



The School District of Okeechobee County

**Mental Health Allocation Plan
2020-2021**

This Mental Health Allocation Plan is an overview of the School District of Okeechobee's system designed to address the mental, social and emotional, and behavioral needs of all students. This plan was developed following the guidelines and statutory requirements outlined in Senate Bill 7026 which was signed in to law in March 2018. This plan provides a synopsis of many of the existing programs and services currently available. It also gives details for the expansion of those services using the Mental Health Services Allocation provided to school districts as part of SB 7026.

Our supports are delivered in a multi-tiered system based on the level of intervention needed for a specific student. These supports include curriculum, programs and services to address the needs of all students (Tier 1); students who have been identified through the early warning system or universal screening process and require a higher level of service (Tier 2); and students who need intensive intervention and services (Tier 3).

Mentally healthy children are more successful in school and life. Research shows students who receive social-emotional and mental health support achieve better academically (National Association of School Psychologists, 2016). The School District of Okeechobee supports and believes in the same goals promoted by the Florida AWARE project: Increase access to mental health services and supports within a multi-tiered framework; Increase implementation of evidenced-based culturally responsive mental health practices; and Increase awareness of mental health issues within our youth, families, schools and communities (Florida AWARE Program Model, 2017).

The School District of Okeechobee will continue to strengthen our continuum of evidence-based services, infrastructure, and quality services through the continuous improvement process to ensure improved outcomes for all students.

Safety and Mental Wellness Committee:

Mr. Ken Kenworthy, Superintendent
Mr. Dylan Tedders, Assistant Superintendent
Dr. Pat McCoy Assistant Superintendent
Mrs. Wendy Coker, Director of Exceptional Student Education
Mrs. Debra Sales, School Psychologist
Miss Laura Murray, School Psychologist
Mrs. Katharine Williams, Director of Mental Health and Behavioral Supports
Mrs. Kathleen Baum, Crisis Counselor
Mrs. Kellie Chapman, Crisis Counselor
Mrs. Pam Hancock, District Social Worker
Mrs. Amanda Riedel, Board Member
Mrs. Andi Canady, Coordinator of Staff Development
Mrs. Lonnie Steiert, Director of Student Services
Corporal Cari Arnold, Okeechobee County Sheriff's Office
Sergeant Mark Roberts, Okeechobee County Sheriff's Office
Lieutenant Chris Hans, Okeechobee County Sheriff's Office

Section I: Mental Health Assistance Allocation Plan (F.S. 1011.62 (16) (a) and (b))

| Tier 1 | Tier 2 | Tier 3 |
|---|--|---|
| <p><6 points Progress Monitored by teachers and Grade/Content Team Community</p> | <p>6-15 points (which includes 6 points in either category) Progress Monitored by teachers and Grade/Content Team Community</p> | <p>10 points in internalizing or 16+ points total Referred to School Problem Solving Team for a meeting</p> |
| <p>Tier 1 Who: All Students</p> <ul style="list-style-type: none"> • School-wide PBIS Plan • School-wide mental/behavioral health curriculum(evidence-based curriculum) • <u>EWS</u> in place at all schools <ul style="list-style-type: none"> ◦ Elements- attendance, grades, referrals, suspensions, student/peer identified indicators • Universal Screener- - Mental Health/Behavior Worksheet facilitated up to three times per year by each school's School Leadership Team (led by Principal) • Staff training – administrators, teachers/staff, students, and parents | <p>Tier 2 Who: Students identified from screening process</p> <ul style="list-style-type: none"> • Small group counseling (evidence-based curriculum) focused on the students with needs indicated by data such as EWS, academic, staff/parent reports, climate surveys (goal is to promote self-efficacy) • Evidenced-based intervention through Branching Minds platform • Check in and check out • Check in and check out • Behavior Intervention Plan/Behavior contract/ individualized behavior chart • Tiered mentoring like check in and check out • Referral system to outside agencies • Quality assurance process for outside providers (necessary to prove evidence based interventions for progress monitoring) • <i>Universal Referral of System of Care</i> | <p>Tier 3 Who: Students identified from screening or students who need more intense intervention (have been referred to counseling and/or crisis intervention, have moved into district with high level of support)</p> <ul style="list-style-type: none"> • Threat assessment • School counselor follow up after every threat/ suicide assessment • Functional Behavior Assessment to BIP • Safety plans <ul style="list-style-type: none"> ◦ for students coming back into school after the Baker Act was instituted • Referral system to outside agencies • Referral through MTSS for mentor • Quality assurance process for outside providers (necessary to prove evidence based interventions for progress monitoring) • Substance abuse Interventions by community providers are offered or supplied to students at-risk • Mentors for Tier Three Students |

