

Mental Wellness Plan

Department of Student Services



MARTIN COUNTY
SCHOOL DISTRICT

M|C|S|D

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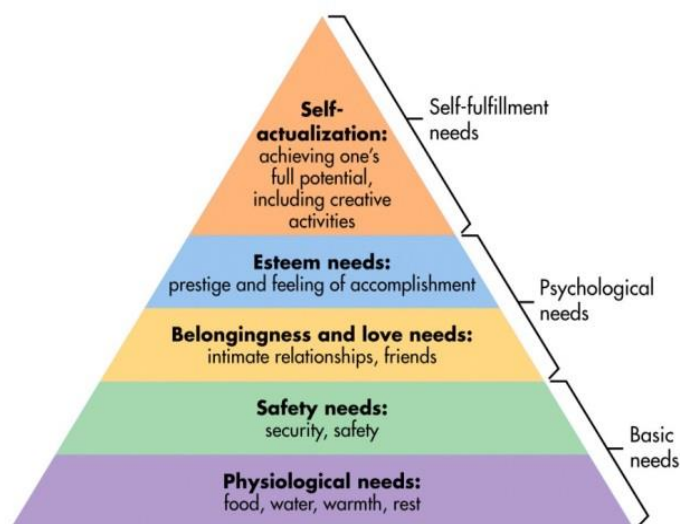
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Intro to Mental Wellness

Wellness is defined “as the quality or state of being in good health especially as an actively sought goal”. If health is then defined as “the condition of being sound in body, mind, or spirit”, much attention has been spent on student physical (body) health. However, focus on health must include the mind and spirit (Mental Wellness).

“Mentally (well) children are more successful in school and life. Good mental health is critical to children’s success in school and life. Research demonstrates that students who receive social–emotional and mental health support achieve better academically. School climate, classroom behavior, on-task learning, and students’ sense of connectedness and well-being all improve as well. Mental (wellness) is not simply the absence of mental illness but also encompasses social, emotional, and behavioral health and the ability to cope with life’s challenges. Left unmet, mental health problems are linked to costly negative outcomes such as academic and behavior problems, dropping out, and delinquency.”¹

Many are familiar with and know that Maslow’s hierarchy of human needs is built on a base (the first four levels) of “deficiency needs”. Meaning if these needs are met a person feels nothing. However left unmet the person becomes anxious and unable to focus.



This ties into what is being learned about human brain function and learning. When the lowest levels of need (Basic) are left unmet or perceived as unmet, one feels unsafe. Which triggers survival mode, thus one responds from a less developed part of the brain. A person who is frequently in this state of anxiety cannot learn because they cannot focus on the task at hand or information being presented.

1. <https://www.nasponline.org/resources-and-publications/resources/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>

When these needs are met it allows more developed cognition, however not optimal. When basic needs are met but the psychological needs are lacking or void, learning cannot be its best because the person is in a persistent emotional state. “An upset emotional state... limits our ability to see from another’s point of view. This upset, unconscious state keeps (a person) on autopilot...”²

A person at the top of the hierarchy is able to manage their thoughts, self-regulate their actions, concentrate and demonstrate empathy. This allows for optimal learning. Everyone can vacillate between the levels of need depending on their immediate situation. However, we must directly assist and instruct skills to increase social emotional learning so time spent at the higher levels is increased. This is our goal.

² <https://consciousdiscipline.com/methodology/brain-state-model/>

Background

The national focus on the need to improve and increase the mental health needs for children across the country is supported by alarming statistics. It has been reported that:

- Approximately one in six school-aged children experiences impairments in his or her life functioning due to a diagnosable mental health disorder.³
- An estimated 70% of children have experienced some type of physical or emotional trauma.⁴
- Most mental illnesses emerge in childhood, yet fewer than half of the children receive treatment.⁵
- Young people with mental illness are frequently absent from school and many experience reductions in academic achievement.⁶
- Among students with disabling conditions, young people with mental illness are the most likely to drop out of school.⁷
- Only one third of young people with mental illness advance to postsecondary education.⁸
- More than 60% of children in juvenile detention have a diagnosable mental illness.⁹
- Rates of youth with severe depression increased from 5.9% in 2012 to 8.2% in 2015. Even with severe depression, 76% of youth are left with no or insufficient treatment.¹⁰
- The Centers for Disease Control and Prevention reports that 1 in 5 American children ages 3 through 17 — about 15 million — have a diagnosable mental, emotional or behavioral disorder in a given year.¹¹

³ Perou, R., Bitsko, R., Blumberg, S., Pastor, P., Ghandour, R., Gfoerer, J...Huang, L. (2013). Mental health surveillance among children: United States, 2005-2011. *CDC Supplements*, 62, 1-35.

⁴ Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychology*, 64, 577-584.

⁵ Center for Behavioral Health Statistics and Quality. (2014). Serious mental health challenges among older adolescents and young adults. Retrieved August 25, 2015, from <http://www.samhsa.gov/data/sites/default/files/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-youngadults-2014.htm>

⁶ Breslau, J., Lane, M., Sampson, N., & Kessler, R. (2008). Mental disorders and subsequent educational attainment in a US national sample. *Journal of Psychiatric Research*, 42, 708-716.

