

MENTAL HEALTH ASSISTANCE ALLOCATION PLAN CHECKLIST
Due August 1, 2020

District:

Mental Health Assistance Allocation Plan (s. 1011.62(16)(a) and (b), F.S.)	
Delivers evidence-based, mental health assessment, diagnosis, intervention, treatment and recovery, through a multi-tiered system of supports.	
Focuses on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses.	
Includes direct employment of school-based mental health services providers (i.e., school psychologists, school social workers, school counselors and other licensed mental health professionals) to reduce staff-to-student ratios and meet student mental health assistance needs.	
Identifies strategies to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).	
Includes contracts or interagency agreements with local behavioral health providers or Community Action Team services to provide behavioral health services on or off the school campus (plan must specify the type of services that are provided in the agreement).	
States how the plan will establish school board policies and procedures that ensure the following for all schools, including charter schools: <ol style="list-style-type: none"> Students referred for a mental health screening are assessed within 15 days of referral; School-based mental health services are initiated within 15 days of identification and assessment; and Community-based mental health services for students are initiated within 30 days of referral. 	
Describes process for coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in the student's care.	
Identifies strategies or programs to reduce the likelihood of at-risk students developing social, emotional or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorders.	
Describes the process for coordinating mental health services for students at charter schools that are part of the school district's plan.	
Identifies strategies to: <ol style="list-style-type: none"> Improve the early identification of social, emotional or behavioral problems or substance abuse disorders; Improve the provision of early intervention services; and Assist students dealing with trauma and violence. 	
Expenditures (s. 1011.62(16), F.S.)	
Number of school-based mental health providers funded by the allocation and licensure/certification for each.	
Number of community-based mental health providers (list individual not agency) funded by the allocation and licensure for each.	
School district expenditures for services provided by contract-based collaborative efforts or partnerships with community mental health program agencies or providers.	
Other expenditures (specify the expenditure type and amount).	
Expenditure Assurances (s. 1011.62(16), F.S.)	
One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.	
Mental health assistance allocation funds do not supplant other funding sources OR increase salaries or provide staff bonuses.	
Describes how district will maximize use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).	
Program Implementation and Outcomes (s. 1011.62(16)(d), F.S.)	
Identifies the number and ratios of FDOE-certified or licensed, school-based mental health services providers employed by the district (i.e., school psychologists, school social workers, school counselors and other mental health services providers by licensure type).	
Includes system for tracking the number of students at high risk for mental health or co-occurring substance abuse disorders who received mental health screenings or assessments; number of students referred to school-based mental health services providers; number of students referred to community-based mental health services providers; number of students who received school-based interventions, services or assistance; and number of students who received community-based interventions, services or assistance.	
Plan Approval and Submission (s. 1011.62(16)(c), F.S.)	
Local school board approved the district plan.	Date of Approval:
Approved plan was submitted to the Commissioner of Education by August 1, 2020 (attached).	

2020-2021 MENTAL HEALTH ASSISTANCE ALLOCATION PLAN
CERTIFICATION FORM

ATTENTION: Andrew Weatherill
Andrew.Weatherill@fldoe.org

Due: August 1, 2020

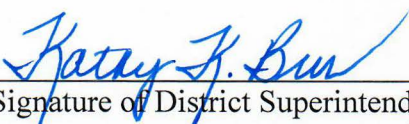
Richard Corcoran, Commissioner
Florida Department of Education

Dear Commissioner Corcoran:

This letter certifies that the Nassau County School Board approved the district's Mental Health Assistance Allocation Plan on July 23, 2020, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), Florida Statutes (see attached Mental Health Assistance Allocation Plan Checklist). This letter further certifies that legislative funding allocated to implement the district's plan does not supplant funds already allocated for school-based mental health services and the funds will not be used to increase salaries or provide bonuses. The district's approved plan with expenditures is attached.

School (MSID) Number	Charter School Name
N/A	No charter schools in Nassau County

Note: Charter schools not listed above will be included in the school district Mental Health Assistance Allocation Plan.



Signature of District Superintendent

Kathy K. Burns

Printed Name of District Superintendent

Attachments: Mental Health Assistance Allocation Plan Checklist
District Mental Health Assistance Allocation Plan
Charter School Mental Health Assistance Allocation Plans

SP&P SIGNATURE PAGE

School District: Nassau County

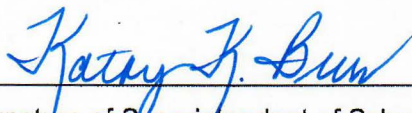
Administrator of Exceptional Student Education: Misty Mathis

This document is effective for the 2019–2020 through 2021–2022 school years.

CERTIFICATION OF APPROVAL

Kathy K. Burns

I, Kathy K. Burns, do hereby certify that each of the statements below are true:



Signature of Superintendent of School District
or Authorized Representative of Governing Body or Agency

Date of Approval

SPECIAL PROGRAMS AND PROCEDURES

The district's *Exceptional Student Education (ESE) Policies and Procedures (SP&P)* document was approved by the governing body for submission to the Florida Department of Education on the date indicated.

The contents of this document preprinted by the Florida Department of Education have not been altered in any way.

The school district shall implement the requirements of any statutes or State Board of Education rules affecting programs for exceptional students during the effective dates of this document.

The school district shall implement the requirements of the Individuals with Disabilities Education Act (IDEA) and its implementing requirements at Section 300 of Title 34 of the Code of Federal Regulations.

