



School Board of Levy County Mental Health Assistance Allocation Plan 2020-2021 School Year

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 was amended for the 2019-2020 school year to include the mental health provisions required in SB 7030, which were designed to improve and expand mental health care and safety to students enrolled in the school system. The current plan has been reviewed to ensure the provisions of the Florida DOE Guidelines for the 2020-2021 school year are met. The approved District Mental Health Assistance Allocation Plan will apply to all of the public schools in the District and to Charter Schools that are under the District's Plan. Mental Health Policies and Procedures will be amended to include the requirements and time restraints for implementation of Mental Health Services.

School-based mental health services will continue to focus on students experiencing externalizing and internalizing behaviors that place them at high risk for developing problems that significantly interfere with their ability to cope and function appropriately within the school and community environments. A priority focus will address students at a higher risk of developing social, emotional and behavioral health problems, depression and anxiety disorders, suicidality, substance abuse disorders, students that threaten to harm others and engage in acts of violence, student that display signs of trauma, or students that engage in inappropriate sexual behaviors.

Students identified as at-risk of developing social, emotional, and behavioral health problems will need a variety of integrated and interdisciplinary services that can effectively address and meet their mental health needs. To provide these services a Multi-Tiered System of Support will be implemented that will focus on prevention, treatment interventions and family support to help the student achieve emotional stability and recovery. The Multi-Tiered System of Support will require on-going collaboration among school personnel, parents, school-based and community-based mental health providers, and behavioral health agencies that are involved and committed to the emotional well-being, and health care of students.

MULTI-TIERED SYSTEM OF SUPPORT

TIER 1

Tier 1 services focus primarily on early detection and identification of at-risk behaviors, thus the approach to treatment is early prevention, intervention, and family support. The classroom

teacher, other administrative and support personnel, and parents are vital to this process. Each will play a pivotal role in the early detection and identification of students at-risk. Evidenced based Universal Screeners 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 the focus for treatment interventions and outcomes.

TIER 2

Tier 2 services focus primarily on students that have been identified as at-risk for social, emotional, and behavioral health problems and are referred for mental health services. These students may show symptoms of depression, anxiety, suicidality, substance use and abuse, trauma, make threats to harm others, commit acts of violence, or engage in inappropriate sexual behaviors. Students referred for mental health services will receive evidenced based and standardized psychological mental health screenings and assessments to determine diagnoses and the focus of treatment interventions. The treatment interventions are more specialized and intensive and evaluation of the student's progress toward emotional stability and recovery is on-going. Students referred for school-based mental health services must be assessed within 15 days of referral. Mental health services must be initiated within 15 days after screenings and assessments are completed.

TIER 3

Tier 3 services focus on community-based mental health services that offer individualized and specialized therapeutic treatment(s) that are needed to facilitate the student's emotional stability and recovery. Some specialized services for referred students may require immediate attention when they involve suicidality, baker acts, threats to harm others, trauma, violence or abuse. However, when a referral is made for a problem that is not considered a crisis or an emergency, the community-based service provider must initiate services within 30 days of receipt of the referral. Individualized and specialized therapeutic services provided to students may vary [i.e., psychiatric care, crisis management, family counseling, behavior modification, etc.]; may take place on school campus or off campus at another location; and may be supplemented by telehealth and teletherapy services. The approach to treatment must be integrative and interdisciplinary in that communication, collaboration and consultation are on-going and include stakeholders that are involved in the student's mental health treatment and well-being. When appropriate, such stakeholders may include, but are not limited to school-based mental health providers, school counselor, social worker, school based administrators and staff relevant to the student's treatment, threat assessment teams, the parent/guardian, student services personnel, community agencies, and other health care and mental health service providers. The aim is to provide the treatment and services needed to strengthen school, family and community support to help students achieve positive change, recovery, and lasting emotional health and well-being.

ASSESSMENT, DIAGNOSIS, INTERVENTION, TREATMENT AND RECOVERY**TIER 1**

At Tier 1, the focus of assessment, diagnosis, intervention and treatment is on early detection, and identification of at-risk behaviors. The goal of treatment interventions is to prevent the identified at-risk behaviors from escalating and becoming more serious. At Tier 1, prevention programs and intervention strategies are implemented to keep students from developing more intense symptoms, and to help the students regain and/or maintain emotional stability and well-being. 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 Universal Screeners of early warning indicators are also used at Tier 1 to identify students at-risk for social, emotional, and behavioral health problems, depression, anxiety, suicidality, substance abuse, trauma or violence. They are used to assist the teacher, school staff, and parents in identifying students in need of more intense interventions or that may benefit from mental health services. When the prevention program and treatment intervention strategies are unsuccessful at Tier 1, [student's at-risk behavior escalates, becomes more serious, or student is unable to maintain emotional stability and well-being] the student is referred to the school counselor. The school counselor will coordinate a team meeting to discuss the type of services and assistance that the student needs.