Required Mental Health Awareness and Assistance Instruction

| Grade Level/Course | Instruction Delivered By | Material/Resources | Interval |
|----------------------------------|---|------------------------------------|---------------------------|
| K-5 ELA | Classroom Teacher | Second Steps | Weekly |
| 6-8 Social Science | Classroom Teacher | Second Steps | Weekly |
| 9-12 | Classroom Teacher | Purpose Prep | Weekly |
| K-5 | School Counselor | Child Safety Matters | Biannually |
| 3-5 | Sandy Hook Promise | Say Something | Annually |
| 6-8 | Sandy Hook Promise | Start With Hello | Annually |
| 5 Math | School Resource Officer | D.A.R.E. | Weekly for 8 Weeks |
| K-5 Social Science | Classroom Teacher | KidSmartz | Annually |
| 6-8 | School Counselors | Teen Safety Matters | Biannually |
| 9-12 TBD | Classroom Teacher | Botvin Life Skills | Weekly for 8 weeks |
| 9-12 | School Administrator | TBD | Daily Announcements |
| 10-12 | Adult Advisors and Peer Leaders | Sources of Strength | Weekly |
| K-12 | Classroom Teachers | Wellness Videos | Monthly |
| 6-8 | Martha's House | Healthy Relationships | Weekly for 4 weeks |
| 10-12 | Martha's House | Walking in Her Shoes | Annually |
| 6-12/ELA or Specials Area | Mental Health and Behavioral Supports Team | Hazelden Lifelines Curriculum | Weekly for 4 weeks |
| 6-12 | Drug Abuse Treatment Association, Inc. (DATA) | Substance Use and Abuse Prevention | Based on individual needs |
| 9-12 | Classroom Teacher | EverFi (AlcoholEdu®) | Annually |

Required Safety Instruction/Program

| Grade Level/Course | Instruction Delivered By | Material /Resources | Interval |
|-----------------------|--------------------------|--------------------------------------|------------|
| 4 Special Area | Special Area Teacher | CyberSafety | Annually |
| K-12 | Classroom Teacher | Emergency Procedures | Biannually |
| K-12 | School Resource Officer | Crime Watch/SAVE | Weekly |
| K-5 ELA | Classroom Teacher | Second Step Bullying Prevention Unit | Annually |
| K-1 ELA | School Resource Officer | Stranger Danger | Annually |

Focuses on delivering evidence-based mental health services.

- ***What awareness prevention efforts are provided that address mental health issues at tier one?***

- **Mental Health Issues:**

The Okeechobee County School District offers curriculums that facilitate positive mental health. These curriculums are:

- School-wide PBIS plan is available to all students Pre-K through Grade 12. The goal of this approach is to establish behavioral, social, and emotional supports necessary to facilitate academic, social, and emotional success.
- Second Steps is a K-8 program which focuses on healthy social and emotional learning, bullying prevention, and child protection. It integrates social emotional learning into the classroom. It is presented to all Kindergarten through 8th grade students in the district and is administered by the classroom and special area teachers.
- Purpose Prep is an online platform that offers Social Emotional Learning (SEL) lessons that focuses on the topics of mental health and wellness, empathy, social skills, healthy relationships, life skills, cultural responsiveness, and many other topics. It is presented to all high school students in grades 9-12.
- Child Safety Matters is a research-based curriculum for elementary and middle school students. It teaches students to prevent, recognize, and respond appropriately to bullying and cyberbullying. This program also encompasses all types of abuse, relationship abuse, human trafficking, digital abuse, and other digital dangers. It is presented twice per year for elementary students and three times per year for middle school students. It is presented by the school counselors.
- Teen Safety Matters is a comprehensive, evidence-based prevention education program for middle school students in grades 6-8. The program educates and empowers teens and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, relationship abuse, sex trafficking, and digital dangers.
- Healthy Relationships is a four week curriculum offered by Martha's House. Martha's House provides a wide range of supportive services including domestic violence crisis intervention, shelter, transportation, food, and educational opportunities for students on what makes relationships healthy (or unhealthy), signs of unhealthy, abusive, or violent relationships, and how to get help.
- Walking in Her Shoes is a simulation curriculum offered by Martha's House. It is designed to prevent dating violence and to understand those who fall victim to it. The curriculum helps others to develop empathy for those victimized and

can best be achieved experimentally. Martha's House utilizes a simulation experience to walk the participating student through the day to day existence of a teenage involved in an abusive or controlling relationship. Students who participate are asked to assume a character on a story card. Using the information provided the student must walk the decisions confronted by the victim. By the end of the simulation, the student will have a much greater empathy for the victim, and come to understand how to avoid becoming a victim themselves.