SCHOOL DISTRICT POLICIES AND PROCEDURES

Any district-produced policy and procedures documents that meet the following criteria have been submitted to the Florida Department of Education with the SP&P. Such documents:

- Supplement the information contained in the district's SP&P
- Address school district exceptional student education procedures or policies
- Are adopted by the school board as school district policy

NASSAU COUNTY SCHOOL DISTRICT

Mental Health Assistance Allocation Plan

2020-2021



Mental Health Assistance Allocation Plan (s. 1011.62(16)(a) and (b), F.S.)

It is the mission of the Nassau County School District (NCSD) to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society. In order to achieve this mission, it is crucial to develop the student as a whole including their mental and behavioral wellness. Mental and behavioral wellness have been a formal priority of the NCSD for over five years. In January 2015 the NCSD implemented a district-wide System of Care (SOC). This SOC is built on the belief that Nassau County students are best served through the implementation of a relationship based, whole-child centered model. The primary plan for the Mental Health Assistance Allocation is to improve and expand the current SOC. The SOC was developed on the foundation of two evidenced-based models: The National Association of School Psychologists' Framework for Safe and Successful Schools (Cowan et al., 2013) and the Whole School, Whole Community, Whole Child model put forth by The Association for Supervision and Curriculum Development (ASCD) and the Centers for Disease Control in 2014. These two models provide the structure for the SOC to efficiently and effectively provide services to all students and to promote close school-community collaboration.

The purpose of the System of Care is to create a system that is built as a “safety net” for all students and their families. This system exists so that all students in need are identified and receive effective and timely services. This is accomplished by two collaborative teams: 1) the MTSS District Leadership Team and 2) the MTSS School-Based Problem Solving Team.

1). **MTSS District Leadership Team.** It is the mission of the MTSS District Leadership Team to deliver evidenced based mental/behavioral health services to all students by fully integrating support services for learning (e.g., behavioral, mental health, and social services), instruction, and school management within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration. The MTSS District Leadership Team utilizes “Florida’s System of Supports for School-Based Mental Health Services (Attachment A)” as the decision-making process for identifying and delivering evidence-based mental/behavioral health interventions throughout the district. The team is comprised of district directors of instruction to include exceptional education/student services, professional development, intervention/prevention, and technology; school principals, school based mental health providers, state liaisons for Positive Behavior Support and Problem Solving (PBIS)/Response to Intervention (Ps/RtI), and the School Safety Specialist. The MTSS District Leadership Team meets quarterly and oversees the implementation of the process for identifying and delivering evidence-based mental/behavioral health interventions. This team oversees the integration of Whole School, Whole Community, Whole Child Model (WSCC; Attachment B) across academic, behavioral, social emotional, physical and mental health throughout Nassau County schools, including:

- **Nassau County Truancy Prevention Taskforce:** The NCSD understands early prevention is the key to success with truancy. Thus, the NCSD has implemented a tiered intervention support model for truancy prevention. Each area of need based on student absences discusses specific interventions that should be considered and implemented. These include but are not limited to parent/teacher conferences,

mentoring, referrals to school based mental health providers and/or referrals to community agencies. The Nassau County Truancy Prevention Taskforce is a collaboration between the school system, State Attorney's Office, law enforcement, Department of Juvenile Justice, and the Department of Children and Families to come together as a community once per month to support children and their families who are at the highest risk of truancy in the district.

- Electronic System of Care (SOC) Referral and Case Management System: The electronic SOC is a referral process and case management system which is embedded in the student information system (e.g., FOCUS). The System of Care encompasses a “see something, say something” approach. If any district or school staff member has an immediate concern with a student in regard to mental/behavioral health (to include but not limited to concerns for abuse, neglect, harm to self or others, crying, bullying, isolation, etc.), it is the district policy to document this via this electronic format. This automatically generates an email alert and a student information system alert to the school based mental health provider (school-based school psychologists, school social workers, and mental health counselors). Once the mental health provider receives the alert, the student will be assessed within five school days. A determination will be made to either escalate (refer) the student to the MTSS School-Based Problem Solving Team, to not escalate the situation by monitoring the student at a frequency deemed appropriate by the mental health provider, or to refer to an outside community agency. If a student has been identified with a need that can be addressed within the school, the team (to include the parent) will develop an intervention plan to identify the specific area of concern and intervention to be implemented. This will occur within 15 days of the process being escalated. If a student has been identified with a need that can be addressed within the community, the mental health provider will contact the parent and complete a release of information and a referral form for the community agency that can best support the student needs. This process will also be initiated within 15 days with the expectation that the community-based provider will begin services within an additional 15 days from referral. The electronic SOC will also be the primary process for coordinating mental/behavioral health services with a student's care provider(s) including procedures for information sharing.
- First Responder System of Care Line: This secure line serves as a communication and information sharing tool with first responders, including: law enforcement officers, Department Juvenile Justice, Department of Children and Families; and community-based care organizations. The first responders are provided with a card (Attachment C) that describes what information is needed. The secure line is monitored each morning and entered into the electronic SOC for appropriate action and follow-up.
- Collaboration with School Safety Specialist: A key function of the MTSS District Leadership Team will be to collaborate with the School Safety Specialist to ensure evidence-based standards for district-level policies to promote effective school discipline and positive behavior. Moreover, the policy should ensure school discipline

(a) functions in concert with efforts to address school safety and climate (e.g., relevant to the school context); (b) is not simply punitive (e.g., zero tolerance), but rather is aligned with restorative justice practices; (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors. The top priority for the collaboration between the MTSS District Leadership Team and School Safety Specialist is the implementation of a sustainable crisis and emergency preparedness, response, and recovery plan. According to the Framework for Safe and Successful Schools, this plan should prioritize the balance between physical and psychological safety to avoid overly restrictive measures that can undermine the learning environment and instead combine reasonable physical security measures (e.g., locked doors and monitored public spaces) with efforts to enhance school climate (e.g., trainings and workshops for school staff, PBIS, etc.), build trusting relationships with school based teams, and encourage students and adults to report potential threats (e.g., First Responder Line, System of Care, FortifyFL). In addition, they will establish policies and procedures for the prevention of violence on school grounds, including the assessment of and intervention with individuals whose behavior poses a threat to the safety of the school community (e.g., PREPaRe Crisis Training).