⁷ Panty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., ... Kemp, J. (2008). The Condition of Education 2008 (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

⁸ United States Government Accountability Office. (June 2008). Young Adults with Serious Mental Illness; Report to Congressional Requesters. GAO Report Number GAO-08-678. Washington, D.C.

⁹ Teplin, L., Abram, K., McClelland, G., Dulcan, M., & Mericle, A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59, 1133- 1143.

¹⁰ Centers for Disease Control and Prevention. Mental health surveillance among children – United States, 2005—2011. MMWR 2013;62(Suppl; May 16, 2013):1-35.

¹¹ Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). *Preventing Suicide: A Technical Package of Policies, Programs, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Statewide involuntary Baker Act examinations for children increased 49.30% from FY 10/11 to FY 15/16, compared to a 5.53% statewide population increase from 2010 to 2015. From 2001 to 2015 the Florida population of people between 5 and 17 increased 10.07% while the number of involuntary examinations for children (<18) increased 116.54%.

The National School Climate Survey conducted by the Gay, Lesbian & Straight Educational Network (GLSEN) in 2011 and 2015 reported these statistics on bullying:

2011	2015
<ul style="list-style-type: none"> 82% of LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) youth had problems during the previous year with bullying based on sexual orientation. 	<ul style="list-style-type: none"> 85% of LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) youth had problems during the previous year with bullying based on sexual orientation.
<ul style="list-style-type: none"> 64% felt unsafe at school due to sexual orientation. 	<ul style="list-style-type: none"> 57% felt unsafe at school due to sexual orientation.
<ul style="list-style-type: none"> 44% felt unsafe at school due to gender identification. 	<ul style="list-style-type: none"> 43% felt unsafe at school due to gender identification.
<ul style="list-style-type: none"> 32% did not go to school for at least one day because of feeling unsafe. 	<ul style="list-style-type: none"> 32% did not go to school for at least one day because of feeling unsafe.
<ul style="list-style-type: none"> 64% felt unsafe at school due to sexual orientation. 	<ul style="list-style-type: none"> 57% felt unsafe at school due to sexual orientation.

Community wide data provided by our local 211 Helpline Center indicates the center received and processed the following number of calls regarding Mental Health issues, substance abuse, addictions, and suicide related issues.

January-December	2013	2014	2015	2016	2017
Mental Health/Addictions, Substance Abuse, and Suicide Related calls	1,891	1,493	1,708	2,192	1,867

These statistics associated with mental health are alarming and the need for intervention is greater than ever. The operating mission of MCSD is to educate all students for success. It is the desire of the school board and all educational personnel to create a healthy, positive, and safe environment for our students and staff.

Legislative Updates

On March 9, 2018 Governor Scott signed Senate Bill 7026 into Florida law. It 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. That being said, 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. Each district plan must include the following elements:

- Procedures for referring students to school-based and community-based mental health providers for treatment and substance abuse treatment
- Procedures to coordinate mental health services with the student's primary care provider or other mental health providers
- Procedure for data sharing
- Procedures for documenting how many students are referred for services and how many students receive school-based and community-based services
- Description of outcome data that will be used to evaluate effectiveness of services
- Description of tier-1 awareness/prevention efforts that address mental health issues and substance abuse issues
- Description of tier-2 evidenced based targeted mental health interventions
- Description of tier-3 (intensive) evidenced based mental health interventions and services available
- Description of the mental health screening tool and assessment procedures to be used.
- Procedures for coordination of services and support for students receiving community mental health services
- Procedures for identifying and delivering evidence-based mental health and substance abuse interventions

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 for mental health services
- Number of students who actually received services
- School district direct employed service providers
- Contract-based collaborative efforts or partnerships with community mental health programs, agencies, or providers

Programs Currently in Place

Cognitive communication, insight, decision making, ethics	Behavioral body regulation, reactions, response flexibility	Emotional balance, fear modulation, empathy, connections, loss
Character Counts! (district wide core)	PBIS (district wide core)	Boys & Girls Club Mentoring Program (middle & high school)
DARE (Replace with Life Skills for SY 18-19)	Behavior Team (ESE and severe acting out behavior)	Treasure Coast Hospice (crisis response & loss groups as needed)
ALC (middle & high school health)		
Yellow Brick Road		
Trauma Informed Care (elementary - some secondary)		
Suspension Prevention (2 middle schools (SMS & MMS) in years before. Only SMS in SY 18-19)		
ALTOSS (for secondary students suspended out of school)		
Conscious Discipline (elementary schools who choose to use the program)		
		LGBTQ staff training, critical support guide and safety plan
		GSA Leadership Summit
		Student Safety Assessment Plan
REACH (in lieu of alternate education placement)		
Prevention Programs (Red Ribbon Week, Bullying Awareness, Day of Silence, Suicide, etc.)		
AVID (Martin County High and Anderson Middle Schools)		