TIER 2

At Tier 2, for students referred for school based mental health services, the focus of assessment, diagnosis, intervention, treatment and recovery is helping students improve their coping skills, resiliency, and the ability to self-regulate their emotions and at-risk behaviors so that students are able to regain and maintain emotional stability and well-being. A variety of evidenced based diagnostic and standardized screening and assessment instruments may be used, which can assist the mental health service provider make comparisons of students' at-risk behaviors with the behaviors of students their age. It can also help determine the underlying nature, causal factors, and stressors associated with at-risk behaviors and diagnoses; identify the protective factors and strengths of students; and determine treatment and intervention approaches that will facilitate improvement in the behavior of students. Interventions and treatment will be based on the assessment and evaluation of data collected. Evaluation of the student's progress, emotional stability, and the attainment of 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 presenting condition and problem. 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-based 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, homeless students, medication management, hospitalizations, baker acts, detention/jail, therapeutic and residential group homes, substance abuse treatment facilities, family living assistance, and parenting skills. Services may be provided on or off the school campus, and may be supplemented through the use of telehealth and teletherapy.

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.

The school counselor will serve as the primary 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. When the point of contact is the mental health provider, the school counselor is notified of the student's treatment, recommendations received, and the one that are to be continued. Team members may include, but are not limited to school administrators, threat assessment team members, SRO, school-based mental health providers and support personnel [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 SERVICE 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 identified as at-risk, additional school-based mental health service providers, and support personnel were recommended. Some were School Board employees and some were contracted for services. The goal was to assign permanent school-based mental health service providers and support personnel [mental health counselors, behavior specialist/therapist, social worker and a mental

health clerk to assist with the management and documentation of mental health records] to each school community. Progress toward the recommended goal has been made.

CREDENTIALED MENTAL HEALTH PROVIDERES/STAFF

CURRENTLY EMPLOYED	RECOMMENDED NEW HIRES/CONTRACTED SERVICES
Licensed School Psychologist – 01	Mental Health Counselors – 04
Contracted Mental Health Counselor – 05 (Licensed)	Mental Health Clerks – 03
School Counselors – 12 (7 Licensed/ 5 Non- Certified)	Behavior Specialist/Therapists – 01
Certification in Psychology- Behavior Specialist/Therapist Student Ratio 1: 2219	School Social Worker – 01
Certification/Masters in School Social Worker Student Ratio 1:5387	
Mental Health Clerk – 01	
Licensed School Psychologist Student Ratio 1: 5387	
School Counselor to Student Ratio 1: 448	

The employment during the 2019-2020 school year of mental health service providers for each school community resulted in less travel time and more direct time spent with students. Each school community was assigned a minimum of two mental health service providers. The two behavior specialists, and the additional social worker that were hired were assigned to each cover two school communities, which include the two Charter Schools that are under the District's Plan. One mental health clerk was employed and assigned to manage and document mental health records for the schools in the Chiefland Community. Despite the additional staff, mental health caseloads are still too high, so to further increase and enhance school-based mental health services, additional mental health counselors/providers and mental health clerks are needed.

THE EMPLOYMENT OF SCHOOL-BASED MENTAL HEALTH SERVICE PROVIDERS TO REDUCE THE STUDENT TO STAFF RATIO

The hiring of additional mental health service providers and support personnel assigned to each school community not only reduced travel time, but increased the amount of time mental health providers were able to spend with students, and lowered the student to counselor ratio. A mental health counseling caseload of twenty-five to thirty [25-30] students 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. With a lower counselor to student ratio, more direct and indirect services can be provided to students, school administrators and staff, parents and/or guardians, and follow-up with outside community-based service providers that are involved in the treatment and health care of the student. Direct and indirect services may include:

- Increasing the amount of time spent with high at-risk students and students with co-occurring diagnoses that require more intensive diagnostic assessments interventions, and treatment;
- Managing more efficiently the data and documentation of the mental health treatment services provided to students for evaluation of outcomes;
- Documenting and keeping more accurate records for reporting of data to Medicaid and FDOE for audit purposes;

- Having more time to conduct follow-up and consultations with staff, parents, and other community based mental health providers about student behavior, treatment and progress;
- Sharing 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, and Charter Schools 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 student services personnel will reduce the unrealistic demands that are placed on a few service providers to efficiently and effectively meet the needs of students identified with high at-risk behaviors. Students with high at-risk behaviors 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 student services personnel in providing more direct services to students.