2). **MTSS School-Based Problem Solving Teams.** The second team responsible for developing the vision of the SOC is the MTSS School-Based Problem Solving Team. In an effort to reduce multiple teams and initiatives, this team will comprise of the appropriate staff and expertise to serve as the school's crisis team, threat assessment team, and overall problem solving team. The team is under the leadership of the administrator of each school and is comprised of mental health providers (which can include psychologists, social workers, school counselors, mental health counselors), law enforcement officers, safety specialist designee, behavior specialists, teachers, school nurses, and other expert personnel. This team oversees the integration of the Whole School, Whole Community, Whole Child Model across academic, behavioral, social emotional, physical and mental health throughout the schools, including:

- **Immediate Assistance:** A critical part of this team is to provide immediate assistance when a student is in crisis (e.g., suicide prevention). The NCSD Involuntary Examination (Baker Act) policy provides step-by-step instruction for school personnel to follow when a student has been identified as having a suspected need for an involuntary examination or for posing harm to themselves or others. The school-based mental health provider will be the first contacted to ensure the safety of the student and follow the proper protocol which entails completing a safety assessment and contacting the county's Mobile Response Team. If the MRT initiates an involuntary examination of the student under the Baker Act, the MRT will complete the Baker Act forms and law enforcement will transport the student to the nearest hospital or crisis stabilization unit (CSU). The MTSS School-Based Problem Solving Team will also play a critical role in promoting restorative justice practices. For example, members of this team will establish collaborative partnerships with Department of Juvenile Justice (DJJ), Baker Act receiving facilities, and Nassau County's Mobile Response Team (MRT) at the school level. The aim of this collaboration is to ensure DJJ, the receiving facility, and the MRT personnel notify the school when a student is to return to school. The mental health provider who is a member of MTSS School-Based Problem Solving Team will then meet with the student to assess their current needs. If ongoing support is needed, the team will track and progress monitor interventions for the student's success. If the

Mobile Response Team deems that the student is NOT in need of the Baker Act, the MRT will develop a Crisis Safety Plan with the student and parent/guardian. This includes but is not limited to contact with the student and parent at a minimum of twice a day for 72 hours and discussing the need for follow up community support beyond the 72 hour window. School staff will give the student supportive feedback, share resources such as the suicide prevention hotline, the crisis text line, developing a coping card, etc., and determine if the student will need to be referred to the school-based problem solving team.

- Integration of Support: The MTSS School-Based Problem Solving Team oversees the integration of support across academic, behavioral, social emotional, physical and mental health throughout the school including identification of students who may need to advance through the mental/behavioral health continuum. They can and should come from a multitude of entry points including but not limited to:
 - Peers
 - Parents/Guardians
 - Teachers, deans, nurses, and other school staff via FOCUS System of Care or the MTSS process
 - Registration card/process
 - Disciplinary referrals
 - Community partners/connections
 - Baker Act events

- Multi-Tiered Systems of Support (MTSS): When addressing mental/behavioral health, NCSD takes on a multi-tiered systems of support (MTSS) approach. This process allows for data driven decision making using a four-step problem solving model. MTSS is a framework to provide supports to students focusing on the whole child. Students flow through the tiers based on need and data. Indicators of positive outcomes include but are not limited to an improvement in academic engagement, positive behavioral changes, decrease in disciplinary referrals, improved coping skills, and improved relationships and rapport building. Students can receive support via small groups or individually. In the event of school closures due to a health crisis, students can also receive interventions via tele-services. The following description of the tiered approach is noted below:
 - Awareness/prevention universal core instruction/Tier I includes: Alignment with State and District Standards, Character Education, Youth Mental Health First Aid (YMHFA), Kognito, Expect Respect Bullying Prevention, PREPaRE school crisis prevention and intervention curriculum, parent workshops, Sanford Harmony social emotional development curriculum, mental health awareness education, Sandy Hook Promise, Lauren's Kids, Positive Behavior Interventions and Support Tier I practices and procedures, and a pilot program for Teen Mental Health First Aid to which we plan to expand throughout our district in the coming years.
 - Supplemental instruction/Tier II includes but is not limited to: Evidence-based mental/behavioral health services for students at risk for one or more co-occurring mental/behavioral health or substance abuse diagnoses via small group social skills instruction, Check-In/Check-Out, Coping Cat, Skills Streaming, Check and

Connect K-12, 101 Ways to Teach Children Social Skills, Ripple Effects (provided by community agency), strategic research based interventions targeted to student's specific needs with frequent progress monitoring, Positive Behavior Interventions and Support Tier II practices and procedures.

