Mental Wellness Plan

Department of Student Services 2020-21



MARTIN COUNTY SCHOOL DISTRICT

MCSD

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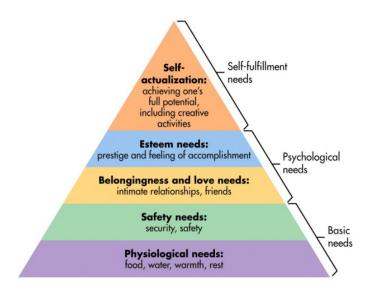
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Intro to Mental Wellness

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. Unmet basic needs 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, to their potential, learn because they cannot focus on the task at hand or information being presented.

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 deliver skills that foster and develop social emotional learning, so students are able to function at higher levels of mental & physical being. This is our goal.

Social Emotional Learning and Mental Health

What is SEL?

Social and emotional learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.³

In regard to SEL, "(t)here is also a preventive side to promoting mental health in children and youth. Safe, caring, and well-managed learning environments are critical components of this. Within such environments, comprehensive social-emotional learning instruction is imperative. Social skills instruction can help address many learning barriers through promoting positive development, which can also positively affect academic achievement. Research shows SEL is associated with a positive impact on important mental health variables that increase children's attachment to school and motivation to learn and reduce risky behaviors.

Positive social skills are protective factors for mental health. Teaching youth mindfulness, coping skills, communication skills, relaxation techniques, self-regulation, and emotion identification and management equips them with tools and resources to address mental health challenges that interfere with learning. Capitalizing on natural opportunities to promote social-emotional learning and mental health also plays an important role (see the Fall 2003 issue of the Addressing Barriers to Learning_newsletter).

Overall, mental and emotional health are integrally related and begin developing at an early age. They help us in our personal, academic, and social lives. Comprehensive programs that are consistently implemented and sustained are critical to youth mental and emotional health

 $\underline{sel/\#:} \sim : text = Social\%20 and\%20 emotional\%20 learning\%20 (SEL,Play\%3A\%20 What\%20 is\%20 SEL)$

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

³ <u>https://casel.org/what-is-</u>

because they help youth develop positive skills and coping mechanisms, such as establishing positive relationships and making responsible decisions."⁴

The Schoolwide SEL Process

The The Collaborative for Academic, Social, and Emotional Learning (CASEL) recommends four focus areas help organize, implement, and improve schoolwide SEL efforts. While implementation is not a linear process, it is recommended that schools begin by to building a strong foundation (Focus Area 1). Then, the school can engage in activities to both strengthen adult SEL (Focus Area 2) and promote SEL for students (Focus Area 3). Every step of implementation is guided by a process of continuous improvement (Focus Area 4). In each focus area, the school should commit to tracking progress through a Schoolwide SEL Implementation Rubric.⁵

Many Educators Know Maslow Before Bloom (or Marzano)

"Research is very clear that we don't have time not to build relationships because you can't get to Bloom without going through Maslow." ~Tara Brown⁶

 $\underline{https://blogs.edweek.org/teachers/classroom_qa_with_larry_ferlazzo/2018/10/response_you_cant_get_to_bloom_without_going_through_maslow.html$

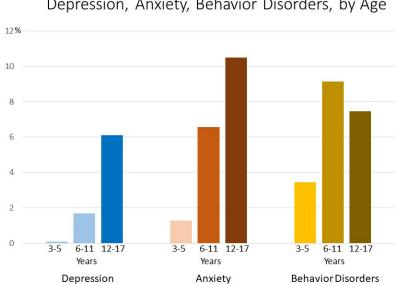
⁴ https://www.cfchildren.org/blog/2015/01/promoting-mental-health-through-sel/#:~:text=Research%20shows%20SEL%20is%20associated,protective%20factors%20for%20mental%20health.

⁵ https://schoolguide.casel.org/how-it-works/

Data and Statistics on Children's Mental Health 2011-2018 7

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children according to the Center for Disease Control (CDC)

- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis. 1
- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem. ²
- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.
- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.²



Depression, Anxiety, Behavior Disorders, by Age

Given the above chart, in a school with 1,500 middle and high school students:

- 90 of 1,500 students would be diagnosed depression
- 165 of 1,500 students would be diagnosed anxiety
- 105 of 1,500 students would be behavior disorders

The National School Climate Survey conducted by the Gay, Lesbian & Straight Educational Network (GLSEN) in 2011 and 2017 reported these statistics on bullying: 8

⁷ https://www.cdc.gov/childrensmentalhealth/data.html

⁸ https://www.glsen.org/article/2017-national-school-climate-survey

2011	2015	2017
• 82% of LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) youth had problems during the previous year with bullying based on sexual orientation.	• 85% of LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) youth had problems during the previous year with bullying based on sexual orientation.	• 71% of LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) youth had problems during the previous year with bullying based on sexual orientation. (The Trevor Project National Survey on LGBTQ Youth Mental Health 2019)
64% felt unsafe at school due to sexual orientation.	• 57% felt unsafe at school due to sexual orientation.	60% felt unsafe at school due to sexual orientation. (GLSEN Executive Report, 2017)
44% felt unsafe at school due to gender identification.	• 43% felt unsafe at school due to gender identification.	45% felt unsafe at school due to gender identification. (GLSEN Executive Report, 2017)
32% did not go to school for at least one day because of feeling unsafe.	• 32% did not go to school for at least one day because of feeling unsafe.	• 35% did not go to school for at least one day because of feeling unsafe.

