



2019-2020 MCPS Mental Health Plan

In Compliance with the Marjory Stoneman Douglas High School Public Safety Act
Senate Bills 7026 and 7030

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Vision Statement

Marion County Student Services Personnel: Committed to the development of a comprehensive, integrated, and equitable system of student support.

Mission Statement

Marion County Student Services Personnel will eliminate barriers to learning and teaching, enhance school-family relationships, and re-engage disconnected students.

Background

On March 9, 2018 Governor Scott signed Senate Bill 7026 into Florida law. The Bill is now known as the Marjory Stoneman Douglas High School Public Safety Act (Chapter 2018-3, Laws of Florida) and provides allocated funds for school districts to utilize for student mental health and wellness services. School districts are required to submit a comprehensive mental health plan to the Department of Education for approval by August 1 of each fiscal year. Updates to the comprehensive mental health plan criteria were provided in Senate Bill 7030 (Chapter 2019-22, Laws of Florida). Each district plan must include the following:

- A focus on a multi-tiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more co-occurring substance abuse diagnoses and to students at high risk of such diagnoses. The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care.
- Direct employment of school-based mental health services providers to expand and enhance school-based student services and to reduce the ratio of students to staff in order to better align with nationally recommended ratio models. These providers include, but are not limited to, certified school counselors, school psychologists, school social workers and other licensed mental health professionals.
- Strategies to increase the amount of time that school-based student services personnel spend providing direct services to students, which may include the review and revision of district staffing resource allocations based on school or student mental health assistance needs.
- Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide a behavioral health staff presence and services at district schools. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth.
- Policies and procedures, including contracts with service providers, that will ensure students who are referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and ensure that the assessment of students at risk for mental health disorders occurs within 15 days of referral. School-based mental health services must be initiated within 15 days after identification and assessment, and support by community-based mental health services providers for students who are referred for community-based mental health services must be initiated within 30 days after the school or district makes a referral.

Background

- Strategies or programs to reduce the likelihood of at-risk students developing social, emotional or behavioral health problems, depression, anxiety disorders, suicidal tendencies or substance abuse disorders.
- Strategies to improve the early identification of social, emotional, or behavioral problems or substance abuse disorders to improve the provision of early intervention to assist students in dealing with trauma and violence.

In addition, districts must annually submit a detailed report on the established program outcomes and expenditures beginning September 30, 2019. The report must include the following data points:

- Number of students who received mental health screenings or assessments
- Number of students referred to either school-based or community-based providers for services or assistance.
- Number of students who receive either school-based or community-based interventions, services or assistance
- School-based and community-based mental health providers, including licensure type, paid for from funds provided through the allocation.
- Contract-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.

2019-2020 Mental Health Plan Introduction

With the funding provided to us from Senate Bill 7026, the school district was able to purchase a universal screener, hire three additional school psychologists, two additional school counselors, four additional school social workers, curriculum to assist in providing tiered interventions for identified students, and stipends to train staff. The Student Services Leadership Team ([Appendix D](#)) submitted five goals in the 2018-2019 Mental Health Plan to be achieved through the funding of Senate Bill 7026.

Goal 1	Improve access to school-based mental health supports by ensuring schools are staffed appropriately with trained mental health providers, and students are assessed to determine their need for mental health services.
Goal 2	Integrate a continuum of mental health supports within a multi-tiered system of supports.
Goal 3	Provide relevant and ongoing mental health professional development for all school employees.
Goal 4	Collaborate with community agencies and other MCPS stakeholders to ensure students and families have access to wrap-around services.
Goal 5	Provide relevant and ongoing mental health information and resources for parents.

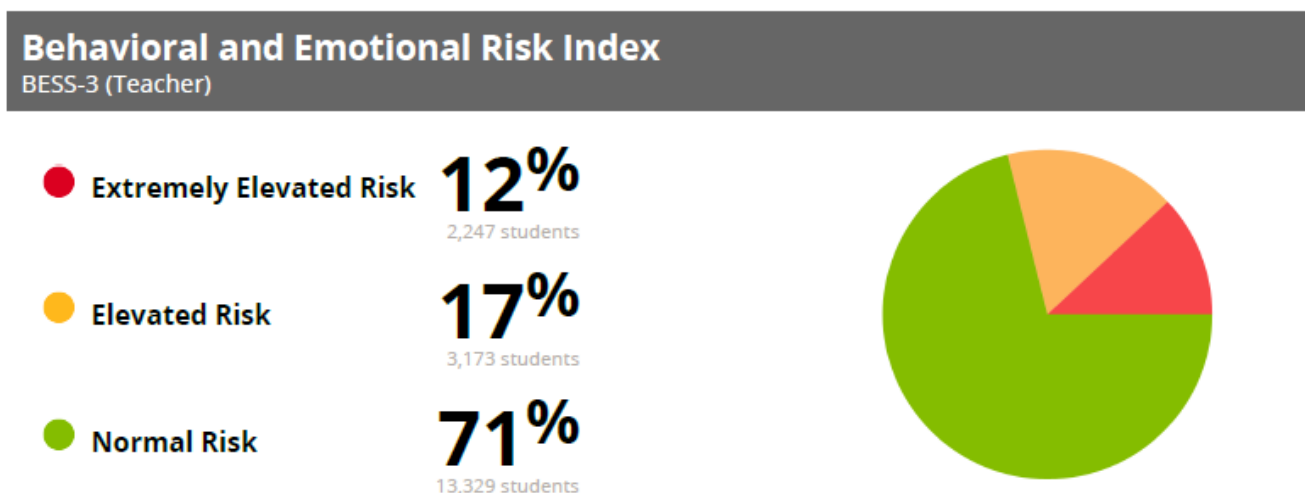
Goal one was to improve access to school-based mental health supports by ensuring schools are staffed appropriately with trained mental health providers and students are assessed to determine their need for mental health services. This goal had two objective points; 1) staff additional mental health personnel (school counselors and school psychologists) to increase the amount of direct student contact time and 2) assess students' needs for mental health interventions/services. Given difficulties filling the seven proposed school psychologist positions immediately, the Student Services Leadership Team expanded the search to include school social worker positions as well. The addition of the school social workers assisted in accomplishing the district's goal by providing additional personnel to provide Tier 2 and Tier 3 interventions and support.

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Below is a table showing how Marion County Public Schools compares to the national recommended staff to student ratio per position and how the funding from Senate Bill 7026 improved the ratios.

Certified Personnel	National Recommended Ratio	MCPS Ratio as of 7/1/18	Current Ratio
School Counselors	1:250	1:393 (High) 1:439 (Middle) 1:519 (Elementary)	1:393 (High) 1:439 (Middle) 1:450 (Elementary)
School Psychologists	1:750	1:2500	1:1925
School Social Workers	1:250	1:2500	1:1566

The second objective in Goal one was to assess students' needs for mental health interventions/services. This school year the district screened all elementary students in grades kindergarten through fifth. Schools were requested to have homeroom teachers complete a universal behavior screener for each student in their class (teacher observation of student behavior). In total 18,748 students were screened using the BESS. Screener results indicated that 12% or 2,247 students screened fell within the extremely elevated risk range on the Behavioral and Emotional Risk Index. Reference the table below and [Appendix A](#) for a further breakdown of screening results.



2019-2020 Mental Health Plan Introduction

Goal two was to integrate a continuum of mental health supports within a multi-tiered system of supports. The first objective was to establish and integrate mental health curriculum and interventions for tiers 1, 2, and 3 across grade levels. For Tier 1 implementation, we selected *Sanford Harmony* for the elementary schools ([Appendix B](#)), *Start with Hello* for the middle schools, and *Signs of Suicide* for the high schools. In the middle schools, we were able to host the *Start with Hello* kick off event for 9,351 students. Furthermore, all of our middle schools continued or established SAVE Promise Clubs (student-led violence prevention clubs) to build capacity for the program moving forward. Signs of Suicide was presented to 2,030 11th grade students. Of those 2,030 students, 250 (12.3%) of them were flagged for immediate follow up to determine level of suicide risk. The 2019-2020 Mental Health Plan will provide continued support for all of these programs established during the initial year. For Tier 2 and Tier 3 implementation, school-based Multi-Disciplinary Teams (MDT) identified at-risk students using BESS data, Early Warning System Data, and MDT Referrals from staff or parents. For a list of currently used tiered interventions reference [Appendix C](#).