- Intensive interventions/Tier III includes but is not limited to: Evidence-based mental/behavioral health services for students with one or more co-occurring mental/behavioral health or substance use diagnoses utilizing the University of South Florida Department of Education's best practice recommendations, contract-based collaborative partners to provide wrap-around and direct services in the areas of individualized assessment, diagnosis, intervention, treatment (e.g., medication management), and relapse prevention, Modular Approach to Therapy for Children Anxiety, Depression, Trauma, or Conduct Problems (MATCH), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Promoting School Happiness, Zones of Regulation, individual social skills instruction, Functional Behavior Assessment, Positive Behavior Intervention Plan, Positive Behavior Interventions and Support Tier III practices and procedures.

Community-based and contract-based partnerships are vital to the success of the MTSS process in Nassau County Schools as well. These partnerships include community boards, mental health treatment organizations, and social services organizations. Some of the established partnerships include: student advisory boards, parent advisory boards, school advisory boards, Behavioral Health Consortium Nassau County, Center for Autism and Related Services, Department of Health, Communities in Schools, Department of Children and Families, Department of Juvenile Justice, Equality Florida, Family Services Planning Team (FSPT), Family Support Services, Fernandina Beach Police Department, Florida Institute for Small and Rural Districts, Florida Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET), Florida Positive Behavior Support, Florida Psychological Associates, Florida PS/RtI, Jewish Community Alliance, Micah's Place, Nassau County Community in Schools, Nassau County Department of Health, Nassau County Education Foundation, Nassau County Sheriff's Office, Northeast Florida Educational Consortium, Meridian Community Action Team, Starting Point Behavioral Health, State Attorney's Office, Youth Crisis Center, Women's Help Center, and local business partners supporting community-wide expectations and incentives.

The Nassau County School District is also excited to have a new opportunity beginning this school year and to extend over the next three years to collaborate with the Nassau County Department of Health. The purpose is to fully incorporate school nurses in our MTSS process to intervene and identify risk factors among our youth that fall into the categories of adverse childhood experiences with one of its goals being to reduce the impact of the opioid epidemic among our students. The interventions will be designed to incorporate several evidenced based programs that prevent risky behaviors in youth, promote positive youth development, and to strengthen families.

In addition to the above community-based and collaborative partnerships, during the month of May (Mental Health Awareness Month), district and school team members will be called upon to advocate and promote mental wellness. The following events and activities are examples of what can be promoted in May:

- Mental Health Awareness Video PSA for district and school staff
- Poster contest created by students

- Messages of well-being shared during daily school announcements and/or social media
- Employees and students sign the “Pledge to See Something/Say Something”
- Mental/behavioral health facts shared daily in schools and district offices via district news and social media
- Mindfulness resources and green ribbons/stickers distributed to support Mental Health Awareness
- Wear green on every Monday in May and on National Children’s Mental Health Awareness day

Outcome data is essential to the evaluation and continuous improvement of this plan. Outcome data is monitored by the MTSS District Leadership Team. To evaluate the effectiveness of services includes: number of schools implementing PBIS with fidelity; early warning indicators (e.g., attendance, course performance, behavior); percentage of students receiving tiers II and III intervention support; Youth Risk Behavior Survey; School Climate/Student Engagement Survey; Florida Youth Substance Abuse Survey; Parent School Safety Survey; number of district and school staff trained on YMHFA; implementation of opt-out universal screening for mental/behavioral health needs; number of students screened/assessed, number of students referred for services, number of students who receive services/assistance (school-based and community).

Program Implementation and Outcomes (s. 1011.62 (16)(d), F.S.)

As previously described in detail, the vision of the SOC is to achieve mental health and behavioral wellness through a system that is built as a “safety net” for all students and their families. This SOC exists so that all students in need are identified and receive effective and timely services. In order to achieve this vision, the NCSD identified the need for an innovative collaboration with technology to create a sustainable mental/behavioral health referral system that can manage the potential large volume of referrals and physical distance between schools. This collaboration has led to the implementation of the electronic System of Care toward the end of the 2018-2019 school year. This electronic referral and case management system easily and efficiently reports how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community) throughout the school year. It has the capacity to allow for efficient and secure referrals to school-based mental health providers who in turn can be initiate services within the school or refer to community-based mental health providers for treatment. Security is of the upmost importance for the success of this system; thus, the system will be held in the secured student information software and only accessible by necessary school and/or district personnel.

As part of the SOC, it is imperative to broadly assess students for mental/behavioral health needs. Similar to the academic process of universal screening to determine the need for additional academic supports, best practice recommendations include a screening process to identify which students need additional mental/behavioral health support. In order to implement the legislative requirements regarding mental health screening and assessment procedures for determining which students are in need of mental/behavioral health intervention, policies should reflect the use of “opt out” universal consent (NCSD Emergency Medical Information- Attachment D). The current “opt-in” policies are extremely restrictive and defy best practice in identifying students in need of additional services. Similar to the process for identifying students for physical needs (e.g., hearing and vision screening), best practice mental health and behavioral wellness requires a universal process to screen students in need of follow-up with a mental health professional. Moreover, the “opt- out” policy will improve efficiency in conducting threat prevention assessments.

The SOC is enhanced by experts from multiple disciplines. The Mental Health Assistance Allocation plan improves access to school-based mental/behavioral health supports and improves the staffing levels in terms of school-employed mental health professionals. The vision for these professionals is that they receive ongoing training and technical support to allow them to infuse prevention and intervention services into the learning process and to help integrate services provided through school–community partnerships into existing school initiatives.