"The 2017 National School Climate Survey was conducted online from April through August 2017. To obtain a representative national sample of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, we conducted outreach through national, regional, and local organizations that provide services to or advocate on behalf of LGBTQ youth, and advertised and promoted on social networking sites, such as Facebook, Instagram, and Tumblr. To ensure representation of transgender youth, youth of color, and youth in rural communities, we made special efforts to notify groups and organizations that work predominantly with these populations. The final sample consisted of a total of 23,001 students between the ages of 13 and 21. Students were from all 50 states and the District of Columbia and 5 U.S. territories. About two-thirds of the sample (67.5%) was White, a third (34.1%) was cisgender female, and 4 in 10 identified as gay or lesbian (41.6%). The average age of students in the sample was 15.6 years and they were in grades 6 to 12, with the largest numbers in grades 9, 10, and 11 New data are expected in 2021 according to Equity FL.

State of Florida and Martin County Data

Florida Statewide Totals

Data from Florida Health Charts shows the following:

- · Percentage of population living below the poverty level (2017):
- o All ages: 15.50% o Under 18: 22.30%
- Median Household Income (2017) = \$50,883
- County Public Health Department Expenditures Per Person for (2017) = \$36.00

Suicide Rates (2014 and 2017):

Age Group	2014 Suicide Rate per 100,000	2017 Suicide Rate per 100,000	% Change in Suicide Rate
All Ages	15.1	15.5	2.65%
Children (< 18)	1.5	1.8	20.00%
Older Adults (65+)	20.3	20.1	-0.99%

Statewide counts and rates of involuntary examinations for residents of Florida are shown for ten fiscal years in Table A for all ages, children, and older adults. Involuntary examination rates for children and older adults are based on age specific population totals, not the total county population. Percent change in population is based on comparisons to 2017 county population totals.

Table A: Involuntary Examinations: Residents Florida for Ten Years*

	AllA	lges	Children	n % (<18)	Older Ad	lults % (65+)	% Change in	Total	% Change in
Fiscal Year	Exams	Rate Per 100,000	Exams	Rate Per 100,000	Exams	Rate Per 100,000	Exams for All Ages to 2017/2018	County Population All Ages	Population All Ages to 2017
2017-2018	205,781	1,005	17.53%	1,186	7.41%	381	N/A	20,484,142	N/A
2016-2017	199,944	992	16.40%	1,092	7.19%	372	2.92%	20,148,654	1.67%
2015-2016	194,354	981	16.72%	1,097	7.10%	370	5.88%	19,815,183	3.38%
2014-2015	187,999	964	17.37%	1,102	7.36%	381	9.46%	19,507,369	5.01%
2013-2014	177,006	919	17.15%	1,030	7.66%	390	16.26%	19,259,543	6.36%
2012-2013	163,850	859	16.37%	914	7.64%	368	25.59%	19,074,434	7.39%
2011-2012	154,655	818	16.07%	848	7.54%	351	33.06%	18,905,070	8.35%
2010-2011	145,290	773	14.98%	743	7.45%	332	41.63%	18,801,310	8.95%
2009-2010	141,285	754	14.96%	702	7.25%	312	45.65%	18,750,483	9.25%
2008-2009	133,644	711	15.16%	664	7.11%	292	53.98%	18,807,219	8.92%

^{*}Population estimates are available by calendar year only. This means that calendar year 2017 population estimates were used for the row showing FY17/18 data, 2016 for the row for FY16/15 data and so on. Please refer to page 24 for additional details about how to interpret information in this table.

Table B: FY17/18 Involuntary Examinations for Florida Residents by Initiation Type

	Professional Certificate	Lav	v Enforcement	Ex Parte Order		
Total	46.31%		51.67%	2.02%		
Professional Certificate Type						
Physician (not a Psychiatrist)	68.04%	1				
Physician (Psychiatrist)	9.28%	1				
Licensed Clinical Social Worker	5.33%	1	These percentages are out of the to for involuntary examinations initiate professional certificate (not out of ti			
Licensed Mental Health Counselor	9.29%	1				
Clinical Psychologist	1.27%	+				
Psychiatric Nurse	2.02%		total number of i			
Licensed Marriage and Family Therapist	0.24%	1	examinations).	are or arrival y		
Physician Assistant	0.92%]				
Multiple Professional Types Reported	0.68%					
Not Reported	2.93%	1				

Baker Act Reporting Center FY17/18 Annual Report

County: Martin

Martin County is in the Department's Southeast region and Florida Judicial Circuit 19. Southeast Florida Behavioral Health Network is the Managing Entity for Martin County.