The second objective in Goal two was to integrate school based Multi-Disciplinary Teams within the established MTSS framework. On July 23rd, 2018, the Student Services Leadership Team held a training for all school counselors, student service managers, school psychologists, school social workers, and designated assistant principals from each school. At that time, all of the MDT members were trained on the MDT framework and expectations for implementation. Throughout the school year, team members received multiple in person trainings and were given the opportunity for online training as well.

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Goal three was to provide relevant and ongoing mental health professional development for all school employees. Marion County Public Schools currently has four Youth Mental Health First Aid trainers with three additional personnel to receive the Train-the-Trainer certification in June 2019. For the 2018-2019 school year, the targeted Youth Mental Health First Aid training groups were members of the MDT. Below is a table showing percentage trained in each targeted personnel area.

Personnel	Total Trained	Total Employed	Percentage Trained
School Counselors	100	102	98%
School Psychologists	18	18	100%
School Social Workers	17	17	100%
Student Service Managers	68	68	100%

Goal four was to collaborate with community agencies and other MCPS stakeholders to ensure students and families have access to wrap-around services. This goal was broken down into three objectives, the first objective was to “meet with community-agencies to discuss and problem-solve barriers to student and family services.” The Marion County Continuum of School Mental Health Services (CSMHS) Team was created to aid in better communication and problem solving between the school system, police departments, department of children and families, and community counseling agencies. This group meets monthly to discuss student needs in the community and any new services that can be provided to our students.

Objective two was to partner with community mental health facility to provide information and training, as it relates to Baker Act procedures. In the 2018-2019 school year we partnered with the Centers and the Vines (community based mental health facilities) to provide a Baker Act procedure update to our school counselors, school psychologists, and school social workers. In addition, the Centers created the Mobile Crisis Response Unit which answers calls from school teams to help determine if a Baker Act is warranted or to aid in referring to services should a Baker Act not be recommended.

Objective three was to partner with other MCPS departments to facilitate problem-solving and provide additional resources and options for comprehensive behavioral and mental health services. This objective was met through the Student Services Leadership Team meetings that occurred monthly. Directors and program specialists from Exceptional Student Education, Psychological & Social Work Services, School Counseling & Assessment, and Student Services departments were invited to the table to discuss ways to implement mental health goals in our schools, as well as discuss any barriers to those goals.

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Goal five was to provide relevant and ongoing mental health information and resources for parents. Letters were sent home with students to inform parents about the Behavioral and Emotional Screening System, and Signs of Suicide. With the Signs of Suicide program, students that participated were also given a one page hand out to take home and share with their families. The MCPS Student Services Leadership Team plans to focus more time and attention to this goal in the 2019-2020 Mental Health Plan now that other components are established.

Goal 1

Improve access to school-based mental health supports by ensuring schools are staffed appropriately with trained mental health providers, and students are assessed to determine their need for mental health services.

Rationale

In order to provide comprehensive mental health services for at-risk students, our staffing resource allocation will include prevention, intervention, and post-vention services. School Counselors are tasked with providing a comprehensive preventative mental health program as well as tiered mental health supports. In order to accomplish this goal, it is proposed to add a counselor unit to any school with a ratio higher than 1:700 (e.g., 1 counselor per each 700 students) and to realign the job responsibilities of the School Counselor. This will increase the amount of time School Counselors are able to provide direct mental health services to students. School Psychologists and School Social Workers will assist in providing mental health services by offering additional learning opportunities for students, families, and staff; participating in direct services (e.g., mental health screening, counseling); collaborating with community agencies to plan and facilitate wrap-around services; and connecting families with resources within and outside of the school setting. In order to accomplish this goal effectively and efficiently, it is proposed to continue funding the additional four school psychologist and three school social worker positions. Additionally, the realignment of school psychologist and school counselor roles will ensure case management responsibilities are shared and direct student contact mental health services are increased.

With appropriately staffed schools, mental health providers will be able to identify students who are at-risk and provide timely mental health interventions. Early identification and intervention for students with social, emotional, and behavioral concerns is an integral part of helping these students become successful at school as well as ensuring student safety on campus. Providing a clear method of referring students of concern to a team of mental health professionals and other members of a problem solving team will decrease the chance of these students' needs being unintentionally overlooked. Early warning system data including student office discipline referrals, attendance information, and number of suspensions can provide schools with information on students who exhibit externalizing behaviors. However, in order for schools to identify and reach all students with mental health needs, a more comprehensive behavioral/emotional screening instrument will need to be utilized to identify students with problematic internalizing behaviors. Universal screening will be implemented district-wide for all elementary students, and used to gather additional information for secondary students referred to the MDT.

The MDT Referral form ([Appendix E](#)) will include requests for pertinent student information including any diagnoses/identifications, current interventions/treatment, and mental health care provider contact information. District procedures will require any student with a completed MDT Referral form to participate in a BESS screening within 15 days of referral.

Once students are referred to the Multi-Disciplinary Team, team members will determine the best approach to mental health and behavior intervention for the student. District procedures will require any intervention/s determined at the MDT meeting, to begin within 15 days (school-based) or 30 days (community-based) of determination. Once referral forms are completed by the team, all data will be securely scanned to our district Mental Health Data Specialist who is responsible for tracking student referral information, screenings, and services. Beginning in the 2019-2020 school year, school teams will also be able to refer students on to a district-based Multi-Disciplinary Team, providing additional expertise and support for students.

Goal 1 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> Includes direct employment of school-based mental health services providers. Identifies strategies to increase the amount of time student services personnel spend providing direct mental health services. 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #1: Staff mental health personnel (School Counselors, School Psychologists, and School Social Workers) to increase direct student contact time with mental health personnel.	Step 1 Increase the time mental health personnel spend providing direct student services by: a) Review and revise resource allocation (personnel assigned to schools) based on school/student need. b) Review and revise roles and responsibilities of mental health personnel to allocate time for services, based on school needs, and redefine roles as needed.	<i>Process Data:</i> School counselor, psychologist, and social worker ratios. <i>Perception Data:</i> SHAPE ¹ needs assessment survey. <i>Outcome Data:</i> Use-of-Time Assessment Data. Documentation of Medicaid billing information for services provided by School Social Workers and School Psychologists.	Director of Psychological and Social Work Services, Director of School Counseling & Assessment.

¹ SHAPE System serves as a portal by which comprehensive school mental health systems can access performance measures resulting in customized reports used to improve the quality and sustainability of the mental health system's programs.

Goal 1 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> • Delivers evidence-based, mental health assessment, diagnosis, intervention, treatment and recovery, through a multi-tiered system of supports. • Focuses on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses. • States how the plan will establish school board policies and procedures that ensure timely mental health screenings and interventions for referred students. • Describes process for coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in the student's care. • Includes system for tracking the number of students at high risk for mental health disorders who received mental health screenings, number of students referred for mental health services, etc... 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #2: Assess students' needs for mental health interventions/services.	<p>Step 1</p> <p>Screen students utilizing a combination of Early Warning Indicator data and behavioral/emotional screening instrument data.</p> <p>Step 2</p> <p>Provide system by which staff, parents, students, and community agencies can refer students for behavior/ performance concerns to the school-based Multi-Disciplinary Team (MDT).</p> <p>Step 3</p> <p>Provide system by which school-based Multi-Disciplinary Teams can refer students for continued behavior/performance concerns to a district-based Multi-Disciplinary Team.</p>	<p><i>Process Data:</i> Number of students screened and identified as needing mental health interventions/ services.</p> <p><i>Perception Data:</i> SHAPE needs assessment survey.</p> <p><i>Outcome Data:</i> Percentage of students referred for threat/suicide screenings, interventions, and/or community services.</p>	School-based mental health personnel and school-based Multi-Disciplinary Team (MDT).