- Stranger Danger is a curriculum that is taught to younger elementary students (mostly Kindergarten) by the Okeechobee County Sheriff's Department. Its premise is that all strangers can be potentially dangerous. The school's assigned school resource officer (SRO) teaches this curriculum. This curriculum also includes a gun safety component.
- Say Something is a program offered by Sandy Hook Promise. The safety teams at each school will be trained on how to teach youth to recognize warning signs and signals, especially within social media, from individuals who could be potential threats to themselves or others. The idea is to "Say Something" to a trusted adult before a tragedy occurs.
- Start with Hello is a program offered by Sandy Hook Promise. The safety teams at each school will be trained to help youth create a "community" that reaches out and connects with at-risk individuals (or potential at-risk individuals) who may feel isolated or rejected before a tragedy occurs.
- Crime Watch through the SAVE (Students Against Violence Everywhere) Promise Club partnered with Sandy Hook Promise in 2017. SAVE Promise Clubs are clubs established and led by students to promote leadership and motivation against gun violence before a tragedy occurs. Schools choose a staff member to promote the clubs.
- Wellness Videos – The district is implementing monthly wellness videos that will include the five hour mental health education instruction as well as other preventative information such as dealing with trauma and violence.
- Hazelden Lifelines® - is a comprehensive school-based suicide prevention program. This curriculum will be delivered by members of the Mental Health and Behavioral Supports department to students in 6-12 grade as a possible supplement to the Wellness Videos. It educates students on the facts on suicide, their role in prevention, and offers available help and support.
- Sources of Strength – The district is implementing Sources of Strength at our high school during the 2020-2021 school year. Sources of Strength is a best practice youth suicide prevention initiative designed to use peer social networks to change unhealthy norms with the ultimate goal of preventing suicide, substance abuse, and bullying. Through peer leaders, peer leader

teams, and adult advisors efforts are made to increase protective factors, increase connections, and to build resilience.

- KidSmartz- is a child safety program that educates children and families about preventing abduction. These videos are used in elementary classrooms to help educate on child trafficking, and they offer education to promote health and safety.

- **Substance Abuse Issues:**

The Okeechobee County School District offers curriculums that are designed to address and prevent substance abuse. These curriculums are:

- Drug Abuse Resistance Education (D.A.R.E.) is a substance abuse prevention program taught to the district's fifth graders by the Okeechobee Sheriff's Department.
- Drug Abuse Treatment Association, Inc. (DATA) – Okeechobee County Schools has partnered with DATA to help us in prevention efforts with substance use/abuse with our students. The school-based intervention focuses on reducing the risk factors generally associated with the progression of substance use and mental health problems.
- First Time Offender Program – Okeechobee County Schools is beginning a First Time Offender Program for the 2020-2021 school year. The goals of the program is to keep students who are found in a first time offense situation at their home school (in lieu of alternative placement), to provide counseling and education to the students and family, and to help eliminate a future incident involving illegal alcohol or drug possession. The district is partnering with DATA to help with the facilitation and implementation of the program.
- AlcoholEdu- is an online alcohol use prevention curriculum. It reaches students with a healthy message and encourages them to make safer choices about alcohol use.

The Okeechobee County School District has other methods of support in place to help meet the needs of our students such as:

Partnership with Southeast Florida Behavioral Health Network (SEFBHN) has allowed for the development of the local System of Care (SOC). SEFBHN provides services for our most difficult service cases through a licensed professional manager. Even though the three-year grant is ending September 30, 2020, Okeechobee County Schools has developed the System of Care into an initiative that will continue and sustain after the grant ends. Okeechobee County Schools also receives services from community agencies who offer funding for services for students who are uninsured or underinsured.

Early Warning System (EWS) is in place at all schools in the district. It monitors the elements of attendance, grades, referrals, suspensions and other student/peer identified indicators such as individual plans and monitoring that has been initiated.