· Percentage of population living below the poverty level (2017):

All ages: 10.90%

o Under 18: 15.60%

- Median Household Income (2017) = \$55,588 (statewide = \$50,883)
- County Public Health Department Expenditures Per Person (2017) = \$37.80

Suicide Rates (2014 and 2017):

Age Group	2014 Suicide Rate per 100,000	2017 Suicide Rate per 100,000	% Change in Suicide Rate
All Ages	16.1	17.1	6.21%
Children (< 18)	5.1	10.5	105.88%
Older Adults (65+)	11.6	15.2	31.03%

Counts and rates of involuntary examinations for residents of Martin County are shown for ten fiscal years in Table A for all ages, children, and older adults. Involuntary examination rates for children and older adults are based on age specific population totals, not the Total County Population All Ages. Percent change in population is based on comparisons to 2017 county population totals.

Table A: Involuntary Examinations: Residents of Martin County for Ten Years*

	All	Ages	Children	Children % (<18)		ults % (65+)	% Change in	Total	% Change in
Fiscal Year	Exams	Rate Per 100,000	Exams	Rate Per 100,000	Exams	Rate Per 100,000	Exams for All Ages to 2017/2018	County Population All Ages	Population All Ages to 2017
2017-2018	1,072	701	20.34%	1,172	8.02%	189	N/A	153,022	N/A
2016-2017	808	536	17.70%	770	8.54%	156	32.67%	150,870	1.43%
2015-2016	855	570	14.39%	655	8.65%	171	25.38%	150,062	1.97%
2014-2015	960	646	15.94%	822	10.52%	238	11.67%	148,585	2.99%
2013-2014	788	532	14.59%	608	10.03%	191	36.04%	148,077	3.34%
2012-2013	893	607	12.21%	574	11.31%	246	20.04%	147,203	3.95%
2011-2012	775	528	12.52%	501	10.84%	208	38.32%	146,689	4.32%
2010-2011	763	521	9.83%	384	10.09%	193	40.50%	146,318	4.58%
2009-2010	704	489	9.23%	344	10.09%	175	52.27%	143,856	6.37%
2008-2009	589	409	11.54%	355	9.00%	131	82.00%	143,868	6.36%

*Population estimates are available by calendar year only. This means that calendar year 2017 population estimates were used for the row showing FY17/18 data, 2016 for the row for FY16/15 data and so on. Please refer to page 24 for additional details about how to interpret information in this table.

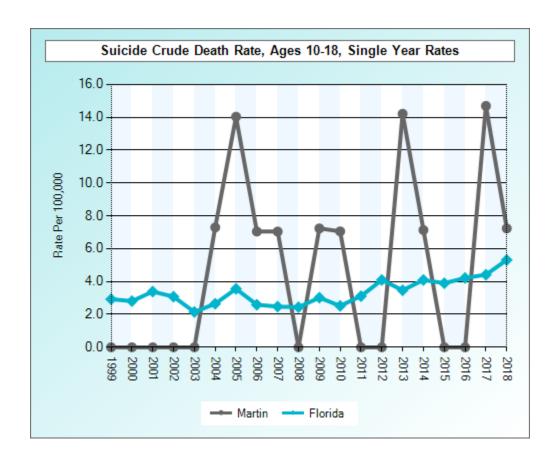
Table B: FY17/18 Involuntary Examinations for Martin County Residents by Initiator Type

	Professional Certificate	Law Enforcement	Ex Parte Order		
Total	52.99%	45.06%	1.96%		
Professional Certificate Type					
Physician (not a Psychiatrist)	63.91%]			
Physician (Psychiatrist)	3.70%	1			
Licensed Clinical Social Worker	5.28%	These percenta	ges are out of the		
Licensed Mental Health Counselor	12.85%		stary examinations		
Clinical Psychologist	0.18%	← initiated by hea	ith professionals (not		
Psychiatric Nurse	1.41%	out of the total			
Licensed Marriage and Family Therapist	0.70%	involuntary exa	minations).		
Physician Assistant	0.00%				
Multiple Professional Types Reported	2.29%				
Not Reported	9.68%				

The majority of Martin County residents who received an involuntary examination were seen at Coral Shores Behavioral Health (37.03%), New Horizons of the Treasure Coast (CSU/CCSU) (34.33%), and Treasure Coast Behavioral Healthcare at St. Lucie Medical Center (16.04%).

Baker Act Reporting Center FY17/18 Annual Report





Note Rate Explained: It is customary to use rates per 100,000 population for deaths and rates per 1,000 population for live births. There may or may not be 100,000 residents in the county under review,however multiplying the result by 100,000 makes that rate comparable with counties with more than 100,000 or less than 100,000 (such as Y County). Make sure you use the same population base when calculating rates for comparison. For comparing X County with Y County, use the (annual) population estimates for each population base. Example:

The number of deaths from communicable diseases is 18 per 100,000. A rate of 18 per 100,000 is not 18 percent, but .018 percent. To make a rate into a percent, for the example of 18 deaths per 100,000 population, divide by 1,000: 18/1,000=.018

Expressing a ratio as an even number allows easy comparisons to be drawn between different-sized groups. Saying 2,000 out of 6,000 in one group and 9,990 out of 15,000 in another group makes comparisons difficult, but saying 333 out of 1,000 in the first group and 666 out of 1,000 in the second group allows for easy comparisons: Group 2 has twice the prevalence rate. 10

⁹http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116

¹⁰ https://www.stats.indiana.edu/vitals/CalculatingARate.pdf

https://sciencing.com/calculate-prevalence-rates-per-thousand-7533277.html

Martin County 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.¹¹

January-December	2013	2014	2015	2016	2017	2018	2019
Mental Health/Addictions, Substance Abuse, and Suicide Related calls	1,891	1,493	1,708	2,192	1,867	2,379	2,344*

• Includes 77 suicide related calls

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 MCSD to create a healthy, positive, and safe environment for our students and staff.