1. To further lower the student to counselor ratio, 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. As funding and resources become available, increase the number of mental health providers, school counselors, and support personnel that are employed and assigned to each school community.
3. School social workers, behavior specialist/therapists, and psychologists can be used to provide specialized services for staff, students, and families in need of assistance and support. Services that can be provided by support staff will reduce the demands that are often placed on the school counselors and school-based mental health providers to perform.
4. Mental Health Clerks can provide services to each school community ~~can~~ to reduce the amount of time school counselors and mental health providers are engaged in record keeping for mental health services. Having Clerks 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 social, emotional, and character education learning skills and behaviors to promote mental health and wellness.
5. Reevaluate and realign the duties of school counselors to focus on providing direct counseling services to students.

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. The services may be provided on or off school campus and may be supplemented by telehealth. Students receiving Tier 3 services 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 REQUIRMENTS 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 mental health policies and procedures, the mental health assistance allocation plan, and in contracts for mental health services. Non-compliance with the time frame to initiate services, without a valid and compelling reason, will be considered a violation of mental health policies and procedures, the mental health assistance allocation plan, and mental health service contracts.

1. Students referred for School-based mental health services must be assessed 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. Evidence based Universal Screeners used to identify and detect early warning indicators will be provided to school staff and parents to use in referring students for mental health services when students are exhibiting at-risk symptoms.
3. Administrators and all instructional staff who implement the evidence-based PBIS 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, alcohol and substance abuse] 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. Evidenced based Universal Screeners will be used to identify and detect Early Warning Indicators of students at-risk for mental health problems, alcohol and substance abuse, suicidality, trauma and violence. 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 with mental health and substance abuse problems, and students who experience trauma and violence are critical to the healing process. Students who experience mental health problems [depression, anxiety], substance abuse problems, 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 and mental illness can intensify and escalate to long-term treatment and recovery.

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 mental health clerk when employed, and will remain confidential except for extenuating circumstances.

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
- Universal Screenings of students for Early Detection & Identification of At-Risk Behaviors
- Classroom or In-home Prevention and Intervention Strategies are Implemented
- Referral made by Teacher/Parent for Mental Health Services for Students Identified At-Risk
- Team Meeting to Decide Additional Services Needed & Available Resources
- Follow-up and Monitoring provided for At-Risk Student Transitions Out and Reentry to School

TIER 2

- Mental Health Provider Receives Referral to Provide School-Based Mental Health Services
- Screenings & Assessments are completed within 15 Days of Referral
- Mental Health Services are Implemented within 15 Days after Identification & Assessment
- 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 have a mental illness diagnosis, co-occurring mental health diagnoses, a substance abuse diagnosis, make threats to harm others, is suicidal, and have sustained a trauma are referred for Community-based mental health services and follow-up when appropriate.
- Mental Health Community-based Services are Initiated within 30 Days of Referral
- School Counselor Arranges Student's Transition/Reentry to school Meeting
- Implementation of Treatment/Interventions to Maintain Stability & Recovery will Continue

MANDATORY REPORTING

Each school counselor and school based mental health service provider will provide monthly data to the Director of ESE/SS and the Safety Specialist. This information will be provided to the Mental Health Clerk within each school community if employed, who will compile data for the schools and submit it. The data reported 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

- 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.]

MENTAL HEALTH POLICIES AND PROCEDURES

Mental Health Policies and Procedures will be amended to include the following statements:

- The District Approved Mental Health Assistance Allocation Plan will be implemented annually by all mental health service providers.
- The District Mental Health Assistance Allocation Plan will be reviewed annually and amended when appropriate in accordance with Statute and FDOE Guidelines.
- Allocated funding for Mental Health Services and employment will not be supplanted.
- The timelines governing school-based and community based mental health services are to be followed.

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

NAME OF PROVIDER	LICENSE TYPE
Dr. Leila Pratt	Psychologist
Jennifer Seyez	LMHC
TBA	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.

FY20/21 Mental Health Allocation	\$ 277,352.00
Mental Health Providers	\$ 258,611.00
Mental Health Trainings/Meetings	\$ 3,741.00
Mental Health Assessments	\$ 15,000.00

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 approved 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



**Levy County School Board
Mental Health Services Flow Chart – 2020-2021**