Plans for Program Expansion

Cognitive communication, insight, decision making, ethics	Behavioral body regulation, reactions, response flexibility	Emotional balance, fear modulation, empathy, connections, loss
Life Skills (Grades 3-5 replacing DARE)	-	Boys & Girls Club Mentoring Program (Check & Connect like program in all 5 middle schools and at- risk small group mentoring in the 3 high schools)
	Safe School Ambassadors (all secondary including CALC)	
Mental Health First Aid/Suicide Prevention Training		
Trauma Informed Care (all schools)		
LISTEN		
Tykes & Teens on campuses (use of space during school day)		
MCSD Charter Clark Advanced Learning Center entered into a collaborative agreement with Tykes and Teens		
Sandy Hook Promise		
School Social Services Workers x5 to case manage, provide groups, triage at risk and refer to longer term care, facilitate home, school and community collaboration, if licensed to do so participate in decisions to Baker Act (when available)		
Restorative Practices		
Prevention/Intervention Specialist x2 to assist with the MTSS (Multi-tiered system of support at the elementary and MS level)		
GSA Youth Empowerment		
Provide post support to students completing REACH		
Include MC Health & Human Services in planning for students’ return from being Baker Acted		
AVID schools expansion (add South Fork High; Indiantown Middle will begin a planning year)		

Program Descriptions

Program	Description (mental wellness component/MTSS Tier)	Funding Source	Responsibility of...
Advanced Via Individual Determination (AVID)	The schoolwide program is designed to close the opportunity gap, and can prepare all students for college, careers, and life. Students in middle school and high school participate in an AVID elective where they learn success and confidence skills as well as improve executive functioning. (cognitive, emotional, behavioral/tier 2)	Individual school sites	District Instructional Services and school site staff
ALC (middle school/high school health)	Alcohol Literacy Challenge changes students' beliefs about the effects of alcohol and reducing the quantity and frequency of alcohol use. (cognitive/tier 1)	Agency provides at no cost to district	Tykes & Teens staff with support from school staff to schedule
ALTOSS (for those suspended)	The Alternative to Out-of-School Suspension Program (ALTOSS) is open to Martin County middle and high school students who have been suspended from school. ALTOSS provides a safe, structured, and educational experience for your child during their suspension. (cognitive, emotional, behavioral/tier 2)	Agency provides at no cost to district	Tykes & Teens staff with support from school staff to refer

Behavior Team (ESE and severe acting out behavior)	Behavior analysts (3) and behavior technicians (7) write and manage behavior plans for students with severe behaviors in ESE units and those prior to being placed. (Limited availability) (behavioral/tier 2 & 3)	IDEA & IDEA-CEIS SEDNET previously although funding has been cut to districts	School based staff implements. District behavior team assists in plan development and training of school based staff.
Boys & Girls Club Mentoring Program (JBHS/SMS)	Provided mentoring and corrective strategies to students who were referred through discipline. This is being phased out to provide the middle school Check and Connect mentoring program through AmeriCorps. (emotional/tier 2)	No cost to district: in kind fund source	NA – program discontinued. See new Boys & Girls Club program in Program Expansion section.
Boys & Girls Club Mentoring Program (middle school & high school)	Providing a Check & Connect like program for all 5 middle schools & an at risk small group mentoring program for the 3 high schools. (emotional/tier 2)	Federal grant funded with district in kind support	AmeriCorps staff with support from school staff to implement
Character Counts! (district wide core)	Character Counts! teaches a universal set of core values based on six pillars trustworthiness, respect, responsibility, fairness, caring, and citizenship. (Character Counts!, 2014) (cognitive/tier 1)	United Way and other community partners	School site initiative for depth of programming with assistance from district prevention staff
Conscious Discipline (limited to schools with trained staff)	The Conscious Discipline Brain State Model recognizes three basic brain/body/mind states likely to produce certain behaviors. Intentional, state-specific responses enable access to advanced skills. (cognitive, emotional, behavioral/tier 1)	School based funding	Elementary schools who chose this model (only 2 sites: JD Parker and Bessey Creek) School site initiative for depth of programming

DARE (Replacing with Life Skills in SY 18-19)	An education program that seeks to prevent use of controlled drugs, membership in gangs, and violent behavior. It was founded in Los Angeles in 1983 as a joint initiative of then LAPD Chief Daryl Gates and the Los Angeles Unified School District as a demand -side drug control strategy of the American War on Drugs. (cognitive/tier 1)	MCSO & MCSD	NA – program discontinued. See Life Skills in Program Expansion section.
GSA Leadership Summit	District Student Services staff and school GSA sponsors participated in Palm Beach County School District’s GSA Youth Empowerment Summit for LGBTQ youth. (emotional/tier 2)	No cost to district	District prevention staff and school site
GSA Youth Empowerment Summit	GSA club members are invited to attend and participate in Palm Beach School District’s Youth Empowerment Summit.	Donation	District Student Services staff, school staff and GSA sponsors and student leadership
LGBTQ staff training, critical support guide and support plan	Equality Florida provided staff training for promoting a safe and inclusive learning environment for all students, including LGBTQ students. LGBTQ district support guide and student support plan developed and implemented. (cognitive, emotional, behavioral/tier 2)	No cost to district	School site guidance counselors, administration and teachers with support from district Student Services Department

Life Skills (Grades 3-5 replacing DARE)	Botvin Life Skills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. (cognitive/tier 1)	100 % paid by funding from South East Florida Behavioral Health Network (pending)	Tykes &Teens staff with support from school staff to schedule
LISTEN	A program and training on active listening and prevention of school violence/suicide. Viewings will kick off our Mental Health Focus for the year. Bullying Prevention (cognitive, emotional, behavioral/tier 1 – high school only)	District funded	District Student Services staff and high school principals
Martin County Health and Human Services	This county department will provide information to support school district staff in post intervention planning for students returning to their school after Baker Act or completion of REACH.	Agency provides at no cost to district	Martin County Health and Human Services staff with school district staff to refer and provide feedback