11

Legislative Updates

Senate Bill 7030 was signed into Florida law. This bill updates the Marjory Stoneman Douglas High School Public Safety Act (Chapter 2018-3, Laws of Florida)) and continues to allocate funding for school districts to utilize for student mental health and wellness services and increase safety measures. School districts continue to be 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, 2020. The report must include the following data points:

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

Also, SB 7070 provided \$75 million in mental health funding for districts and schools to establish care for students and \$5.5 million to continue evidence-based youth mental health awareness and assistance training for school personnel. New requirements in law to ensure students in crisis receive mental health services.

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 help 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).	 \$25,000-\$27,000 for first year \$15,000-\$17,000 for year 2 and beyond Tax referendum contributed \$50,000 and school site pays balance 	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).	 \$0 from district \$148,643 funded through Tykes and Teens grant 	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 suspension (cognitive, emotional, behavioral/tier 2).	 \$0 from district \$104,827 + \$40,000 for Therapist funded through Tykes and Teens grant 	Tykes &Teens staff with support from school staff to refer
BASE	BASE uses evidence-based practices derived from clinical foundations including Cognitive Behavioral Frameworks, Motivational Interviewing, Dialectical-Behavioral Theories, Strengths-Based Approaches, Brief Solution-Focused Theories, Mindfulness, and Person-Centered Approaches. Students are taught psycho-social concepts through a supportive and therapeutic dialogue. All courses are rigorously edited and approved by a panel of field experts which include: Clinical Psychologists, Pediatric Psychiatrists, School Counselors, At-Risk Specialists, Licensed Professional Counselors, Social Workers, Administrators, and Educators. BASE meets the standards and core competencies of MTSS, PBIS, and CASEL (cognitive, emotional, behavioral/tier 1)	Title IV Grant (\$40,000)	High School site with support and assistance from District Student Services

Program	Description (mental wellness component/MTSS Tier)	Funding Source	Responsibility of
Behavior Team (ESE and severe emotional/ behavioral)	Behavior analysts (3), Behavior Specialist 3 and behavior technicians (16 which includes8 site based) complete a Functional Behavior Assessment (FBA) and write and manage behavior plans (BIP) for students with severe behaviors in ESE units and those prior to being placed. 3 Board Certified Behavior Analysts; 2 Behavior Specialist; 10 District Behavior Technicians (behavioral/tier 2 & 3)	IDEA & IDEA-CEIS \$ 428,217 IDEA \$223,427 CEIS	District has assigned fulltime behavior technician supports to targeted schools. District behavior team provides support and guidance in development of plans, classroom management and training of school based staff.
Boys & Girls Club AmeriCorps Middle School MentoringAmeriCo rps Middle School MentoringiMAP (middle 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)	 Americorps funded (\$701,990 with \$32,8696 paid by Boys & Girls Club) 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 (\$0)	School site initiative for depth of programming with assistance from district prevention staff
Community Mental Health for non-IEP driven services: Tykes & Teens and Legacy Behavioral Health 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)	 (\$0) 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
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 – (\$2,400[in person] to train new staff – one time cost; \$600 each time a local trainer does a refresher; \$700[online])	Two elementary schools who chose this model: Bessey Creek, JD Parker and Palm City Elementary Schools

Program	Description (mental wellness component/MTSS Tier)	Funding Source	Responsibility of
Drum Beat	DRUMBEAT engages students who are at risk of disengaging from schoolThe program uses a strengths-based approach to develop student resilience. It targets factors that support mental health, wellbeing and academic outcomes.	No cost to district or school. Schools may choose to enhance the program if funding is available. (\$0)\$33.00/hour for therapist to present/train	Elementary schools who chose this model: Jensen Beach Elementary
GSA Youth Empowerment Summit	GSA club members are invited to attend and participate in Palm Beach School District's Youth Empowerment Summit.	Mental Health Allocation \$608	District Student Services staff, school staff and GSA sponsors and student leadership
Counseling on HS and alternative school 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) 	Legacy staff with support from school staff to schedule
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 (\$0) Equality Florida (approx. \$3,500) 	School site guidance counselors, administration and teachers with support from district Student Services Department
Life Skills	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)	 \$0 from district Approximately \$54,000-70206 funded through Tykes and Teens grant 	Tykes &Teens staff with support from school staff to schedule