Goal 2

Integrate a continuum of mental health supports within a multi-tiered system of supports.

Rationale

A multi-tiered system of supports approach to mental health ensures students who experience mental health problems have timely access to effective and coordinated supports and services. At the Tier 1 level, all students receive preventative mental health curriculum including instruction on Social Emotional Learning, Social Inclusiveness, and Suicide Prevention. At the Tier 2 level, groups of students with similar needs identified by a mental health screening instrument or MDT referral will receive mental health interventions which may include group counseling and behavior interventions aligned with the targeted areas of concern. Students who require the most intense therapeutic services as determined by the MDT team, will receive Tier 3 individualized services which may include IEP counseling, referral for ongoing and intensive counseling services provided by community agencies, psychological evaluation, and crisis response/interventions. Quality, research-based mental health curriculum and interventions will be needed to provide these services to our students.

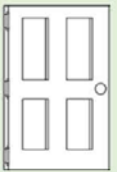
In order for the Multi-Disciplinary Team to be successful in providing students with mental health support, the team will need to be highly trained in their roles on the MDT and the implementation of appropriate mental health interventions. Integration of an established MTSS framework for academics will need to be considered to ensure efficiency and quick response to student needs. School-based MDT members will be trained collaboratively to ensure team cohesiveness and consistency.

Goal 2 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> • Delivers evidence-based, mental health assessment, diagnosis, intervention, treatment and recovery, through a multi-tiered system of supports. • Focuses on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses. • Identifies 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. • Identifies 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 3) Assist students in dealing with trauma and violence. 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #1: Establish and integrate mental health curriculum and interventions for Tiers 1, 2, and 3 across grade levels.	Step 1 Determine Tier 1 mental health curriculum to include preventative measures such as suicide prevention and social emotional learning (SEL) curriculum. Step 2 Determine Tier 2 mental health curriculum to include targeted group counseling curriculum and behavior interventions. Step 3 Determine Tier 3 mental health curriculum to include direct therapeutic services (IEP counseling or coordinating with community counseling agencies), psychological assessment of social, emotional, and behavioral problems, and crisis intervention/response.	<i>Process Data:</i> Information on mental health curriculum utilized and number of students participating in the curriculum. Mental health personnel who provided curriculum. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> School-based PBIS data (ODRs by type); percentage of students referred for, receiving, and dismissed from counseling services; percentage of students referred for psychological evaluation, in addition to eligibility rates; and crisis intervention/response information.	School-based mental health personnel (School Counselors, School Psychologists, and School Social Workers)

MCPS – MTSS Intervention Continuum Behavior/Mental Health

Note: Not every student behavior will necessarily fit into one specific box due to behaviors often serving multiple functions. Professional judgment will need to be applied to determine the best approach for each student. Interventions should only be provided by trained personnel/staff.

<u>Anxiety/Depression/ Self-Esteem/Trauma</u>	<u>Self-Regulation/ Impulse Control</u>	<u>Aggression/ Anger Management</u>	<u>SEL Skill Building/ Social Skills</u>	 SUCCESS
<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Internalizing Risk Index/Adaptive Risk Index • MDT Referral Diagnosis – Anxiety, Depression, PTSD, DMDD 	<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Externalizing Risk Index • MDT Referral Diagnosis – ADHD, ODD, DMDD 	<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Externalizing Risk Index/Adaptive Risk Index • MDT Referral Diagnosis – ODD, DMDD, Conduct Disorder 	<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Adaptive Risk Index • MDT Referral Diagnosis – ADHD, Anxiety, ASD, Depression, ODD, PTSD 	<u>On Level</u> <ul style="list-style-type: none"> • <i>Core Curriculum:</i> <ul style="list-style-type: none"> ○ School-wide Behavior Expectations ○ SEL Curriculum ○ Social Inclusiveness Curriculum
<u>District Supported Interventions:</u> <ul style="list-style-type: none"> • Anxiety Workbook for Teens • Beyond the Blues – A Workbook to Help Teens Overcome Depression • Mentoring • Promoting Student Happiness • Stopping the Pain – A Workbook for Teens who Cut and Self Injure 	<u>District Supported Interventions:</u> <ul style="list-style-type: none"> • BEP (Check-in/Check-out) • Executive Functioning for Teens • I Can Problem Solve • Second Steps • Skill Streaming • Stop & Think • Zones of Regulation 	<u>District Supported Interventions:</u> <ul style="list-style-type: none"> • Behavior Contract • Second Steps • Stop & Think • Zones of Regulation 	<u>District Supported Interventions</u> <ul style="list-style-type: none"> • I Can Problem Solve • Second Steps • Small Group Sanford Harmony Lessons • Social Stories 	
<u>Progress Monitoring</u> Program Specific	<u>Progress Monitoring</u> Program Specific	<u>Progress Monitoring</u> Program Specific	<u>Progress Monitoring</u> Program Specific	
<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	

Goal 2 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> Delivers evidence-based, mental health assessment, diagnosis, intervention, treatment and recovery, through a multi-tiered system of supports. Identifies 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. 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #2: Integrate school-based Multi-Disciplinary Teams (MDT) within the established MTSS framework.	Step 1 Provide professional development training and resources to help school-based teams identify, refer, and provide appropriate interventions for students in need of mental health support.	<i>Process Data:</i> Comprehensive District MTSS plan including MDT team and wrap-around services referrals as a component of framework. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> District and School-based MTSS process audit data.	District and school-based data team

Goal 3

Provide relevant and ongoing mental health professional development for all school employees.

Rationale

Training all school staff to recognize the signs of students with mental health needs will assist the school by responding in a timely and appropriate manner. School staff will also be trained on how to refer students to the school-based Multi-Disciplinary Team to ensure students receive mental health interventions matching the level of need.

Goal 3 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> Identifies 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. 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #1: Provide mental health training to all school staff to assist in the appropriate identification and response to students in need of mental health support.	Step 1 Identify district personnel to be trained as Youth Mental Health First Aid trainers through grant funding. Step 2 Provide Youth Mental Health First Aid Training to all school personnel via school-based trainings.	<i>Process Data:</i> Percentage of trained school employees. <i>Perception Data:</i> Pre/Post training surveys. <i>Outcome Data:</i> School-based PBIS data (ODRs by type); percentage of students referred for, receiving, and dismissed from counseling services; percentage of students referred for psychological evaluation, in addition to eligibility rates; and crisis intervention/ response information.	District and school-based mental health personnel.

Goal 4

Collaborate with community agencies and other MCPS stakeholders to ensure students and families have access to wrap-around services.

Rationale

Community agencies have the opportunity to provide a wide array of services within and outside of the school setting. Schools have a unique opportunity to identify student needs and connect families with appropriate services. However, collaboration and ongoing communication is essential in order to respond efficiently and avoid redundancy of services. Interagency communication allows school mental health personnel to provide the most current information about community resources, as well as facilitate access to these services (e.g., referral procedures). Students and families may encounter barriers to accessing community resources, such as transportation issues. Community-school partnerships allow for problem-solving such barriers. For instance, such partnerships allow schools to enable access to students while on campus. These efforts increase the scope of mental health services that can be provided, thereby improving the physical and psychological safety of our students ([Appendix F](#)).