Mental Health First Aid/Suicide Prevention Training	Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness. The district is awaiting final direction from the state to determine the requirements for staff training. (cognitive, emotional, behavioral/crisis support)	Mental Health Allocation	District Student Services staff will schedule initial school team training and work with other departments to schedule district wide training
PBIS (district wide core)	PBIS supports schools, districts, and states to build systems capacity for implementing a multi-tiered approach to social, emotional and behavior support. (behavioral/tier 1)	State Grant for support and training. District pays for additional training	School site implementation and assistance from district prevention staff
Prevention Programs	Red Ribbon Week, Bullying Awareness, Day of Silence, Suicide, etc. (cognitive, emotional, behavioral/tier 1)	No cost to district	School site implementation with assistance from district prevention staff
Prevention/ Intervention Specialists	Assist with the MTSS (Multi-Tiered System of Support) at the elementary and middle school level (cognitive, emotional, behavioral/all tiers)	Title IV and CEIS funds	Student Services positions

REACH (in lieu of alternate education placement)	This program is offered to our students through Martin County Health and Human Services (MCHHS). It is not run or governed by the Martin County School District. When a student exhibits certain behaviors that would result in Alternative Placement according to the Code of Student Conduct, they may be eligible for the REACH Program. (cognitive, emotional, behavioral/tier 2)	Agency provides at no cost to district	Martin County Health & Human Services staff with support from school staff to refer and provide feedback
Restorative Practices	Enables those who have been harmed to convey the impact of the harm to those responsible, and for those responsible to acknowledge this impact and take steps to put it right. Bullying Prevention (cognitive, emotional, behavioral/tier 2)	State grant funding a train the trainer program for 20-25 MCSD employees	School site with support and assistance from District Student Services
Safe School Ambassadors	Empowers students to stand up for each other, to take care of each other and to get help when needed. Ambassadors develop skills to safely resolve conflicts, defuse incidents, and support isolated and excluded students. Bullying Prevention (cognitive, emotional, behavioral/tier 1)	Mental Health Allocation	School staff
Sandy Hook Promise	Student Awareness program: SOS Signs of Suicide Prevention Program, Say Something, Start with Hello. Bullying Prevention (cognitive, emotional, behavioral/tier 1)	Agency will provide train the trainer program	SOS Signs of Suicide Prevention Program – school site trainers Say Something, Start with Hello – Peer Mentors/ Safe School Ambassadors

School Social Services Workers	Case manage, provide groups (loss, bullying, etc.), triage at risk, plan for post REACH support and refer to longer term care, facilitate home, school and community collaboration, members of the crisis team. If licensed to do so participate in decisions to Baker Act (when available). (cognitive, emotional, behavioral/all tiers)	Mental Health Allocation	Student Services positions
Student Safety Assessment Plan	A safety plan that includes an assessment to determine a student's potential threat to self or others. Including working with MC Health & Human Services to plan for post Baker Act support (emotional, behavioral/crisis support)	No cost to district	School counselor, administration, SRO and district school social services worker
Suspension Prevention (only SMS SY 18-19)	Identify youth at risk of suspension and provide them with opportunity to gain insight into negative behaviors through support activities and interventions. The program also seeks to provide at risk youth with an additional positive adult mentor. (cognitive, emotional, behavioral/tier 2)	Agency provides at no cost to district	Tykes & Teens staff with support from school staff to schedule (Stuart Middle School)

Trauma Informed Care	Trauma-Informed Care in Schools is an organizational structure that involves recognizing and responding to the effects of all types of trauma. This practice makes staff aware of Trauma-Informed Care and the ways it can positively affect a child's academic performance and mental health. Tykes and Teens trainer trains school staff in Trauma Informed Practices (all schools are expected to have staff training completed during the 2018-19 school year). Currently all elementary schools are completed or scheduled. Many secondary are scheduled. (cognitive, emotional, behavioral/tier 1)	Agency provides at no cost to district	School site administrators are required to schedule training with certified trainer for their staff.
Treasure Coast Hospice (crisis response & loss groups as needed)	Treasure Health Grief Support counselors help adults, children and families in each of the communities we serve when a loss is experienced. (emotional/crisis support)	Agency provides at no cost to district	Treasure Health: Treasure Coast Hospice works with district crisis team to provide counselors following a student or staff loss of life.
Tykes & Teens on campuses (use of space during school day)	Mental health counselors offer guidance to students, families and groups who are dealing with issues that affect their mental health and well-being. (cognitive, emotional, behavioral/tier 2-3 & crisis support)	Agency provides at no cost to district. District provides in kind (office space and use of telephone & computer and login ability)	Tykes & Teens staff with support from school staff to schedule
Yellow Brick Road	Selected group of middle and high school at-risk youth that participate in leadership workshops. (cognitive, emotional, behavioral/tier 2)	Community donations	District staff with support from school staff to refer and schedule