Program	Description (mental wellness component/MTSS Tier)	Funding Source	Responsibility of
Martin County Human Services (REACH)	This county department will provide information to support school district staff in post intervention planning for students returning to their school after completion of REACH and/or diversion programs to satisfy civil citations. (emotional/behavioral/tier 2)	Agency provides at no cost to district (\$0)	Martin County Human Services staff with school district staff to refer and provide feedback
Mental Health First Aid/Suicide Prevention Training	Mental Health First Aid is a 6-hour course that gives all staff the skills to aid someone with a mental health problem or who is 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).	Youth Mental Health First Aid: USF Managed Grant (\$24,703 based on 2019- 20)	District Student Services staff will schedule initial school team training and work with other departments to schedule district wide training
Panorama	Panorama provides a pre and post survey as well as surveys that may be given more frequently as progress monitoring. This program gives a baseline and recommends interventions. It will help establish groups for students with similar needs. In addition it will identify students with strengths in certain areas to identify possible peer mentors. Panorama enables stakeholders to see patterns at the district, school and class level; thus addressing needs of our students. (cognitive, emotional, behavioral/tier 1 & 2)	Referendum Mental Health (for a two year contract) \$25, 000	Middle School site with support and assistance from District Student Services
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. Individual schools pay for programming. 	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 (\$0)	School site implementation with assistance from district prevention staff

Program	Description (mental wellness component/MTSS Tier)	Funding Source	Responsibility of
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(\$94,930), General Fund (\$79,000) Mental Health Allocation(\$77,000) and CEIS funds (\$53,791) 1.Title IV 2. Title IV/CEIS 3. General 4. Mental Health Allocation	Student Services positions
Positive Action Class (only IMS)	Positive Action: Identify youth at risk of suspension and provide them with opportunity to gain insight into negative behaviors through support activities and interventions. Students who may have been suspended out of school will remain in school and participate in PIP (cognitive, emotional, behavioral/tier 2).	 \$0 from district \$57,656 funded through Tykes and Teens grant 	Tykes &Teens staff with support from school staff to schedule (Indiantown MS)
REACH (in lieu of alternate education placement)	This program is offered to our students through Martin County Human Services (MCHS). 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)	 \$0 from district Approximately \$6,000 funded through Martin County Human Services 	Martin County 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 make it right. Bullying Prevention (cognitive, emotional, behavioral/tiers 1-3)	\$0 from district \$7,500 funded through Florida and the Islands Comprehensive Center (FLICC) at ETS grant funding a train the trainer program for approx. 30 MCSD employees	School site with support and assistance from District Student Services

Program	Description (mental wellness component/MTSS Tier)	Funding Source	Responsibility of
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, diffuse incidents, and support isolated and excluded students. Bullying Prevention (cognitive, emotional, behavioral/tier 1)	Tax Referendum (\$122,400)	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 and follow up support (\$0)	SOS Signs of Suicide Prevention Program – school site trainers Say Something, Start with Hello – Peer Mentors/ Safe School Ambassadors
Sanford Harmony	Sanford Harmony is a CASEL SELect program, aligned to the five core social emotional learning competencies (self-awareness, self-management, and relationship skills, responsible decision-making and social awareness) from The Collaborative to Advance Social and Emotional Learning (CASEL), the nation's top evaluator of SEL evidence-based programs. SEL interventions that address CASEL's five core competencies like the Sanford Harmony program have been shown to increase students' academic performance by 13%. In Florida over 900 schools and organizations are using this program. (cognitive, emotional, behavioral/tier 1)	Company provides materials and training at no cost to district (\$0)	Elementary School site with support and assistance from District Student Services
School Social Services Workers	Case manage, provide group counseling (loss, bullying, etc.), triage at risk and provide counseling as needed, plan for post REACH support, refer for mental health services 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 Involuntary Examination (Baker Act) (when available). (cognitive, emotional, behavioral/all tiers)	1. Mental Health Allocation (MHA) 2. MHA 3. MHA 4. MHA 5. MHA 6. General Fund (Teen Parent)	Student Services positions

Program	Description (mental wellness component/MTSS Tier)	Funding Source	Responsibility of
Individual Student Safety Assessment Plan	A safety plan that includes an assessment to determine a student's potential threat to self or others. (emotional, behavioral/crisis support)	No cost to district (\$0)	School counselor, administration, SRO and district school social services worker
Trauma Informed Practices	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 2019-20 school year). Currently all elementary schools are completed or scheduled. Many secondary are scheduled (cognitive, emotional, behavioral/tier 1).	 \$0 from district \$12,800 approx. funded through Tykes and Teens grant 	School site administrators are required to schedule training with certified trainer for their staff.* (see chart below
Treasure Coast Hospice (crisis response & loss groups as needed)	Treasure Health provides crisis counseling and Grief Support counselors to 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 (\$0)	Treasure Health: Treasure Coast Hospice works with district crisis team to provide counselors following a student or staff loss of life.