The district plan includes the following Tier II/Tier III mental/behavioral health services providers employed by the district:

- School Psychologists: 10
- School Social Workers: 8

- Certified School Guidance Counselors: 28
- Behavior Specialists: 5
- Behavior Technicians: 2
- School Nurses/Aides: 4

The district plan includes the following Tier II mental/behavioral health prevention services (e.g., Ripple Effects) provided by a community agency at no direct cost to the district:

- Mental Health Counselors: 2

The district plan includes access to the following Tier III intensive mental/behavioral health services (e.g., counseling, clinical evaluations, diagnosis) contracted by the district provided by a community agency:

- Psychiatrist: 1
- Psychiatric Nurse Practitioner: 1
- Clinical Psychologists: 3
- Cognitive Psychologist: 1
- School Psychologist: 1
- Social Workers: 2
- Full Time Mental Health Counselors: 9
- Masters Level Mental Health Counseling Interns: 3

The district plan includes access to the following mental/behavioral health services provided by a community agency at no direct cost to the district to assess for threat to harm of self or others as well as to develop Crisis Safety Plans via a Mobile Response Team:

- Mental Health Counselors (LMHC; Masters level, MFT, Registered Intern; Masters level, Social Work, Registered Intern): 3

The district plan includes access to the following medical support provided by the Department of Health at no direct cost to the district:

- Nurses: 6

With the additional staff supported by the Mental Health Assistance Allocation plan, the district has increased support so that each school will have access to a mental health provider 4-5 days per week. This allows for one mental health provider (school psychologist, mental health counselor, or school social worker) to serve on the MTSS School-Based Problem Solving Team. This will also improve staffing ratios to allow for the delivery of a full range of services and effective school community partnerships. Through this role, they will collaborate with other team members to conduct suicide and threat assessments, crisis intervention, and individualized/small group student support. In addition, the school based mental health professional will provide comprehensive services to students at their school including individualized assessment,

feedback, intervention, skill-based treatment, and relapse prevention through progress monitoring. Community-based and contract-based collaborative partners can also provide assistance with diagnosis, treatment, medication management, in-home support, crisis intervention, and relapse prevention.

The Nassau County School District has also found great success in adopting the model for school psychologists set forth by the National Association for School Psychologists, “Who Are School Psychologists?” (Attachment E). Each school psychologist has been empowered to promote positive mental and behavioral health, help support and create safe and positive school climates, and to help strengthen family-school partnerships. In order to support this model, each school psychologist has been assigned to no more than one or two schools to increase the amount of time students receive or have access to direct mental/behavioral health support in the school setting. They have been strategically placed to primarily serve in our elementary schools to support early identification and intervention and, as noted previously, is a key member of the MTSS School-Based Problem Solving Team.

Our mental health professionals are also on the second year of extensive training and exposure on a variety of tools and interventions to deliver mental/behavioral health supports to our students. They include but are not limited to training in risk assessments, trauma informed care, critical incident debriefing, self-harm, understanding developmental psychopathology, implementing evidence based treatments, self-care, and substance abuse. Community providers also frequently provide guidance to our mental health providers on how they support various populations within the local community such as the LGBTQ+ community, those that are affected by domestic and sexual violence, and the homeless community. In addition, NSCD has highly recommended that the MTSS School-Based Problem Solving Team members, mental health providers, and support staff participate in training modules associated with Adverse Childhood Experiences in order to bring awareness of the impact of trauma on our young people.

Expenditure Assurances (s. 1011.62 (16), F.S.)

The Nassau County School District Mental Health Assistance Allocation plan is committing 100% of the state funds of \$510,203.00 in addition to the rollover funds from the 2019-2020 school year of \$44,134.83 to expand school based mental/behavioral health care; train educators and other school staff in detecting and responding to mental/behavioral health issues; and connect children, youth, and families with appropriate mental/behavioral health services. This allocation does not supplant other funding sources OR increase salaries or provide staff bonuses. The NCSD will maximize use of other sources of funding to provide school-based mental/behavioral health services, where appropriate. The district is committed to support blended flexible use of funding streams in education and mental/behavioral health services including the Medicaid reimbursement allowable under the state legislation for school districts. In addition, district leadership plans to work with 3rd party payors as well as grant funding to support services for students who do not have insurance as well as services that are not covered by insurance.

NASSAU COUNTY SCHOOL DISTRICT
Mental Health Allocation Assistance Plan Expenditures (s. 1011.62 (16), F.S.)

School-based mental/behavioral health providers funded by MHAA (Total Expenditure: \$218,000.00):

Resource	Number	Certification/Licensure
School Psychologists	3	Professional Educator's Certification in School Psychology PK-12
School Social Worker	1	Professional Educator's Certification in School Social Work PK-12

Community-based mental/behavioral health providers funded by the MHAA (Total Expenditure: \$0):

Resource	Number	Certification/Licensure
None at this time		

Contract-based collaborative partnership that allows for access as needed to any of the following funded by MHAA (Total Expenditure: \$170,000.00):

Resource	Number
Mental Health Counselors	9
School Psychologist	1
Social Workers	2
Psychiatrist	1
Clinical Psychologist	3
Cognitive Psychologist	1
Psychiatric Nurse Practitioner	1

Other Total Expenditures funded by MHAA: \$166,334.83:

Resource	Amount	Resource (from Roll Forward)	Amount
Travel	\$3,292.00	Training	\$22,067.42
Supplies	\$3,500.00	Instructional Materials	\$22,067.41
Health Insurance	\$34,195.00		
Social Security	\$15,000.00		
Retirement	\$23,000.00		
Mental Health Coordinator	\$40,511.00		
Mental Health Lead Supplement	\$2,702.00		