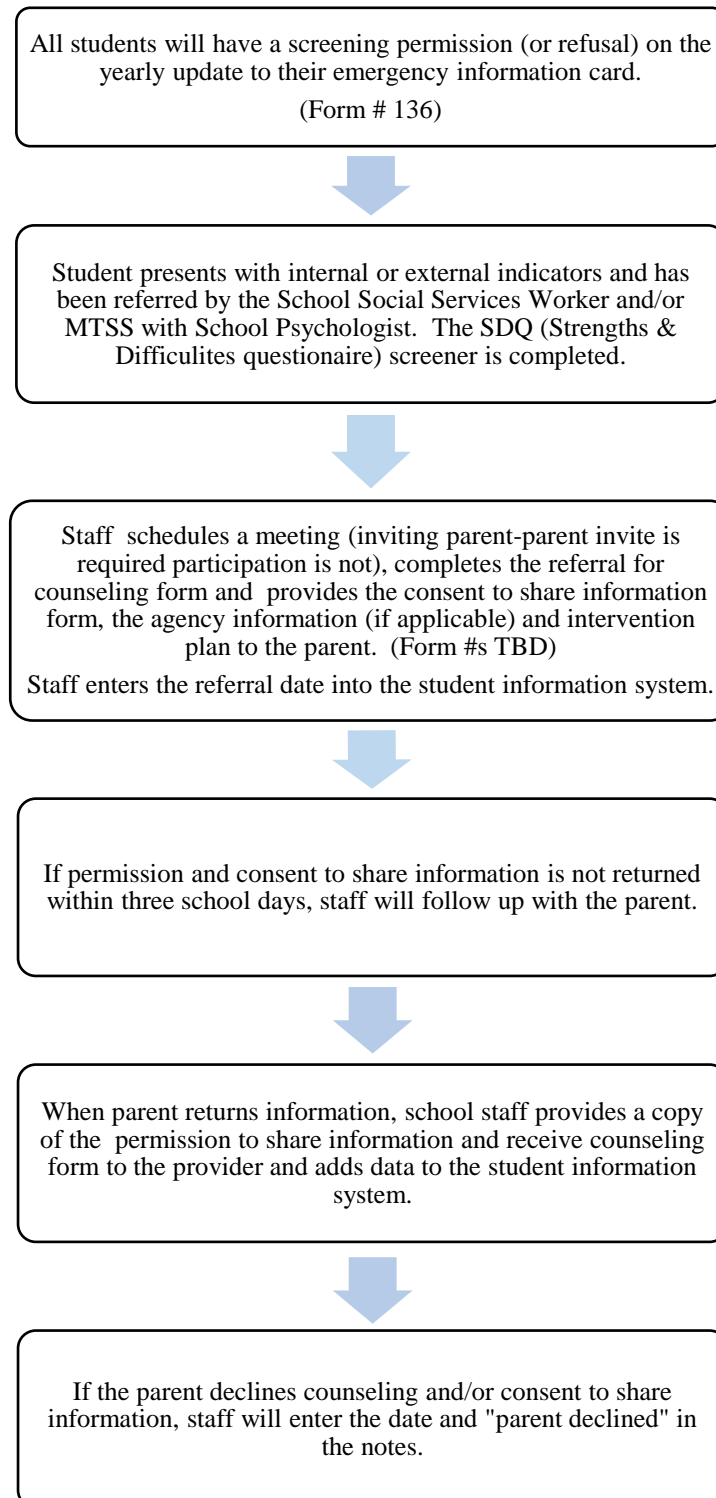
Action Plan for Legislative Requirements

Multi-Tiered System of Supports Related Initiatives Delivering Evidence-Based Mental Health Services

Tier 1 All Students	Tier 2 Supplemental Support	Tier 3 Intensive Support	Crisis Support	
<ul style="list-style-type: none"> Core Curriculum District Assessments District Benchmarks 	<ul style="list-style-type: none"> Small Group (5-8) Supplemental targeted skill intervention Frequent progress monitoring to guide intervention design 	<ul style="list-style-type: none"> Intense instruction in small group (1-3) Intense targeted skill intervention Longer duration and increased frequency Frequent progress monitoring to guide intervention design 		Academics
<ul style="list-style-type: none"> Positive Behavior Interventions and Supports Conscious Discipline Character Counts! Anti-Bullying Week Day of Silence Restorative Practices 	<ul style="list-style-type: none"> ALTOSS (Alternative to Suspensions) Boys & Girls Club Mentoring CICO Yellow Brick Road Suspension Prevention AVID 	<ul style="list-style-type: none"> Functional Behavior Assessment Interagency services Referrals for mental health 		Social Emotional Learning
<ul style="list-style-type: none"> Life Skills (replacing DARE) Alcohol Literacy Challenge (MS/HS) Red Ribbon Week 	<ul style="list-style-type: none"> REACH 			Substance Abuse
<ul style="list-style-type: none"> Youth Mental Health First Aid training Suicide Prevention training Safe School Ambassadors LISTEN Suicide Prevention Sandy Hook Promise Trauma Informed Practices 	<ul style="list-style-type: none"> Group Counseling LGBTQ Support Plan and training GSA Summit Threat Assessment (Self and Others) 	<ul style="list-style-type: none"> Individual Counseling School Social Services Workers Behavioral Support Plan District Behavior Team 	<ul style="list-style-type: none"> Baker Act Transport Civil Citations Crisis Counseling Treasure Coast Hospice 	Mental Health

Mental Health Screening Tool: Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology, Psychiatry, and Allied Disciplines*, 39 (5), 581-586.