Action Plan for Legislative Requirements

Tier 1 All Students	Tier 2 Supplemental Support	Tier 3 Intensive Support	Crisis Support	
Core CurriculumDistrict AssessmentsDistrict Benchmarks	 Small Group (5-8) Supplemental targeted skill intervention Frequent progress monitoring to guide intervention design (Prevention/Interventi on Program Specialists through MTSS) 	 Intense instruction in small group (1-3) Intense targeted skill intervention Longer duration and increased frequency Frequent progress monitoring to guide intervention design 		Academics
 Positive Behavior Interventions and Supports Conscious Discipline CHARACTER COUNTS! Anti-Bullying Week Day of Silence Restorative Practices Sanford Harmony Panorama Drum Beat 	 ALTOSS (Alternative to Suspensions) Boys & Girls Club - AmeriCorps Middle School Mentoring Positive Action Class Positive Intervention Program AVID BASE REACH 	 Functional Behavior Assessment Interagency services Referrals for mental health 		Social Emotional Learning
 Life Skills Alcohol Literacy Challenge (MS/HS) Red Ribbon Week				Substance Abuse
 Youth Mental Health First Aid training Suicide Prevention training for staff Safe School Ambassadors Suicide Prevention programs for students Sandy Hook Promise Trauma Informed Practices 	 Group Counseling LGBTQ Support Plan and training GSA Summit Threat Assessment (Self and Others) REACH 	 Individual Counseling (Tykes & Teens and Legacy) School Social Services Workers Behavioral Support Plan District Behavior Team 	 Involuntary Examination (Baker Act) Transport Civil Citations Crisis Counseling Treasure Coast Hospice 	Mental Health

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.

Standard Procedures

All students will have a screening permission (or refusal) on the yearly update to their emergency information card. (Form # 136)



Student presents with internal or external indicators and has been referred by the School Social Services Worker and/or MTSS with School Psychologist. A screener is completed.



Refer to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and to 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 service 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.



Staff schedules a meeting (inviting parent/guardian-invitation is required participation is not), completes the referral for counseling form and provides the consent to share information form, the agency information (if applicable) and intervention plan to the parent. (Form # 1311) Staff enters the consent date into the student information system.



If permission and consent to share information is not returned within three school days, staff will follow up with the parent.



When parent returns information, school staff provides a copy of the permission to share information and receive counseling form to the provider and adds data to the student information system.



If the parent declines counseling and/or consent to share information, staff will enter the date and "parent declined" in the student information system.

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.



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 in 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 him/herself 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

Parent declines (if appropriate school will notify Social Services Worker and SRO).



School Social Services Worker (SSSW) follows up with parent and attempts to engage student with school based activities and organizations.



School Threat Assessment Team will monitor the student and the School Social Services Worker (SSSW) will complete check in with the student, school staff and family, as needed.



Student continues with MTSS and prescribed interventions and progress monitoring continues.



NOTE: As is required by law if any student presents as abused or neglected staff is required to report.

DEPARTMENT OF EDUCATION REQUIRED COMPONENTS

Identifies evidenced-based mental health services for students with one or more cooccurring 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 –11-19.

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 can document how many students are referred, screened and are receiving school based and/or community services each year. Once referred, designated staff, including outside therapist, completes the Intervention Reporting/Progress Monitoring form #1285 or other monitoring tools 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 inschool and out of school providers.

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

- 9School Psychologists all State of Florida Certified School Psychologists
- 6 School Social Services Workers
- 2 Licensed Mental Health Therapists
- 1 Licensed Clinical Social Worker
- 1 Master of Social Work and Certified School Counselor
- 1 Masters Certified Professional School Counselor and Registered Mental Health Counseling Intern
- 1 Behavioral Health Case Manager and Registered Mental Health Counseling Intern
- 42 Certified School Counselors
- All other agencies who provided credentials are reported.

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
 - o Advanced Registered Nurse Practitioner (ARNP) 2
 - o Licensed Clinical Social Worker (LCSW) 8
 - o Master's Level Clinician (registered, not licensed) 25
 - o Licensed Mental Health Counselor (LMHC) 10
 - Certified Addiction Professional (CAP) 2
- Helping People Succeed
 - o Provides mental health professionals to students in some of our schools
- Suncoast Behavioral Health
 - o Provides mental health professionals to students in some of our schools
- New Horizons & Coral Shores
 - Are pediatric Involuntary Examination (Baker Act) receiving facility
 - Coral Shores age 12 and up only
- Human Services
 - o LMHC 2
 - Bachelor level Mental Health provider (BMH) 2
 - Certified Behavioral Health Case Manager 1
- Sequel Care (support to youth in school and in community)
 - o Provides mental health professionals to students in some of our schools
- Legacy Behavioral Health
 - o LMHC –2
 - o Psychiatrist 4
 - o Psychologist 1
 - Other Master's Level MH Therapist 4;
 - o Case manager 3
- Hibiscus House
 - o Provides mental health professionals to students in some of our schools
 - o Crisis Care Shelter for Children

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 Involuntary Examination (Baker Act) (in and out of school)

Strategies to increase time student services personnel spend providing direct mental health services (lines 33-36 of 1011.62(16), F.S.)