School-based mental/behavioral health providers funded by the Nassau County School District:

Resource	Number	Certification/Licensure
School Psychologists	10	Professional Educator's Certification in School Psychology PK-12
School Social Workers	8	Professional Educator's Certification in School Social Work PK-12
School Guidance Counselors	28	26- Professional Educator's Certification Guidance and Counseling PK-12; 2-pending and eligible for certification in Guidance and Counseling PK-12
Behavior Specialists	5	Professional Educator's Certification in ESE K-12: 2-BCBA; 1-BCaBA; 1 RBT (pending BCBA); 1-pending BCBA
Behavior Technicians	2	1-RBT; 1-pending RBT

Florida System of Supports for School-Based Mental Health Services

Attachment A

TIER 3

Individualized Intensive

Decision-rules & referral-
follow-up procedures
Data and strategy sharing between
school and agency staff
Individualized counseling/ intervention,
behavior support plans
Intensive progress monitoring
Wrap around & crisis planning
Intensified family partnership and communication

TIER 2

Supplemental/At-Risk

Decision rules for early identification and access
Evidence-based group social, emotional, and behavioral
interventions based on need
Monitoring of intervention fidelity and student progress

TIER 1

Universal Prevention

Universal screening and progress monitoring
Needs assessment and resource mapping
Reduced Risk Factors - Create orderly and nurturing classrooms and public space,
fair and positive discipline, curtailed bullying
Increased Protective Factors - Social-emotional skills instruction,
positive/secure relationships, predictable environment
Restorative and Trauma Informed Practices
Data-based problem solving leadership teams - Including youth serving agency, youth and family
School-wide mental wellness initiatives to increase awareness and reduce stigma
Youth Mental Health First Aid Training, Wellness Fairs, Behavioral Health Campaigns

FOUNDATION

- a. Integrated Leadership Teams - expand teams and roles
- b. Effective data systems
- c. Strong Universal implementation
- d. Continuum of supports
- e. Youth Family School Community Collaboration at All Levels
culturally responsive
- f. Evidence based practices at all levels
- g. Data based continuous improvement
- h. Staff Mental Health Attitudes, Competencies, and Wellness
- i. Professional development and implementation support
- j. Policy changes that protect confidentiality but promote
mental health collaboration and flexibility

Nassau County School's System of Care

The Nassau County School Board's System of Care is a WholeSchool, Whole Community, Whole Child (WSCC) approach to wellness and school safety. The model is disseminated by the Centers for Disease Control and the Association for Supervision and Curriculum Development. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and school are a reflection of the local community.

The Model

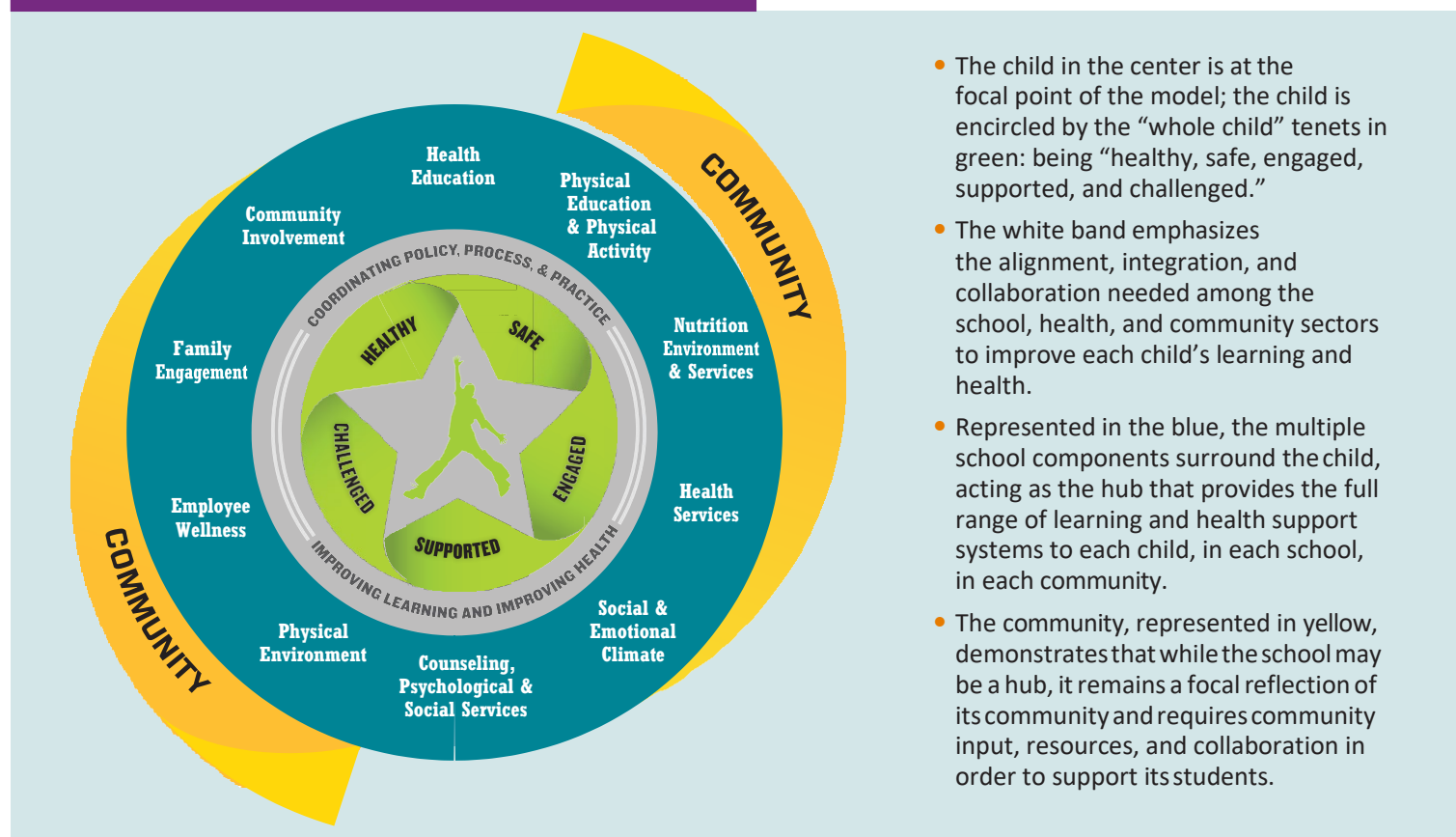
Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of children and adolescents. Research shows that the health of students is linked to their academic achievement. By working together, the various sectors can ensure that *every young person in every school in every community* is healthy, safe, engaged, supported, and challenged to be an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