Community agencies and providers have access to updated information and resources regarding identifying at-risk youth and addressing acute mental health needs (e.g., Baker Act requirements), as well as keeping abreast of federal and state mandates and regulations. It is critical to partner with these providers to afford school mental health personnel and essential staff (e.g., School Resource Officers and School Administrators) the necessary training to ensure schools are using best practices. Training may include, but is not limited to, threat screening procedures to identify students at-risk of harm to self or others, Baker Act criteria and referral procedures, and post-vention information for services/strategies after a student returns from a Baker Act assessment or inpatient care.

The implementation of integrated school-based mental health services is most effective within a multi-tiered system of supports, to include collaboration between all stakeholders and departments. Including relevant stakeholders in the problem-solving process ensures that all options available are considered and the full breadth of student needs are met appropriately. In order to accomplish this goal, routine meetings with department representatives from Student Services and Exceptional Student Education (ESE) will be held to discuss services, improve referral procedures, and eliminate redundancy of services whenever possible. Additionally, these meetings will allow school personnel to problem-solve barriers and design additional options or programming to broaden the services available to students.

All MCPS Charter schools will be included in the implementation of the mental health plan to include; trainings, access to resources, and procedure expectations.

Goal 4 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> Includes contracts or interagency agreements with local behavioral health providers or Community Action Team services to provide behavioral health services on or off the school campus. Describes process for coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in the student's care. Describes how district will maximize use of other sources of funding to provide school-based mental health services. 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #1: Meet with community-agencies to discuss and problem-solve barriers to student and family services.	Step 1 Develop meeting schedule, based on district needs assessment, to discuss community agency referral processes, access to students/families within school setting; partnership opportunities for information and training. Step 2 Identify barriers to referral process and/or provision of school-based services, and develop solutions to address concerns and improve process	<i>Process Data:</i> List of community providers and services provided, provider and credentialing information for any contracted services, meeting schedule, and running record of students referred to each agency. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> Record of students/families served by each agency within the school setting and in the community (if available); and meeting minutes detailing school-community problem-solving regarding referral and service processes.	District and School-based mental health personnel and community agency representatives

Goal 4 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> • Focuses on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses. • Includes contracts or interagency agreements with local behavioral health providers or Community Action Team services to provide behavioral health services on or off the school campus. 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #2: Partner with Community mental health facility to provide information and training, as it relates to Baker Act procedures.	Step 1 Partner with community agency to develop and provide yearly refresher information/training for Multi-Disciplinary Team (MDT) members, School Resource Officers, Administration, and other stakeholders.	<i>Process Data:</i> Percentage of trained school employees. <i>Perception Data:</i> Pre/Post training surveys. <i>Outcome Data:</i> District and School-based referral and threat assessment process audit data.	District and School-based mental health personnel and community agency representatives

Goal 4 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none"> Identifies 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 3) Assist students dealing with trauma and violence. Describes how district will maximize use of other sources of funding to provide school-based mental health services. Describes the process for coordinating mental health services for students at charter schools. 		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #3: Partner with other MCPS Departments to facilitate problem-solving and provide additional resources and options for comprehensive behavioral and mental health services.	Step 1 Hold routine meetings with Student Services, ESE, Community Engagement, and other departments and stakeholders to solidify referral procedures and limit overlap or redundancy of services. Step 2 Engage in problem-solving with all stakeholders and relevant departments to increase and effectively use alternative options or programming within the MTSS and Mental Health Plan framework.	<i>Process Data:</i> Information on how other departments are included/impacted by plan and areas where collaboration is warranted. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> Meeting minutes detailing problem-solving and procedural changes that result.	District mental health personnel and other MCPS department representatives

Goal 5

Provide relevant and ongoing mental health information and resources for parents.

Rationale

Parent engagement is an integral part of student success, both academically and behaviorally. Including key stakeholders, such as parents and teachers, in the design and delivery of services that foster social-emotional development will improve overall attainment and sustainability. In order to improve home-school communication and to foster a positive relationship between families and community agencies, ongoing information will be provided to parents through a variety of modalities. These efforts may include printed resources, videos, and parent information sessions.

In an effort to bridge the gap between families and access to primary mental health providers in the community, parent engagement activities will also focus on providing opportunities for community agencies and mental health providers to engage with parents in a safe environment to increase access to these resources.

Goal 5 Objectives

FDOE Checklist Criteria Met:	<ul style="list-style-type: none">Describes process for coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in the student's care.		
Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #1: Provide ongoing mental health information for parents and families	Step 1 Provide information sessions for parents, to include: social emotional learning and child/adolescent development, mental health warning signs, tips for parents/caregivers to deal with mental health issues, and crisis response. Step 2 Provide information to families on school and community-based services through website, video shorts, school-based Q&A sessions, and parent meetings.	<i>Process Data:</i> Schedule and plan for parent sessions and information dissemination. <i>Perception Data:</i> Pre/Post parent surveys. <i>Outcome Data:</i> Percentage of students referred for threat/suicide screenings, interventions, and/or community services by parent request.	School-based mental health personnel.

2019-2020 Mental Health Budget

2018-2019 Roll-Over Personnel Budget Item	Total		
2018-2019 Personnel Roll-Over Budget	696,130.36		
2018-2019 Other Budget Item	Total		
2018-2019 Training (Stipends) Roll-Over Budget	44,739.00		
2018-2019 Curriculum Kits & Books Roll-Over Budget	81,867.52		
Total	822,736.88		
2019-2020 Personnel Budget Item	2019-2020 Yearly Salary	Total Benefits	Total
School Intervention Therapist - LMHC	52,060.00	20,303.33	72,363.33
2019-2020 Other Budget Item	Total		
Curriculum Kits & Books	200,000.00		
Parent/Community Engagement (meeting supplies)	300,000.00		
Professional Development	200,373.55		
Furniture	20,000.00		
Office Supplies	10,000.00		
Technology	20,000.00		
Budget Excess of Allocation	(0)		
2019-2020 Mental Health Plan Budget	Total		
2019-2020 Mental Health Plan Allocation	1,122,777.00		
2019-2020 Personnel Budget Item	2019-2020 Yearly Salary	Total Benefits	Total
Certified School Psychologist	73,109.08	19,392.24	92,501.32
Certified School Psychologist	73,109.08	19,392.24	92,501.32
Certified School Psychologist	73,109.08	19,392.24	92,501.32
Certified School Psychologist	73,109.08	19,392.24	92,501.32
Certified School Social Worker	39,050.00	13,554.28	52,604.28
Certified School Social Worker	41,050.00	13,765.88	54,815.88
Certified School Social Worker	41,050.00	13,765.88	54,815.88
Certified School Counselor; Elem	40,354.85	13,643.88	53,998.73
Certified School Counselor; Elem	43,327.81	14,165.63	57,493.44
Program Spec.; Mental Health Data - Certified Ed. Lead	57,288.00	24,139.84	81,427.84
School Intervention Therapist - LMHC	52,060.00	20,303.33	72,363.33
School Intervention Therapist - LMHC	52,060.00	20,303.33	72,363.33
Coordinator I; Mental Health - Certified School Counselor	82,151.00	29,533.28	111,684.28
2019-2020 Other Budget Item	Total		
Professional Development	50,000.00		
Parent/Community Engagement (meeting supplies)	50,204.73		
SAVE Promise Club Sponsor Stipends	11,000.00		
Behavioral and Emotional Screening System (BESS)	26,000.00		
Travel	4,000.00		
Total	(0)		

