Trainings/Meetings	\$2,241.00
Mental Health Assessments	\$2,500.00

Levy County School Board will maximize use of other sources of funding to provide school-based mental health services by participating in Medicaid reimbursement for services rendered as approve by Medicaid.

**EVALUATION OF PROGRAM SERVICE EFFECTIVENESS**

Outcome data that will be used to evaluate effectiveness of services will include:

- Early Warning Systems [EWS]
- Youth Risk Behavior Survey
- Screening before and after tier 2 and 3 services when feasible
- School Climate Survey
- Other records [grades, discipline referrals, etc.] of student behavior

**Nature Coast Middle Charter School and Whispering Winds Charter School will adhere to the District Mental Health Assistance Allocation.**

Board Approval:

7/24/2019

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School Board Chairperson, Mr. Brad Etheridge Date

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Superintendent, Mr. Jeffery R. Edison Date

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