Supports that address mental health needs (screening, assessment, diagnosis, intervention, treatment, and recovery) and coordination and support for students who have received intensive community mental health services. The process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.



Parent agrees to counseling and sharing of information

Once consent is obtained the mental health professional (school district or community based) will conduct an assessment and work with the school team to develop interventions based on the student's need. If a functional behavior assessment (FBA) with or without a behavior intervention plan (BIP) is recommended it should be developed in conjunction with this plan. If the student behaviors are severe consider the appropriateness of referral to the Behavior Team (Form #169). If substance abuse treatment is required the student will be referred for services.



Mental health professionals and school staff will establish an agreeable communication plan and communicate throughout the student's intervention/treatment.
Adjustments will be made by the team as needed to meet the student's needs.



As ongoing mental health treatment is faded a support plan will be developed for the student by the team to monitor continued progress.

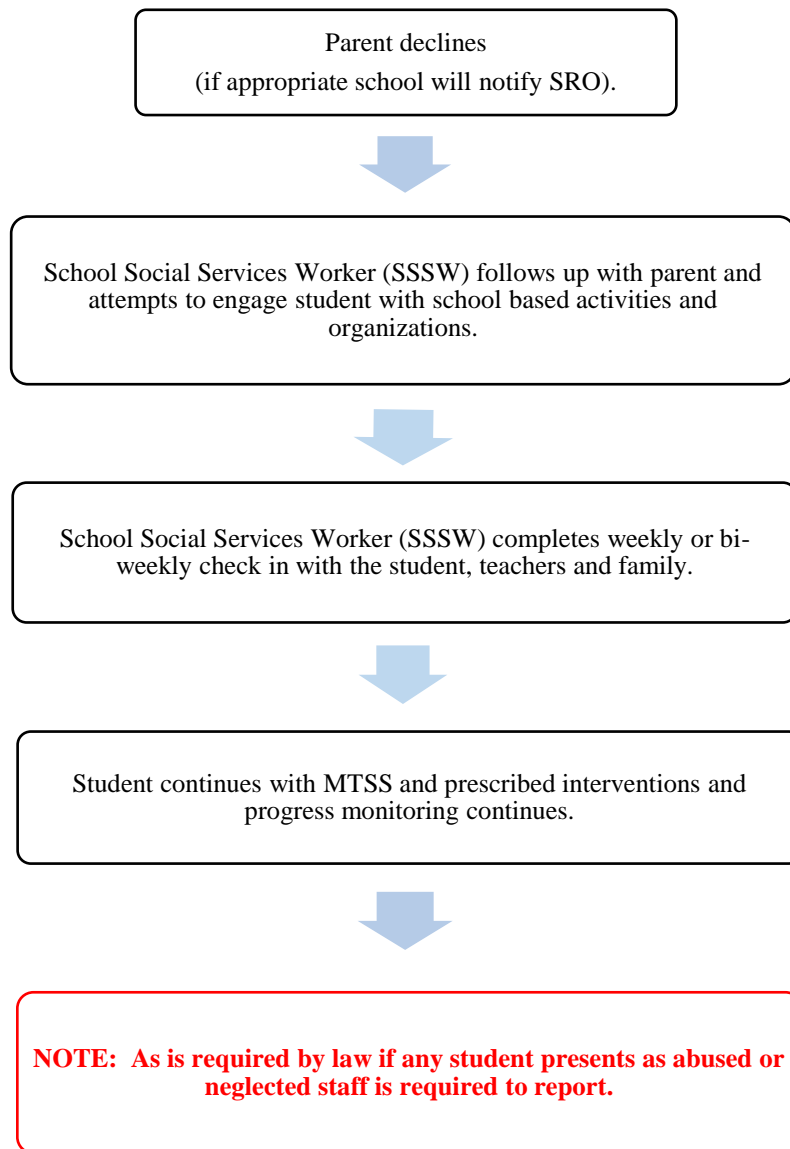


Data will be entered and updated on the Mental Health tab within the student information system. The mental health professionals will keep case notes or appropriate documentation for all student interactions that may be shared as appropriate with as needed members of the intervention team.



NOTE: If a student is presenting an imminent threat to themselves or others based on behavior and/or threat assessment, the staff will follow safety and crisis intervention procedures .

Parent declines counseling and/or consent to share information



Identifies evidenced-based mental health services for students with one or more co-occurring mental health or substance abuse diagnosis

Students will be referred for services according to the procedures outlined on the charts above. District Mental Health Professionals, in collaboration with community partners, will determine which evidence based services are appropriate to meet the needs of the student.

Describes the collaborative partnership with community providers and agencies

Please see program descriptions on pages 12 - 14.

How we keep track of students that are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community)

Through our Student Information System (FOCUS), we are able to document how many students are referred, screened and are receiving either school based and community services each year. Once referred, designated staff completes the Intervention Reporting/Progress Monitoring form #TBD into the system. School Social Services Workers are able to assist families with obtaining consent to treat and share information, as well as assist schools in collaborating with in-school and out of school providers. Mental Health progress reports are also available to upload via FOCUS for those with approved access for progress monitoring.