Externalizing Risk Index



Extremely Elevated Risk

10%

1,840 Students



Elevated Risk

13%

2,442 Students

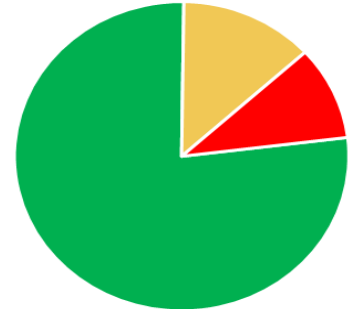


Normal Risk

77%

14,466 Students

Externalizing



■ Normal ■ Elevated ■ Extreme

Internalizing Risk Index



Extremely Elevated Risk

7%

1,259 Students



Elevated Risk

17%

3,170 Students

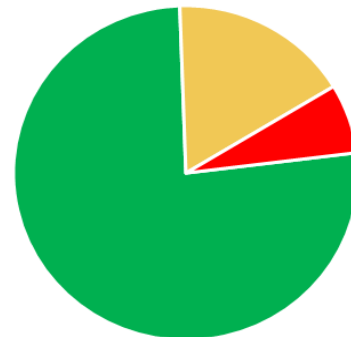


Normal Risk

76%

14,319 Students

Internalizing



■ Normal ■ Elevated ■ Extreme

Adaptive Skills Risk Index



Extremely Elevated Risk

6%

1,051 Students



Elevated Risk

18%

3,424 Students

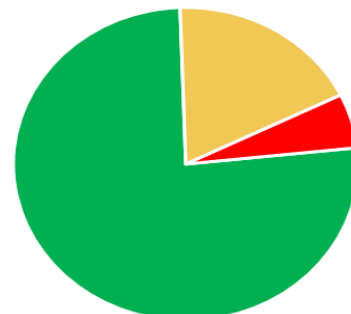


Normal Risk

76%

14,273 Students

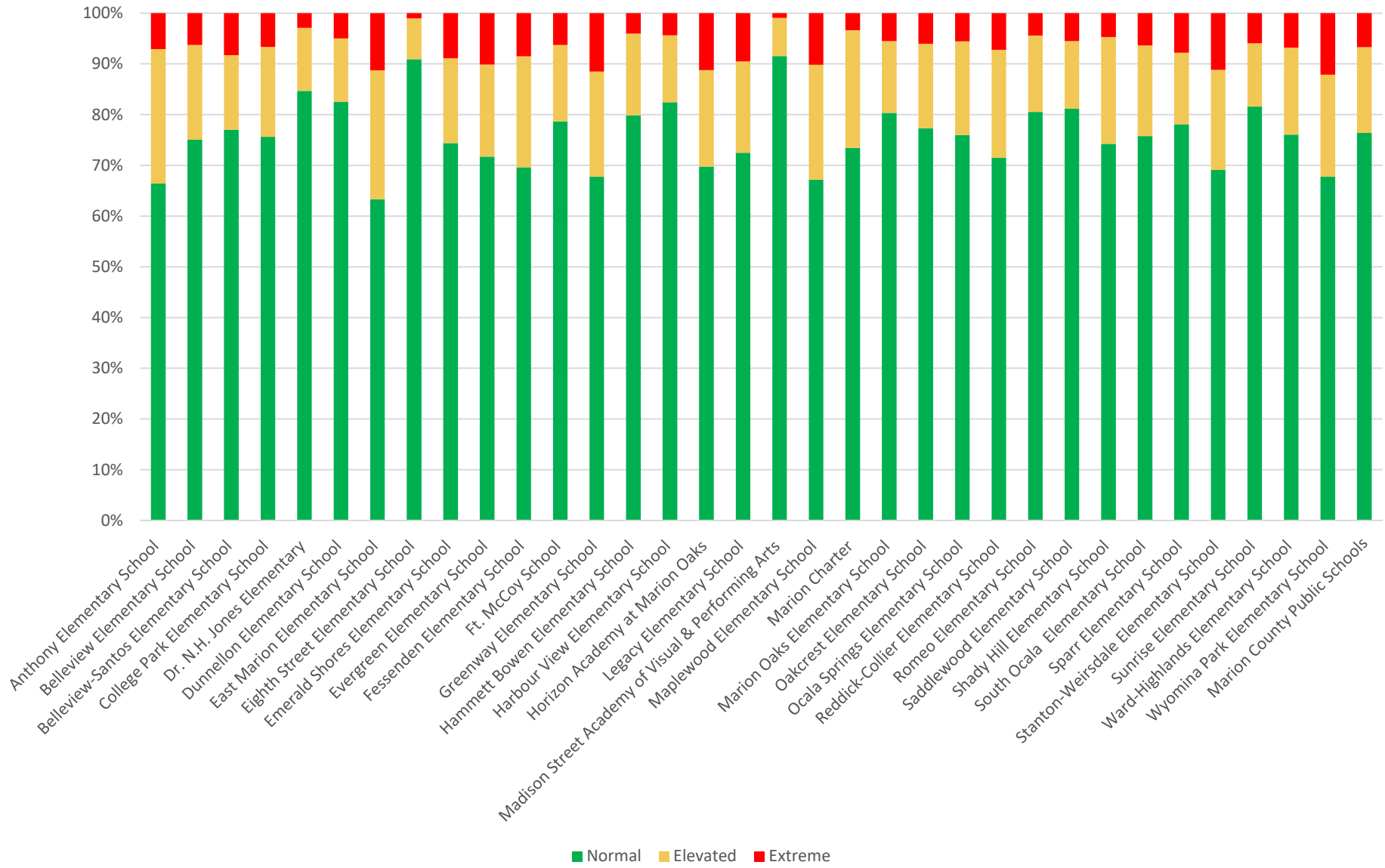
Adaptive Skills



■ Normal ■ Elevated ■ Extreme

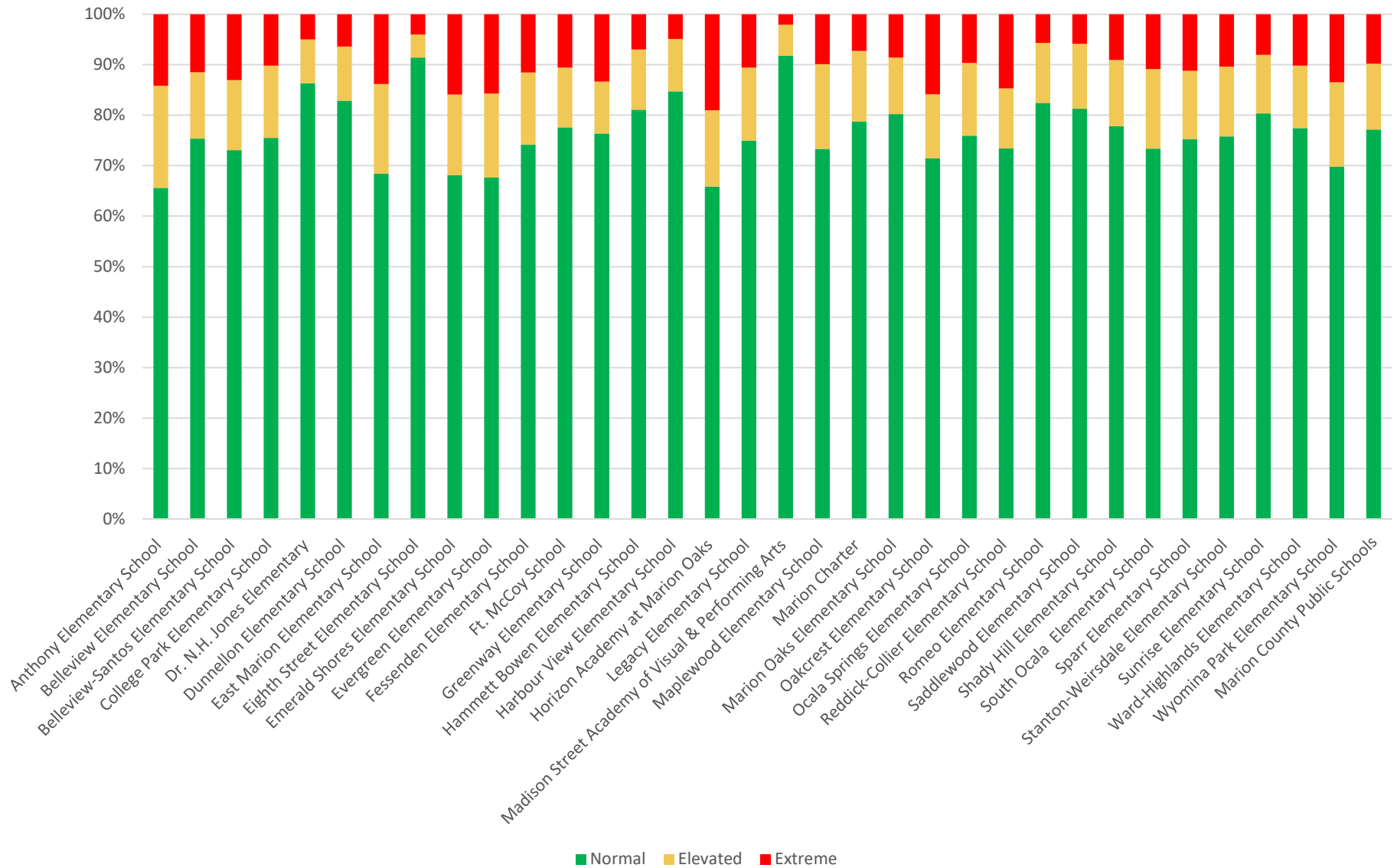
Appendix A

Internalizing Risk Index by School

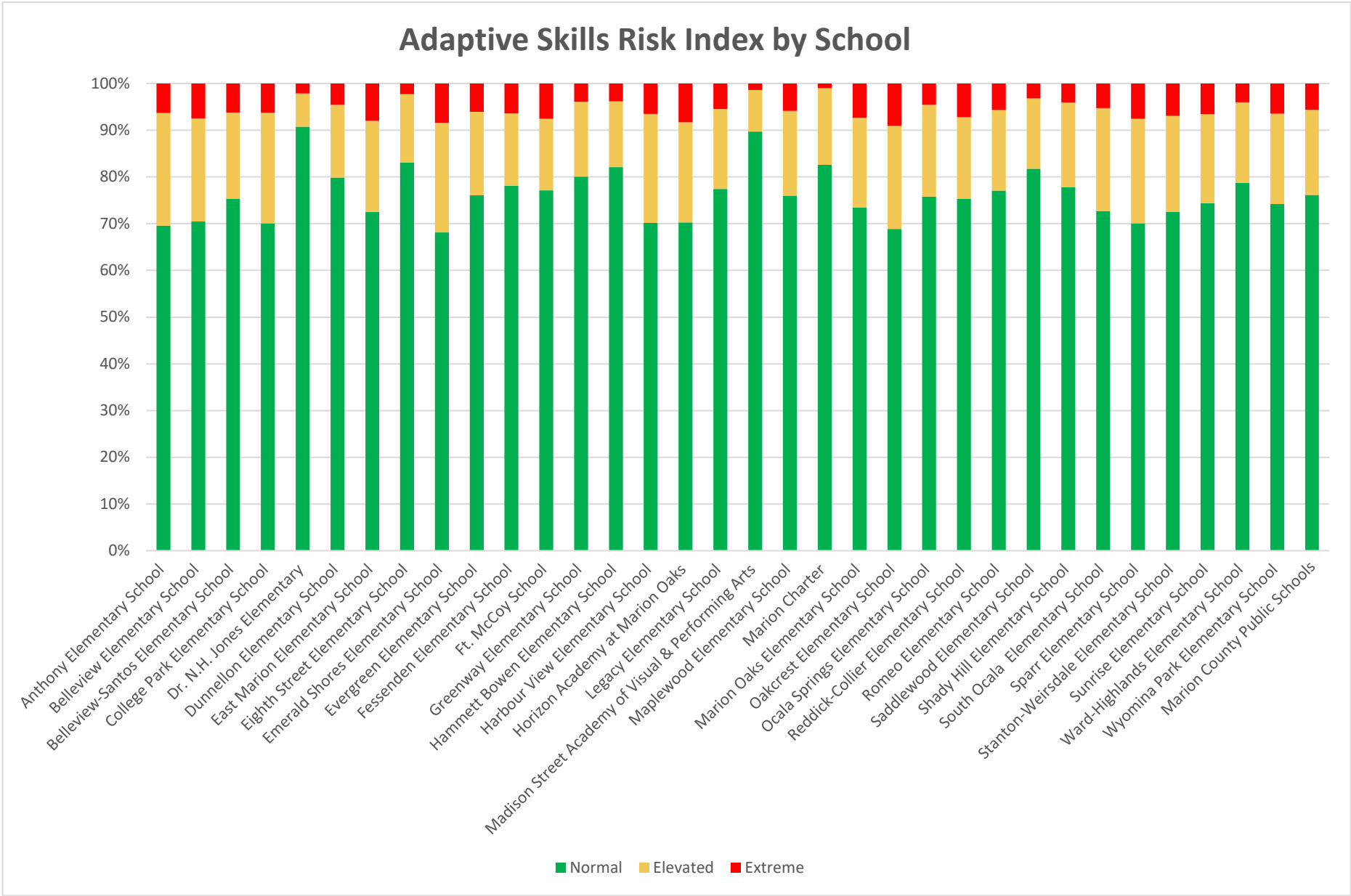


Appendix A

Externalizing Risk Index by School



Appendix A




Appendix B

School Name	Social Emotional Learning
Anthony Elementary School	Sanford Harmony
Bellevue Elementary School	Zones of Regulation
Bellevue-Santos Elementary School	Second Step
College Park Elementary School	Sanford Harmony
Dr. N.H. Jones Elementary School	Sanford Harmony (Creating a plan for implementation)
Dunnellon Elementary School	Sanford Harmony
East Marion Elementary School	Zones of Regulation
Eighth Street Elementary School	Sanford Harmony (Parts would like to do 100 Next Year), Various SEL Activities
Emerald Shores Elementary School	Zones of Regulation, Sanford Harmony
Evergreen Elementary School	Zones of Regulation, Sanford Harmony