Our ongoing district goal is to increase mental health and wellness services provided to the students and families of Martin County. Strong collaborative partnerships with community agencies are vital to our students' system of care. Two of our collaborative partners have committed to staffing mental health professionals at our school campuses without cost to the district. Last school year, Tykes and Teens provided a therapist to every school site for a minimum of 1 day a week. Expanding for school year 2020-21 School Social Service Workers will increase small group sessions on various topics as prevention and intervention services.

Conclusion

The Mental Wellness Plan and the work is an ongoing process that will continue to develop and evolve as community, school, and legislative factors change. The district's Student Services Dept. has built a plan that continues to meet the current needs while keeping in mind future needs. The state mental health allocation continues to 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.

Fiscal Breakdown

2020/2021 MENTAL HEALTH BUDGET PROJECT 0087				
Roll Forward			\$ 121,837.00	
Governor's Recommended		\$	715,116.00	
Total Allocation		\$	836,953.00	
Position/Program	Quantity	Pro	jected Cost	
Charter Allocation HOPE		\$	1,830.00	
Charter Allocation TCAA		\$	40,118.00	
School Social Services Workers' Salary	5	\$	390,000.00	
Prevention Intervention Program Specialist	1	\$	77,000.00	
Expenditures		\$	508,948.00	
	BALANCE	\$	328,005.00	

6/23/2020

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Appendix A

The chart below lists programs that include strategies to improve the early identification of social, emotional or behavioral problems or substance abuse; improve the provision of early intervention services; and assist students dealing with trauma and violence. (Lines 55-57 of 1011.62(16), F.S.)

The chart below also indicates program coordination for CLARK Charter School. CLARK is the only Charter School opting into the District plan. (Lines 16-18 of 1011.62(16), F.S.) The District will provide the same services and student programming to CLARK as received at the other traditional public schools.

The HOPE Center for Autism and Treasure Coast Classical Academy have elected to create their own mental health plan.

Program	Description (mental wellness component/MTSS Tier)	Identification/ Intervention Area	CLARK Charter (Grades 10-12)
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).	✓ SEL○ Behavior✓ SubstanceAbuse○ Trauma○ Violence	Included
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 suspension (cognitive, emotional, behavioral/tier 2).	 SEL ✓ Behavior Substance Abuse Trauma Violence 	Included
BASE	BASE uses evidence-based practices derived from clinical foundations including Cognitive Behavioral Frameworks, Motivational Interviewing, Dialectical-Behavioral Theories, Strengths-Based Approaches, Brief Solution-Focused Theories, Mindfulness, and Person-Centered Approaches. Students are taught psycho-social concepts through a supportive and therapeutic dialogue. All courses are rigorously edited and approved by a panel of field experts which include: Clinical Psychologists, Pediatric Psychiatrists, School Counselors, At-Risk Specialists, Licensed Professional Counselors, Social Workers, Administrators, and Educators. BASE meets the standards and core competencies of MTSS, PBIS, and CASEL (cognitive, emotional, behavioral/tier 1)	 ✓ SEL ✓ Behavior ✓ Substance Abuse ✓ Trauma ○ Violence 	Included

Program	Description (mental wellness component/MTSS Tier)	Identification/ Intervention Area	CLARK Charter (Grades 10-12)
Behavior Team (ESE and severe emotional/ behavioral)	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. 3 Board Certified Behavior Analysts; 2 Behavior Specialist; 10 District Behavior Technicians (behavioral/tier 2 & 3)	 SEL ✓ Behavior Substance Abuse Trauma Violence 	Included
Boys & Girls Club AmeriCorps Middle School MentoringAmeriCo rps Middle School MentoringiMAP (middle 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)	 SEL ✓ Behavior Substance Abuse Trauma Violence 	Only at Middle School
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)	 ✓ SEL ○ Behavior ○ Substance Abuse ○ Trauma ○ Violence 	Included
Community Mental Health for non-IEP driven services: Tykes & Teens and Legacy Behavioral Health 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)	 ○ SEL ✓ Behavior ✓ Substance Abuse ✓ Trauma ✓ Violence 	Included
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)	 ✓ SEL ✓ Behavior ○ Substance Abuse ○ Trauma ○ Violence 	Only at Elementary School

Program	Description (mental wellness component/MTSS Tier)	Identification/ Intervention Area	CLARK Charter (Grades 10-12)
Drum Beat	DRUMBEAT engages students who are at risk of disengaging from schoolThe program uses a strengths-based approach to develop student resilience. It targets factors that support mental health, wellbeing and academic outcomes.	✓ SEL ✓ Behavior ○ Substance Abuse ✓ Trauma ○ Violence	Only at Elementary School
GSA Youth Empowerment Summit	GSA club members are invited to attend and participate in Palm Beach School District's Youth Empowerment Summit.	 ✓ SEL ○ Behavior ○ Substance Abuse ✓ Trauma ✓ Violence 	Schools with GSA
Mental Health on HS and alternative 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).	 ○ SEL ✓ Behavior ✓ Substance Abuse ✓ Trauma ✓ Violence 	Included
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).	✓ SEL o Behavior o Substance Abuse ✓ Trauma ✓ Violence	Included
Life Skills	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)	 ✓ SEL ○ Behavior ✓ Substance Abuse ○ Trauma ○ Violence 	Included