Identifies the number and credentials of mental health services providers employed by the district

- 7 School Psychologists
- 6 School Social Services Workers
- 35 Certified School Counselors

Identifies and number and credentials of mental health service providers contracted by the district

- Tykes and Teens (support in school only; additional within the community)
 - Licensed Psychologist - 1
 - LCSW - 8
 - BSW – 25
 - LMHC - 10
 - CAP – 2

- HPS
 - Provides mental health professionals to students in some of our schools
- Suncoast
 - Provides mental health professionals to students in some of our schools
- New Horizons
 - Is our pediatric Baker Act receiving facility
- Health and Human Services
 - LMHC - 1
 - BMH – 1
 - Other - 1
- Sequel Care (support to youth in school and in community)
 - LCSW - 8
 - BSW – 25
 - LMHC - 10
 - CAP - 2
 - Clinical Psychologist - 1
 - Other (name credentials with number) - LMFT, MS, MSW, MA 25+
 - Registered Interns 15+
- Legacy
 - LMHC – 1
 - Psychiatrist – 2
 - Other – Master’s Level MH Therapist – 4; Case manager - 1
- Hibiscus
 - Provides mental health professionals to students in some of our schools

Outcome Data

Data used to evaluate the effectiveness of services may include (but are not limited to):

- Early Warning System Indicators
- Collaborative Partner Data
- Student Information System Report of Mental Health Services to Students
- Youth Risk Behavior Survey Data
- School Climate/Student Engagement Data
- All Program Fidelity Checklists and Data (where applicable)
- Training Attendance Rosters
- School Social Services Workers' Logs
- Law Enforcement Report of Youth Baker Acts (in and out of school)
- LISTEN Pre & Post Surveys

Conclusion

This work is a multi-year process that will further develop over time and evolve as community, school, and legislative factors change. The district's mental health committee, which includes community mental health professionals, has built a plan that effectively addresses the immediate future for 2018-19 school year with flexibility and agility in mind as we plan for the years beyond. The state mental health allocation helps leverage student led programs (Safe School Ambassadors) and community partnerships while building the capacity of the school district's school-based mental health professionals (School Social Services Workers and Prevention Intervention Specialists) to serve the needs of students in the multi-tiered system of support. Future recommendations are to hire additional school guidance counselors and/or an assessment coordinator for each site.

Fiscal Breakdown

Total Mental Health Allocation = \$513,022.00

Position/Program	Quantity	Projected Cost
School Social Services Workers	5	Approximately \$385,000.00 (Salary and Benefits)
Safe School Ambassadors	9	\$40,000.00 (MCHS previously funded)
Charter School Allocation	2	\$1,122 (Hope) Clark elected to follow district plan
Mental Health First Aid Training	All staff	\$86,900.00

**Total Expenditures:
\$513,022.00**

Appendix

Forms



TREATMENT PROVIDER CONSENT TO SHARE INFORMATION

STUDENT: _____ DOB: _____

The Martin County School District strives to provide a positive and supportive learning environment for our students. Based on this, we are asking that you allow us to notify your child's Primary Care Physician and/or Treatment Provider if your child is ever involved in mental health counseling. This promotes a continuum of care between professionals who are committed to the care and well-being of your child. Should you change or add providers, we ask that you notify your child's guidance counselor so that we may update this information.

PRIMARY CARE PHYSICIAN _____

ADDRESS _____

TELEPHONE _____ FAX # _____

TREATMENT PROVIDER _____

ADDRESS _____

TELEPHONE _____ FAX # _____

OTHER _____

ADDRESS _____

TELEPHONE _____ FAX # _____

Please select one of the following:

1. _____ I, the parent/guardian, agree for MCSD to contact the professionals listed above to share information, or for the Professional to contact MCSD as needed.
2. _____ My student does not currently have a PCP Or Treatment Provider.
3. _____ I choose to **NOT** have my child's PCP or Treatment Provider or any other medical practitioner involved with my child's involvement in mental health services.

Consent can be revoked at any time in writing. Note: This section can be resigned if rescinding permission for information release.

Parent/Guardian Signature _____

Printed Name _____ Date _____



THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
Permission to receive Mental Health Intervention

Dear Parent/Guardian,

The Martin County School District, in collaboration with local community mental health agencies and providers, are requesting your permission for your child, _____ to participate in school based counseling services. We believe that this assistance will contribute to your child's academic and behavioral achievement and personal growth.

_____ It is recommended that your child participate in a group and/or assessment with a school employed provider.

_____ It is recommended that your child is referred to community mental health services provider. The provider assigned to your child's school is: _____. (You may use your child's current provider if applicable)

Our focus is to teach your child the skills necessary to cope with his or her life situation, while optimizing his or her academic and behavioral achievement. Please note that Medicaid and other insurance options may be billed for services.

Please check if your child has any of the following:

Private Insurance: _____ Insurance Provider _____ Policy # _____
Medicaid Eligible _____ Medicaid ID# _____
Healthy Kids _____ Account # _____

By signing this form, I give my informed consent for my child to participate in counseling.

Parent/Guardian _____ Date _____

Home _____ Work _____ Cell _____

Counseling services will not begin until I have met and/or spoken with the agency or school counselor.

NOTE: This consent will be on file and you may revoke this consent at any time. Please feel free to call your child's Guidance Counselor if you have questions or comments.