Universal Screener - This is a mental health/behavioral form supported by the Positive Behavioral Interventions and Supports (PBIS) system. This form will be used to help school administration, leaders, and teachers nominate students based on the prevalence and early development of both externalizing (i.e. manipulating behaviors, disrespect, aggression, etc.) and internalizing behaviors (i.e. isolating behaviors, anxiety, depression, etc.). The form will be available for all students; however, the district will adopt a triage approach where the students with the highest scores will be nominated for immediate tier two or tier three supports. This process will happen up to three times per school year. The school based teachers and school counselor(s) will nominate the students and school and district based mental health professionals will facilitate interventions. Behavior Interventionists from the Mental Health and Behavioral Supports Department of Okeechobee County Schools will also assist in the implementation of interventions identified from the Universal Screening Process. Using the Universal Screener as both identification and prevention will improve the early identification of social, emotional, or behavioral problems or substance use disorders in at-risk students. See Appendix A (Pages 25 and 26) for procedures and screen form.

Branching Minds –The district is restructuring our Multi-Tiered System of Supports (MTSS) to a more consistent, unified approach. We are seeking a collaboration with Branching Minds which is a cloud-based platform that will streamline and personalize student supports using evidenced-based intervention. Through this platform, the district will be better able to effectively and efficiently identify students in need of support, identify the root of their challenges, and streamline their intervention process to promote better success. A main goal of better streamlining this process is to increase the amount of time student services personnel (i.e. school counselors, crisis counselors, school social worker, youth coordinator, behavior interventionists) spend providing direct mental health services.

Staff Training –

- The entire district will have district level Mental Health First Aid trainers. These trainers (who include the Director of Mental Health and Behavior Supports, crisis counselors, a school psychologist, and a behavior interventionist) will oversee the training of school staff on identifying students in crisis and/or mental distress. When identified, these students will receive immediate intervention. School staff will also be trained by mental health professionals employed at the district level on crisis and threat assessment policies and procedures.



- Safety Assessment & Intervention is a program offered by Sandy Hook Promise. The safety team of each school in the district (at minimum principal, assistant principal, school counselors, and dean as well as the entire SRO staff) will be trained on how to identify, assess, and respond to threats of violence or at-risk behavior. This is designed to be a prevention program. The school's safety team will then train the school staff who will then educate the students.
- Anti-bias/ Prejudice Awareness Training will be presented by Equality Florida. This training is designed to help all staff recognize and work to eliminate bias and prejudice in our school communities.
- Safety for LGBTQ Students will be offered to new teachers and administrators. This training was offered in SY2017-18 by Equality Florida to provide staff with knowledge and resources to support LGBTQ students.
- Trauma Informed Care trainings will continue to be offered to staff. Trauma is very common, and many people experience trauma in different ways. The Adverse Childhood Experience (ACE) study found much association between childhood trauma and stress and health and well-being in adulthood. Trauma Informed Care works under the idea of "treating the whole person" and taking into account their past traumas as attempt to offer help, support, and treatment (Withers, Psychology Today, July 2017). Okeechobee County Schools is working towards being a trauma informed district.
- Restorative Practices training will be offered to school administrators, leadership teams, and to the department of Mental Health and Behavioral Supports (including crisis counselors, school social worker, and behavior interventionists). These participants will then work together to train all other school staff. The International Institute for Restorative Practices defines restorative practices as "an emerging social science that studies how to strengthen relationships between individuals as well as social connections within communities" (<https://www.iirp.edu/restorative-practices/what-is-restorative-practices>). Strengthening and building relationships is a preventative measure that can reduce violence, crime, and bullying. It promotes a healthy environment that improves behavior, overall well-being, and repairs harm (<https://www.iirp.edu/restorative-practices/defining-restorative/>).

Parent Training Component - Through the district's System of Care (facilitators include crisis counselors, school social worker, and behavior interventionists, parent trainings and informational sessions on recognizing warning signs of students in crisis and/or mental distress will be offered.