The model accomplishes a number of important objectives:

- It integrates the child, family, and community partners within the school system.
- It emphasizes the relationship between educational attainment and health, by putting the child at the center of a system designed to support both.

The model is designed to support the health and learning of the *whole child* to improve health and learning.

Whole School, Whole Community, Whole Child Model



First Responders,

Please use this line to alert the

Nassau County School District
System of Care
(904) 491-9951



Please include:

- Full name
- Date of birth (if available)
- Student's school (if available)
- Relevant information - This helps us know how the district can best support the student and family.

2019-2020 Nassau County Student Emergency Medical Information

Teacher: Attachment D pg 1 of 2
(Teacher is for Elementary Schools Only)

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below).
Fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly.

Student Information	Last Name:		First:		Middle:	
	Date of Birth: / /		Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Student's Physical Address:			City, State, Zip:		
	Mailing Address (If different from above):			City, State, Zip:		
	Primary Phone:		Student Cell Phone:			
	Student Email:					
	Who has custody: (Current legal documentation must be on file in the student's cumulative record.) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Other: _____					
Mother/ Guardian	Last Name:		First:			
	Home Address (if different from student):		City, State, Zip:			
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			
Father / Guardian	Last Name:		First:			
	Home Address (if different from student):		City, State, Zip:			
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			
Emergency Contacts	List the names of persons to whom we may release your child or whom we may contact if we cannot reach you.					
	Name		Address		Relationship	
Transportation	Regular Arrival Procedures. On a typical day, how will your child arrive to school? <input type="checkbox"/> Car Dropoff <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus (AM Bus # _____) <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site before-care program (Program: _____)					
	Regular Dismissal Procedures. On a typical day, how will your child leave school? <input type="checkbox"/> Car Pickup <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus (PM Bus # _____) <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site after-care program (Program: _____) <input type="checkbox"/> Attend ON-site after school program (Program: _____)					

PLEASE TURN OVER TO COMPLETE THE BACK

Student Last Name:

First:

Middle:


Physician/ Hospital	In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.		
	Physician:		Phone:
	Hospital:		Phone:
Medical Information	Please check or list any medical/mental health diagnoses/concerns which may affect the child's progress in school, sports, etc. (Check all that apply):		
	<input type="checkbox"/> Asthma. If checked, does the student use an inhaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication
	<input type="checkbox"/> Seizures. If checked, is the student on medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Diabetes. If checked, is the student insulin dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Movement limitations (Describe):		
	<input type="checkbox"/> Recent illness/hospitalization/surgery (Describe):		
	<input type="checkbox"/> Other medical/mental health diagnoses/concerns (Describe):		
	<input type="checkbox"/> Severe Allergies. If checked, please check the type below: <input type="checkbox"/> Food/environmental: Specify: _____ <input type="checkbox"/> Insect stings/bites: Specify: _____ <input type="checkbox"/> Medicines/drugs: Specify: _____		Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sibling(s)	Please list any sibling(s) who currently attend a Nassau County Public School.		
	First and Last Name	School	Grade Level

Parents will be notified of any problems detected and no treatment, including shots, skin tests or blood tests, will be given without additional parental permission. The Public Health Nurse will assist parents/guardians in obtaining medical help for their child(ren). Health problems will be treated in a confidential manner. You must notify the school principal in writing if you do NOT want your child to participate in one or more of the activities listed.

The Nassau County Health Department, in cooperation with the Nassau County School Board, will be conducting the following School Health Screenings during this year. Nursing assessments and health counseling are a part of the scheduled screenings. A student may be referred by a parent or a member of the school staff at any time for the screenings listed below.

Grade K	Grade 1	Grade 3	Grade 6	Grade 9
<ul style="list-style-type: none"> Dental Hearing Vision 	<ul style="list-style-type: none"> Dental Hearing Vision Height Weight 	<ul style="list-style-type: none"> Dental Vision Height Weight BMI (selected schools) Behavioral/mental health screener 	<ul style="list-style-type: none"> Dental Hearing Vision Height Weight Scoliosis BMI (selected schools) Behavioral/mental health screener 	<ul style="list-style-type: none"> Behavioral/mental health screener <p>Grades PreK, 2, 4, 5, 7, 8, 9, 10, 11, 12</p> <ul style="list-style-type: none"> Will be Upon Referral

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

	Has your family temporarily lost housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Your family may qualify for additional resources through the FIT program if you are living in one of these situations because of loss of housing: sharing housing, camper, motel, car, substandard, etc. Call 277-9021 for more information.
	These situations, in and of themselves, do not count as abuse and are not reported to any agency.