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA

Request for Behavior Team Services

Student: _____ Grade: _____ Exceptionality: _____
 School: _____ Person Completing Form: _____
 Regular Education Teacher(s): _____
 ESE Teacher(s): _____
 Number of days suspended this year: _____
 Date(s) of intervention team and/or IEP meeting(s) which addressed the specific concerns identified below: _____

• Behavior Concerns (circle behaviors most frequently observed)

H – High Intensity M – Moderate Intensity L – Low Intensity (circle one for each behavior of concern)

Physically aggressive to peers	H M L	Off task/out of seat	H M L
Verbally threatens to hurt peers	H M L	Argues/talks back to adults	H M L
Self-Injurious Behavior	H M L	Tantrum	H M L
Talks out/makes disruptive noises	H M L	Teases/taunts peers	H M L
Destroys property	H M L	Steals	H M L
Uses inappropriate language/gestures	H M L	Leaves class/campus	H M L
Other: _____			

• Crisis Management

How many times has the student been physically restrained during the past 4 weeks? _____

• Academic Performance/Skill

Compared to same-age/grade peers, how does the student perform academically? (Circle one)

Significantly below peers	Below Peers
At level with peers	Above Peers
Significantly above peers	

Has there been a recent, significant change/decline in academic performance? _____

If yes, please explain: _____

• Context: The setting, time, or situation typically occurring before or with the behavior.

Bus	Transition	
Before School	Special area: Art, Music, PE,	
Cafeteria	Guidance	Other _____

Academic instruction in: _____

When given a direction to: _____

When provoked by: _____

With certain peers or adults (who?): _____

When unable to: _____

Other: _____

White: School

An Equal Opportunity Agency

Yellow: ESE

• **Medical History/Agency Involvement**

Does the student have any health problems/medical conditions?	YES	NO
If yes, specify: _____		
Is the student currently on medication?	YES	NO
If yes, specify name & dosage: _____		
<hr/>		
Does the student complain of physical distress?	YES	NO
If yes, what & how often? _____		
<hr/>		
Is another agency involved in serving this student at school or at home?	YES	NO
If yes, specify agency & contact person: _____		

• **Interventions Attempted Beyond the School wide Discipline Plan**

Date	Intervention	Effectiveness Rating
From _____ to _____	Send behavior progress reports home (Daily Weekly Monthly)	Ineffective Somewhat effective Effective
From _____ to _____	Implement behavior contract with student. (Attach the contract)	Ineffective Somewhat effective Effective
From _____ to _____	Implement classroom behavior management system.	Ineffective Somewhat effective Effective
From _____ to _____	Tangible rewards/Treasure box	Ineffective Somewhat effective Effective
From _____ to _____	Implement individual behavior plan/point sheet system(Attach copy of BIP)	Ineffective Somewhat effective Effective
From _____ to _____	Provide additional supervision during transition periods.	Ineffective Somewhat effective Effective
From _____ to _____	Move student to a different area in classroom.	Ineffective Somewhat effective Effective
From _____ to _____	Change student's schedule and/or teacher.	Ineffective Somewhat effective Effective
From _____ to _____	Other: _____ _____ _____	Ineffective Somewhat effective Effective

White: School

An Equal Opportunity Agency

Yellow: ESE

• **Behavior Data**

Has ABC data been collected on the behaviors of concern? YES NO

If yes, please attach copies

• **Hypothesis (best guess) about why the student is engaging in the problem behavior: (circle)**

An attempt to produce adult attention

An attempt to produce peer attention

An attempt to escape or avoid specific academic tasks or directions

An attempt to get to do an activity or obtain some desired object

Other _____

• **Who should we contact at your school regarding this student?** _____

• **Phone number:** _____

Notes/Comments: _____

Teacher Signature

Mainstream Consultant
Guidance Counselor
Administrator

Date Submitted

White: School

An Equal Opportunity Agency

Yellow: ESE

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
Intervention Reporting/Progress Monitoring-FOCUS Data Base

Student _____ **Student Number** _____
Grade _____ **School** _____
Completed By _____ **Date** _____

This element is used to indicate that early intervening services were provided to a student who is currently not identified as needing additional supports.

Student Demographics Tab: Intervention

Intervention Type: (The person completing this form should check all codes that apply.)

_____ **A: Academic** (Check intervention)

- | | |
|---|--|
| <input type="checkbox"/> Absence Intervention | <input type="checkbox"/> Reading Intervention |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> Small group instruction Math |
| <input type="checkbox"/> ESE Waiver | <input type="checkbox"/> Small group instruction Reading |
| <input type="checkbox"/> Math Intervention | <input type="checkbox"/> Smart Horizons |
| <input type="checkbox"/> Intervention Class | |
| <input type="checkbox"/> Push in Support | |

_____ **B: Behavioral**

- ☐ Check and Connect
- ☐ CICO
- ☐ Counselor Connect
- ☐ Mentoring
- ☐ Safe Pass/Hot Pass

Student Demographics Tab: Mental Health

_____ **I: Individual Counseling** Provider _____
_____ **G: Group Counseling** Provider _____

Progress Monitoring Tab

Intervention Type:	A B I G	Date of Progress Report/Graph _____
Intervention Type:	A B I G	Date of Progress Report/Graph _____
Intervention Type:	A B I G	Date of Progress Report/Graph _____
Intervention Type:	A B I G	Date of Progress Report/Graph _____
Intervention Type:	A B I G	Date of Progress Report/Graph _____

EDUCATE ALL STUDENTS FOR SUCCESS



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