- ***What evidenced based targeted mental health interventions are available to address mental health needs at tier two?***
 - After students are nominated by the Universal Screener, small group counseling groups will be facilitated by the crisis counselors, behavior interventionists, school

counselors, assistant principals, youth coordinator, family coordinator, System of Care site coordinator, resource specialists, the primary care provider, and/or outside contracted agencies (i.e. New Horizons of the Treasure Coast, Tykes and Teens, Hibiscus Children's Center)

- For small groups facilitated by the outside agencies, per contract guidelines, the agencies will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals, and negative discipline occurrences.
 - In addition to the results from the Universal Screener, students will be nominated for tier two small group counseling groups from data collected from the EWS, academic records, staff and parent reports, and school climate surveys.
 - Students will be asked to self-monitor through the small group process. This will help build awareness and self-efficacy.
 - A check-in and check-out system is currently in place and will continue to be set up for students recognized as needing tier two intervention. These students will "check in" daily with a specified teacher, school counselor, dean, and/or administrator upon arrival to school; set goals for the day; and will "check out" before leaving for the day. At check out, students will review goals and discuss barriers to attaining those goals and celebrate success.
 - Each student in tier two will be assessed by the Grade Level Content Team (PLC team) to determine appropriate interventions. Interventions could include, but not be limited to small groups, check in and check out, behavior contract, individualized behavior chart, etc.) Referral to outside counseling agencies is determined for the student on a case by case basis.
 - The district Social Worker will track and maintain all Universal *Referral of System of Care* referrals. These students will be placed in tier two interventions such as a small group, check-in check-out, behavior contracts, and/or referred to outside agencies for counseling services.
- ***What intensive evidenced based targeted mental health interventions are available to address mental health needs at tier three?***
 - Students making a threat to self or others will be referred for a school-based threat assessment/crisis intervention performed by district employed crisis counselors who are licensed mental health counselors. The district has three licensed mental health counselors. These counselors are included in the threat assessment team. The other team members include a representative of the school administration, school counselor or dean, and the SRO. The team assesses the risk and determines

immediate action for the student. The student's parent or guardian is contacted immediately and made aware of the situation and threat assessment outcome.

- Following any threat assessment, unless the Baker Act is instituted, the school counselor performs a face to face follow up with the crisis student the following day.
- For students in which the Baker Act is instituted, safety plans are developed by the student's safety team. The safety team must meet within three days of the student's return to school. The Individual Student Safety Plan Procedure (#O-ST-89) will be used to develop the plan. The safety team members include at a minimum the school principal or assistant principal, school counselor, district crisis counselor involved in the school threat assessment (if Baker Act is instituted from school grounds), parent or guardian, SRO, and a teacher with an established, positive relationship with the student. Additional members of the team will be determined on a case by case basis and may include but not limited to the school psychologist, resource specialist, school nurse, and district social worker. As with other meetings, the parents/guardians also have the right to invite people who have knowledge of the child that can help in the development of the plan such as the child's mental health counselor, case manager, etc.
- Substance abuse interventions are offered or supplied by community providers to at-risk students or to students who have received disciplinary referrals based on drug or alcohol abuse.
- Functional Behavioral Assessments (FBA) will be performed on all students referred to tier three, and Behavior Intervention Plans (BIP) will be created on a case by case basis. Behavior Interventionists will assist in the creation and implementation of the FBA and BIP.
- Students in tier three will be referred to outside agencies for mental health counseling, psychiatric care, and/or targeted case management. As mentioned above, the outside agencies, per contract guidelines, will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences.

Mentors - The Okeechobee County School Board has a goal inside of our three-year Strategic Plan entitled *Build a Community Mentorship Program*. We will recruit mentors from school and district based staff as well as from community partners including but not limited to Kiwanis, Rotary, First Responders (Okeechobee County Sheriff's Department, City Police Department, firefighters, park rangers, etc.), Okeechobee County Education Association, church



groups, Big Brothers and Big Sisters, Take Stock in Children, local grocery stores, banks, and restaurant employees, and local government agencies. We also plan to begin this goal with the implementation of Sources of Strength at our high school. As mentioned earlier, this facilitation will take place through the establishment of peer leaders with peer groups and adult advisors on campus. Mentoring, at its core, guarantees young people that there is someone who cares about them, assures them they are not alone in dealing with day-to-day challenges, and makes them feel like they matter. Research confirms that quality mentoring relationships have powerful positive effects on young people in a variety of personal, academic, and professional situations. Ultimately, mentoring connects a young person to personal growth and development, and social and economic opportunity. Yet one in three young people will grow up without this critical asset (www.mentoring.org).