Fessenden Elementary School	Sanford Harmony (Small Group this year not school wide)
Greenway Elementary School	Sanford Harmony
Hammett Bowen Jr. Elementary School	Sanford Harmony (Not used school wide)
Harbour View Elementary School	Sanford Harmony
Horizon Academy at Marion Oaks	Start with Hello/ SAVE Promise Club
Legacy Elementary School	Zones of Regulation
Madison Street Academy of Visual & Performing Arts	Sanford Harmony
Maplewood Elementary School	Sanford Harmony
Marion Oaks Elementary School	Zones of Regulation, Sanford Harmony
Oakcrest Elementary School	Zones of Regulation, Leader in Me
Ocala Springs Elementary School	Sanford Harmony
Reddick-Collier Elementary School	Sanford Harmony
Romeo Elementary School	Zones of Regulation, Sanford Harmony
Saddlewood Elementary School	Sanford Harmony
Shady Hill Elementary School	Zones of Regulation, Sanford Harmony
South Ocala Elementary School	Steps for Effective Limit Setting, Sanford Harmony(still receiving materials)
Sparr Elementary School	Sanford Harmony
Stanton-Weirsdale Elementary School	Sanford Harmony
Sunrise Elementary School	Sanford Harmony
Ward-Highlands Elementary School	Zones of Regulation (Behavior Units), Sanford Harmony (Set to begin next year)
Wyomina Park Elementary School	Leader in me, Zones of Regulation, Sanford Harmony

Appendix C

MCPS – MTSS Intervention Continuum Behavior/Mental Health

Note: Not every student behavior will necessarily fit into one specific box due to behaviors often serving multiple functions. Professional judgment will need to be applied to determine the best approach for each student. Interventions should only be provided by trained personnel/staff.