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.

Signature: _____ Date: _____

Relationship to Student: _____

Who Are _____ SCHOOL PSYCHOLOGISTS?

Helping Children Thrive • In School • At Home • In Life

WHAT DO SCHOOL PSYCHOLOGISTS DO?

School psychologists provide direct support and interventions to students; consult with teachers, families, and other school-employed mental health professionals (i.e., school counselors, school social workers) to improve support strategies; work with school administrators to improve school-wide practices and policies; and collaborate with community providers to coordinate needed services.

School psychologists help schools successfully:

Improve Academic Achievement

- Promote student motivation and engagement
- Conduct psychological and academic assessments
- Individualize instruction and interventions
- Manage student and classroom behavior
- Monitor student progress
- Collect and interpret student and classroom data
- Reduce inappropriate referrals to special education.

Promote Positive Behavior and Mental Health

- Improve students communication and social skills
- Assess student emotional and behavioral needs
- Provide individual and group counseling
- Promote problem solving, anger management, and conflict resolution
- Reinforce positive coping skills and resilience
- Promote positive peer relationships and social problem solving
- Make referrals to and coordinate services with community-based providers

Support Diverse Learners

- Assess diverse learning needs
- Provide culturally responsive services to students and families from diverse backgrounds
- Plan appropriate Individualized Education Programs for students with disabilities
- Modify and adapt curricula and instruction
- Adjust classroom facilities and routines to improve student engagement and learning
- Monitor and effectively communicate with parents about student progress

Create Safe, Positive School Climates

- Prevent bullying and other forms of violence
- Support social-emotional learning
- Assess school climate and improve school connectedness
- Implement and promote positive discipline and restorative justice
- Implement school-wide positive behavioral supports
- Identify at-risk students and school vulnerabilities
- Provide crisis prevention and intervention services

Strengthen Family–School Partnerships

- Help families understand their children's learning and mental health needs
- Assist in navigating special education processes
- Connect families with community service providers when necessary
- Help effectively engage families with teachers and other school staff
- Enhance staff understanding of and responsiveness to diverse cultures and backgrounds
- Help students transition between school and community learning environments, such as residential treatment or juvenile justice programs

Improve School-Wide Assessment and Accountability

- Monitor individual student progress in academics and behavior
- Generate and interpret useful student and school outcome data
- Collect and analyze data on risk and protective factors related to student outcomes
- Plan services at the district, building, classroom, and individual levels

SCHOOL PSYCHOLOGISTS HELP STUDENTS THRIVE

School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply expertise in mental health, learning, and behavior to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community.



WHAT TRAINING DO SCHOOL PSYCHOLOGISTS RECEIVE?

School psychologists receive specialized advanced graduate preparation that includes coursework and practical experiences relevant to both psychology and education. School psychologists typically complete either a specialist-level degree program (at least 60 graduate semester hours) or a doctoral degree (at least 90 graduate semester hours), both of which include a year-long 1,200-hour supervised internship. Graduate preparation develops knowledge and skills in:

- Data collection and analysis
- Assessment
- Progress monitoring
- School-wide practices to promote learning
- Resilience and risk factors
- Consultation and collaboration
- Academic/learning interventions
- Mental health interventions
- Behavioral interventions
- Instructional support
- Prevention and intervention services
- Special education services
- Crisis preparedness, response, and recovery
- Family-school-community collaboration
- Diversity in development and learning
- Research and program evaluation
- Professional ethics, school law, and systems

School psychologists must be credentialed by the state in which they work. They also may be nationally certified by the National School Psychology Certification Board (NSPCB). The National Association of School Psychologists (NASP) sets standards for graduate preparation, credentialing, professional practice, and ethics. The NASP Practice Model (2010) outlines the comprehensive services that school psychologists are encouraged to provide and can be accessed at www.nasponline.org/practicemodel.

WHERE DO SCHOOL PSYCHOLOGISTS WORK?

The vast majority of school psychologists work in K–12 public schools. They also provide services in a variety of other settings, including:

- Private schools
- Preschools
- School district administration offices
- Universities
- School-based health and mental health centers
- Community-based day treatment or residential clinics and hospitals
- Juvenile justice programs
- Independent private practice

WHY DO CHILDREN AND YOUTH NEED SCHOOL PSYCHOLOGISTS?

All children and youth can face problems from time to time related to learning, social relationships, making difficult decisions, or managing emotions such as depression, anxiety, worry, or isolation. School psychologists help students, families, educators, and members of the community understand and resolve both long-term, chronic problems and short-term issues that students may face. They understand how these issues affect learning, behavior, well-being, and school engagement. School psychologists are highly skilled and ready resources in the effort to ensure that all children and youth thrive in school, at home, and in life.

HOW DO I CONTACT A SCHOOL PSYCHOLOGIST?

Every school has access to the services of a school psychologist, although some school psychologists serve two or more schools so may not be at a particular school every day. Most often, school psychologists can be reached by inquiring at the school directly or at the district's central office, or by locating contact information on the school or district website.