Program	Description (mental wellness component/MTSS Tier)	Identification/ Intervention Area	CLARK Charter (Grades 10-12)
Martin County Human Services	This county department will provide information to support school district staff in post intervention planning for students returning to their school after completion of REACH.	 ○ SEL ✓ Behavior ✓ Substance Abuse ✓ Trauma ✓ Violence 	Follow own code of conduct
Mental Health First Aid/Suicide Prevention Training	Mental Health First Aid is a 6-hour course that gives all staff the skills to aid someone with a mental health problem or who is 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).	 SEL Behavior Substance Abuse ✓ Trauma ✓ Violence 	Included
Panorama	Panorama provides a pre and post survey as well as surveys that may be given more frequently as progress monitoring. This program gives a baseline and recommends interventions. It will help establish groups for students with similar needs. In addition it will identify students with strengths in certain areas to identify possible peer mentors. Panorama enables stakeholders to see patterns at the district, school and class level; thus addressing needs of our students. (cognitive, emotional, behavioral/tier 1 & 2)	✓ SEL ✓ Behavior ○ Substance Abuse ✓ Trauma ○ Violence	Only at Middle School
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)	 SEL ✓ Behavior Substance Abuse Trauma Violence 	Included
Prevention Programs	Red Ribbon Week, Bullying Awareness, Day of Silence, Suicide, etc. (cognitive, emotional, behavioral/tier 1)	 SEL Behavior ✓ Substance Abuse ✓ Trauma ✓ Violence 	Included

Program	Description (mental wellness component/MTSS Tier)	Identification/ Intervention Area	CLARK Charter (Grades 10-12)
Prevention/ Intervention Specialists	Assist with the MTSS (Multi-Tiered System of Support) at the elementary and middle school level (cognitive, emotional, behavioral/all tiers).	✓ SEL ✓ Behavior ○ Substance Abuse ✓ Trauma ○ Violence	Included
Positive Intervention Program (PIP): Positive Action Class (only IMS 2019-20) – formerly Suspension Prevention	Positive Action: Identify youth at risk of suspension and provide them with opportunity to gain insight into negative behaviors through support activities and interventions. Students who may have been suspended out of school will remain in school and participate in PIP (cognitive, emotional, behavioral/tier 2).	 SEL ✓ Behavior Substance Abuse Trauma Violence 	Only at one Middle School
REACH (in lieu of alternate education placement)	This program is offered to our students through Martin County Human Services (MCHS). 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)	 ○ SEL ✓ Behavior ✓ Substance Abuse ✓ Trauma ✓ Violence 	Follow own code of conduct
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 make it right. Bullying Prevention (cognitive, emotional, behavioral/tier 2)	✓ SEL ✓ Behavior ✓ Substance Abuse ✓ Trauma ✓ Violence	Included
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, diffuse incidents, and support isolated and excluded students. Bullying Prevention (cognitive, emotional, behavioral/tier 1)	 SEL ✓ Behavior Substance Abuse ✓ Trauma ✓ Violence 	Included

Program	Description (mental wellness component/MTSS Tier)	Identification/ Intervention Area	CLARK Charter (Grades 10-12)
Sandy Hook Promise	Student Awareness program: SOS Signs of Suicide Prevention Program, Say Something, Start with Hello. Bullying Prevention (cognitive, emotional, behavioral/tier 1)	✓ SEL ✓ Behavior ○ Substance Abuse ✓ Trauma ✓ Violence	Included
Sanford Harmony	Sanford Harmony is a CASEL SELect program, aligned to the five core social emotional learning competencies (self-awareness, self-management, and relationship skills, responsible decision-making and social awareness) from The Collaborative to Advance Social and Emotional Learning (CASEL), the nation's top evaluator of SEL evidence-based programs. SEL interventions that address CASEL's five core competencies like the Sanford Harmony program have been shown to increase students' academic performance by 13%. In Florida over 900 schools and organizations are using this program. (cognitive, emotional, behavioral/tier 1)	✓ SEL ✓ Behavior ○ Substance Abuse ○ Trauma ○ Violence	Only at Elementary School
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 Involuntary Examination (Baker Act) (when available). (cognitive, emotional, behavioral/all tiers)	✓ SEL ✓ Behavior ✓ Substance Abuse ✓ Trauma ✓ Violence	Included
Individual Student Safety Assessment Plan	A safety plan that includes an assessment to determine a student's potential threat to self or others. (emotional, behavioral/crisis support)	 ○ SEL ✓ Behavior ○ Substance Abuse ✓ Trauma ✓ Violence 	Included

Program	Description (mental wellness component/MTSS Tier)	Identification/ Intervention Area	CLARK Charter (Grades 10-12)
Trauma Informed Practices	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 2019-20 school year). Currently all elementary schools are completed or scheduled. Many secondary are scheduled (cognitive, emotional, behavioral/tier 1).	 SEL Behavior Substance Abuse ✓ Trauma ✓ Violence 	Included
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)	 SEL Behavior Substance Abuse ✓ Trauma Violence 	Included

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