<u>Anxiety/Depression/ Self-Esteem/Trauma</u>	<u>Self-Regulation/ Impulse Control</u>	<u>Aggression/ Anger Management</u>	<u>SEL Skill Building/ Social Skills</u>	
<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Internalizing Risk Index/Adaptive Risk Index • MDT Referral Diagnosis – Anxiety, Depression, PTSD, DMDD 	<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Externalizing Risk Index • MDT Referral Diagnosis – ADHD, ODD, DMDD 	<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Externalizing Risk Index/Adaptive Risk Index • MDT Referral Diagnosis – ODD, DMDD, Conduct Disorder 	<u>Criteria Data Source:</u> <ul style="list-style-type: none"> • BESS – Adaptive Risk Index • MDT Referral Diagnosis – ADHD, Anxiety, ASD, Depression, ODD, PTSD 	<u>On Level</u> <ul style="list-style-type: none"> • <i>Core Curriculum:</i> <ul style="list-style-type: none"> ○ School-wide Behavior Expectations ○ SEL Curriculum ○ Social Inclusiveness Curriculum
<u>District Supported Interventions:</u> <ul style="list-style-type: none"> • Anxiety Workbook for Teens • Beyond the Blues – A Workbook to Help Teens Overcome Depression • Mentoring • Promoting Student Happiness • Stopping the Pain – A Workbook for Teens who Cut and Self Injure 	<u>District Supported Interventions:</u> <ul style="list-style-type: none"> • BEP (Check-in/Check-out) • Executive Functioning for Teens • I Can Problem Solve • Second Steps • Skill Streaming • Stop & Think • Zones of Regulation 	<u>District Supported Interventions:</u> <ul style="list-style-type: none"> • Behavior Contract • Second Steps • Stop & Think • Zones of Regulation 	<u>District Supported Interventions</u> <ul style="list-style-type: none"> • I Can Problem Solve • Second Steps • Small Group Sanford Harmony Lessons • Social Stories 	
<u>Progress Monitoring</u> Program Specific	<u>Progress Monitoring</u> Program Specific	<u>Progress Monitoring</u> Program Specific	<u>Progress Monitoring</u> Program Specific	
<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	<u>Exit</u> When the student demonstrates consistent mastery of targeted skills (BESS Result Data)	

Appendix D

Glossary of Terms

BESS – Behavioral and Emotional Screening System

CSMHS – Continuum of School Mental Health Services

MTSS – Multi-Tiered System of Supports

Sanford Harmony – Social Emotional Learning Curriculum

Signs of Suicide – Suicide Prevention Program

Start with Hello – Social Inclusiveness Program

Student Services Leadership Team – Team made up of representatives from the following departments; Exceptional Student Education (Sherry Alvies), Psychological and Social Work Services (Juan Lopez, Yvette Del Nodal, Lisa Panzer), School Counseling and Assessment (Jon McGowan and Amanda Steckman), and Student Services (David Ellers).

MULTI-DISCIPLINARY TEAM REFERRAL FORM SCHOOL STAFF REFERRAL

School Counseling & Assessment
215 SE 6th Street • Ocala, FL 34471
(352) 671-7157 • Fax (352) 671-7587 • FRS 800.955.8770 (voice) • 800.955.8771 (TTY)

Student Name: _____ Grade: _____

Student Number: _____ Referring Staff Member: _____

Is this student ESE or 504?

☐ ESE ☐ 504 ☐ Neither

Does this student have a current mental health diagnosis?

☐ Yes ☐ No

If Yes, what is the student's diagnosis? _____

If Yes, who is the student's primary care provider? _____

Area(s) of concern (please describe):

- ☐ Behavioral Concerns: _____
- ☐ Social Concerns: _____
- ☐ Emotional Concerns: _____
- ☐ Physical Health Concerns: _____
- ☐ Family Concerns: _____
- ☐ Other: _____

Behavioral concerns (please select all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Intrusive thoughts <input type="checkbox"/> Anxious, fearful or irritable mood <input type="checkbox"/> Jumpy or easily startled <input type="checkbox"/> Aggressive <input type="checkbox"/> Sexualized play or behaviors <input type="checkbox"/> Talks excessively <input type="checkbox"/> Gets out of seat and move constantly <input type="checkbox"/> Interrupts and blurts out responses <input type="checkbox"/> Inattentive, distractible, forgetful <input type="checkbox"/> Disorganized, makes careless mistakes <input type="checkbox"/> Angry towards others, blames others <input type="checkbox"/> Fights and is aggressive | <ul style="list-style-type: none"> <input type="checkbox"/> Sad, depressed or irritable mood <input type="checkbox"/> Hopelessness, negative view of future <input type="checkbox"/> Low self-esteem, negative self-statements <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Diminished interest in activities <input type="checkbox"/> Low or decreased motivation <input type="checkbox"/> Worries excessively <input type="checkbox"/> Restless and on edge <input type="checkbox"/> Specific fears or phobias <input type="checkbox"/> Clingy behavior <input type="checkbox"/> Appears distracted <input type="checkbox"/> Argumentative and defiant |
|--|--|

How often is this behavior occurring? (e.g., several times per day; 1-2 times per week)

MULTI-DISCIPLINARY TEAM REFERRAL FORM SCHOOL STAFF REFERRAL

To your knowledge, what interventions have previously been used?

- In school supports:

- Out of school supports:

To your knowledge, what interventions are currently in place?

- In school supports:

- Out of school supports:

What do you think will help the student experience success?

THIS SECTION FOR MULTI-DISCIPLINARY TEAM USE ONLY

Meeting Date: _____

What decisions were made as a result of this meeting?

What tiered level of support is being recommended by the team? ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

MULTI-DISCIPLINARY TEAM REFERRAL FORM PARENT/GUARDIAN REFERRAL

School Counseling & Assessment
215 SE 6th Street • Ocala, FL 34471
(352) 671-7157 • Fax (352) 671-7587 • FRS 800.955.8770 (voice) • 800.955.8771 (TTY)

Name of Child: _____ Grade: _____ Teacher: _____

Your Name: _____

Relationship to Child: _____

The school's care team may wish to contact you to discuss your referral concerns. Please provide your contact information and the best time to reach you.

Phone: _____ Best time to contact: _____

Who does your child live with?

- | | |
|---|--|
| <input type="checkbox"/> Biological parents
<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Foster parents | <input type="checkbox"/> Relative care
<input type="checkbox"/> Group home
<input type="checkbox"/> Other: _____ |
|---|--|

Does this student have a current mental health diagnosis?

☐ Yes ☐ No

If Yes, what is your child's diagnosis? _____

If Yes, who is your child's primary care provider? _____

Area(s) of concern (please select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral Concerns
<input type="checkbox"/> Social Concerns
<input type="checkbox"/> Emotional Concerns | <input type="checkbox"/> Physical Health Concerns
<input type="checkbox"/> Family Concerns
<input type="checkbox"/> Other: _____ |
|---|--|

Behavioral concerns (please select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Exposed to community violence, other trauma
<input type="checkbox"/> Nightmares, intrusive thoughts
<input type="checkbox"/> Anxious, fearful or irritable mood
<input type="checkbox"/> Jumpy or easily startled
<input type="checkbox"/> Avoids reminders of trauma
<input type="checkbox"/> Aggressive
<input type="checkbox"/> Sexualized play or behaviors
<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Sad, depressed or irritable mood
<input type="checkbox"/> Hopelessness, negative view of future
<input type="checkbox"/> Low self-esteem, negative self-statements
<input type="checkbox"/> Diminished interest in activities
<input type="checkbox"/> Low or decreased motivation
<input type="checkbox"/> Talks excessively | <input type="checkbox"/> Gets out of seat and move constantly
<input type="checkbox"/> Interrupts and blurts out responses
<input type="checkbox"/> Inattentive, distractible, forgetful
<input type="checkbox"/> Disorganized, makes careless mistakes
<input type="checkbox"/> Angry towards others, blames others
<input type="checkbox"/> Fights and is aggressive
<input type="checkbox"/> Argumentative and defiant
<input type="checkbox"/> Worries excessively
<input type="checkbox"/> Difficulty sleeping
<input type="checkbox"/> Restless and on edge
<input type="checkbox"/> Specific fears or phobias
<input type="checkbox"/> Clingy behavior
<input type="checkbox"/> Appears distracted |
|--|---|

MULTI-DISCIPLINARY TEAM REFERRAL FORM PARENT/GUARDIAN REFERRAL

How often is this behavior occurring? (e.g., several times per day; 1-2 times per week)

How long have you had this concern about your child? _____

To your knowledge, has your child ever received any supports or interventions for this behavior in the past?

To your knowledge, is your child receiving any supports or interventions for this behavior currently?

What do you think will help your child experience success?

THIS SECTION FOR MULTI-DISCIPLINARY TEAM USE ONLY

Meeting Date: _____

What decisions were made as a result of this meeting?

What tiered level of support is being recommended by the team? ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

MEMORANDUM OF UNDERSTANDING
Between
The School Board of Marion County, Florida, and PACE Center for Girls, Inc.

This Memorandum of Understanding (MOU) outlines the agreement between The School Board of Marion County, Florida, 512 SE Third Street, Ocala, Florida 34471, hereinafter referred to as "District;" and PACE Center for Girls, Inc., One West Adams Street, Suite 301, Jacksonville, Florida 32202, a non-profit corporation, hereinafter referred to as "PACE."

WHEREAS, PACE is committed to providing free community-based, gender-responsive counseling services for girls identified to be in need of mental health and social service interventions through its PACE Reach Counseling Services Program ("Reach Program") at ***PACE Center for Girls of Marion County, 328 NE 1st Avenue, Suite 500, Ocala, Florida 34470***

I. PURPOSE

This MOU represents collaboration between both parties to provide needed services and to coordinate referred youth with outpatient services. The goal of this collaboration is to provide seamless services to referred youth in order to increase youth's functionality, youth's success in school and the community, and contribute to reducing the recidivism rates. Girls who meet the referral criteria should be between the ages of 11 – 17 who have experienced academic underachievement, runaway, truancy, family conflict, or ungovernable behavior.

II. TERM

The Term of this MOU will be effective on the date last signed by the parties and shall continue through June 30, 2019, and will automatically be extended for an additional two-year period under the same terms and conditions as the original agreement, provided continued funding for the program through PACE Center for Girls, Inc., is granted through the Florida Department of Juvenile Justice after June 30, 2019. This MOU may be terminated earlier by either party by giving thirty (30) days prior written notice to the other party.

III. COMPENSATION

All costs of these services will be the responsibility of PACE. District agrees to provide office space and telephone service, when feasible.

IV. RESPONSIBILITIES:

1. PACE will:

- Provide administration and oversight of all services related to the PACE Reach Program.
- Provide outpatient counseling and, where needed, case management services.
- Provide quarterly Outcome Reports to the District designee to improve referral services, and to determine the effectiveness of the referral process. The Outcome Report is limited to the reporting of aggregate data only and will not contain identifiers. The Outcome Report shall include the following:
 - Number of girls served.
 - Average age of girls served.
 - Type of services recommended.
 - Length of stay in program.
- Provide linking services to youth when clinically necessary and appropriate to treatment plan.
- Notify and coordinate with District when Reach Program field trips are planned.

2. District will:

- Provide appropriate referrals for youth and their families who meet agreed upon requirements.
- Inform referred youth and their families of the referral made to the Reach Program.
- District will work with PACE on a mutually agreed upon process to schedule appointments for the girls to attend the services provided by the Reach Program.
- Provide adequate space for the delivery of services.
- Share referral information with the Reach Program when appropriate to meet specific treatment goals and objectives as outlined by PACE.
- Participate in collaborative planning meetings with the Reach Program to review Outcome Reports and improving upon the referral services.
- Consult with PACE to ensure agreement before new District locations being added to the Reach Program.

V. COMPLIANCE AND CONFIDENTIALITY

1. Compliance:

- a. Both parties shall comply with all applicable aspects of all applicable federal and state confidentiality laws and regulations pertaining to the patients serviced including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Administrative Simplification Section, Title II, Subtitle F, regarding standard for privacy and security of PHI (protected health care information) as outlined in the Act and 42 CFR.
- b. Both parties agree to protect these records in compliance with Family Educational Rights and Privacy Act (FERPA) and the Florida Department of Juvenile Justice's

policy. To the extent permitted by law, nothing contained herein shall be construed as precluding either party from releasing such information to the other so that each can perform its respective responsibilities as outlined by this MOU.

2. Requirements:

- a. Both parties as business associates must agree to safeguard any protected identifying behavioral health information received from, or created or received by, the other in accordance with all applicable state and federal laws, rules, regulations and/or policies.

3. Appropriate Uses and Disclosures of Public Health Information (PHI) and confidential records and information:

- a. Both parties may use or disclose such information:
 - For the proper management and administration of its business;
 - For service provision, treatment, payment (if allowed by law), or related, identified, operations;
- b. The party receiving information will not use or further disclose the information other than as permitted or required by this MOU, or as required by law. Any other use or disclosure of protected participant information must be made pursuant to a properly executed Release of Information.

4. Breaches of Confidentiality:

- a. If either party becomes aware of a material breach or any violation of its obligation to protect the confidentiality and security of consumers' protected behavioral health information, then that party must immediately take reasonable steps to cure the breach or end the violation, and must report the breach or violation to the other agency's Privacy Officer or designee. The alleged breach or violation will be investigated and an appropriate sanction issued. Each agency reserves the right to terminate this MOU if it determines the other party has violated a material term of MOU

5. Additional Confidentiality Requirements:

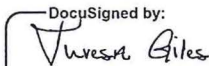
- a. Both parties acknowledge that consumers of public behavioral health services are entitled to additional confidentiality protections awarded under the State of Florida rules, laws and regulations. Furthermore, consumers of services, including prevention, substance abuse, and mental health treatment services, will comply with the confidentiality requirements of these and any other applicable state or federal laws, rules, or regulations.

- VI. INDEMNIFICATION:** PACE agrees to indemnify and hold harmless District, its elected and appointed officials, employees, and agents from any liability, third-party claims, judgments, damages, costs, and expenses, including reasonable attorney's fees, and costs, as a result of accidents, injuries or any other matters and third-party claims, incurred by the District, arising out of or in any way relating to the conduct of PACE, its employees, officers, agents, and or persons operating under its direction and control related to the matters covered under this MOU.
- VII. ANTI-DISCRIMINATION:** Neither PACE nor District will subject any person to discrimination because of age, race, color, disability, pregnancy, gender, marital status, national origin, or religion, in the performance of the Parties' respective duties, responsibilities, and obligations under this MOU.

IN WITNESS WHEREOF, District and PACE have executed this MOU on the date first written above.

PACE CENTER FOR GIRLS, INC.

**THE SCHOOL BOARD OF MARION
COUNTY, FLORIDA**

DocuSigned by:


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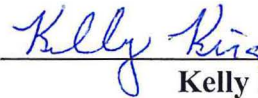
Theresa Giles

Chief Business Officer

Title

2/21/2019

Date



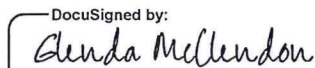
Kelly King

Board Chair

Title

MAR 26 2019

Date

DocuSigned by:


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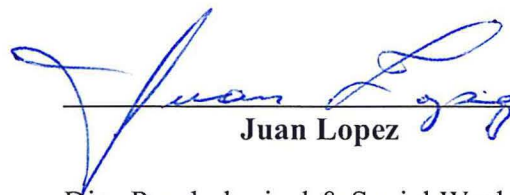
Glenda McClendon

Sr. Director of Compliance & Risk

Title

2/21/2019

Date



Juan Lopez

Dir., Psychological & Social Work Services

Title

MAR 26 2019

Date