Mentoring has significant positive effects on two early warning indicators that a student may be falling off-track:

- High levels of absenteeism (Kennelly & Monrad, 2007)
 - **Students who meet regularly with their mentors are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class.** (Public/Private Ventures Study of Big Brothers Big Sisters)
- Recurring behavior problems (Thurlow, Sinclair & Johnson, 2002)
 - **Young adults who face an opportunity gap but have a mentor are 55% more likely to be enrolled in college than those who did not have a mentor.** (The Mentoring Effect, 2014)
- In addition to better school attendance and a better chance of going on to higher education, mentored youth maintain better attitudes toward school. (The Role of Risk, 2013)
- By being a consistent adult presence in a young person's life, mentors can offer advice, share life their experiences, and help a young person navigate challenges.
- Youth who meet regularly with their mentors are:
 - **46% less likely than their peers to start using illegal drugs and 27% less likely to start drinking.** (Public/Private Ventures study of Big Brothers Big Sisters)
- Young adults who face an opportunity gap but have a mentor are:
 - **81% more likely to participate regularly in sports or extracurricular activities than those who do not.** (The Mentoring Effect, 2014)
- **A study showed that the strongest benefit from mentoring, and most consistent across risk groups, was a reduction in depressive symptoms — particularly noteworthy given that almost one in four youth reported worrisome levels of these symptoms at baseline.** (The Role of Risk, 2013)

- Mentoring promotes positive social attitudes and relationships. Mentored youth tend to trust their parents more and communicate better with them. (The Role of Risk, 2013)

Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).

- ***Does your plan include mental health screening and assessment procedures for determining which students need mental health interventions and treatment?***
 - All students (tier one) will be assessed with the Universal Screening tool. Upon evaluation of the screening (triage) , the students who score in the moderate range will be identified as tier two and students who score in the high range will be identified as tier three and will be placed or referred for further intervention/ treatment. In addition to the results from the Universal Screener, students will be nominated for tier two and/or tier three intervention (as mentioned above) from data collected from the EWS, academic records, and staff, peer and/or parent reports.. Recommendations from community health services will also be acknowledged through the *Universal Referral of System of Care*. When this referral is received, school and/or district based mental health professionals will facilitate the tier two or three interventions that will best fit the individual needs of the student *within 15 days of referral*.
- ***Does your plan include coordination and supports for students who received intensive community health services?***
 - Each student referred out for community health services will be monitored and tracked by the school district. Community agency representatives sign in/out of each school (on the laptop provided in each school office) in which they visit for client interaction. These electronic logs are kept and reviewed by school and district staff. The district social worker will enter into Branching Minds the following data for students identified as needing tier 2 or 3 services: school year, screening date, screening name, referral date, referred to, referred by, referral reason by risk code, parent notification, parent response, and if a safety plan is in place. When students are referred for community health services, the district social worker will request additional information for quality assurance monitoring including the dates and times students were seen/served by the agency. The three district crisis counselors and two behavior interventionists will keep a log of each student they refer to counseling. This referral is sent to the district social worker. The crisis counselors and district social worker will communicate monthly about the progress of the student's counseling. The district social worker will communicate each nine weeks with the community mental health partners. Each quarter, the Director of Mental Health and Behavioral Supports holds a Mental Health Roundtable Meeting where each agency is invited to come to a meeting to discuss the referral procedures and progress. The

agencies/community health partners will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences as well as monitored mental health progress. The school and district level mental health professionals will assist with the coordination of classroom interventions.

- In situations where the Baker Act is instituted, district level mental health professionals will attempt to receive release of information forms from the parent/guardian in order to obtain medical and mental health records from the receiving mental health facility. Within three days of the student's returns to school, safety plans will be developed by the student's safety team. The safety team members will include at a minimum the school principal or assistant principal, school counselor, district crisis counselor involved in the school threat assessment (if Baker Act is instituted from school grounds), parent or guardian, the SRO and a teacher with an established, positive relationship with the student. Additional members of the team will be determined on a case by case basis and may include but not limited to the school psychologist, resource specialist, school nurse, and district social worker. As with other meetings, the parents/guardians also have the right to invite people who have knowledge of the child that can help in the development of the plan such as the child's mental health counselor, case manager, etc.

Identifies evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnosis.

- ***Does your plan include a process for identifying and delivering evidence-based mental health interventions?***
- ***Does your plan include a process for identifying and delivering evidence-based substance abuse interventions?***
 - All students (tier one) will be assessed using the Universal Screening tool. Upon evaluation of the screening (triage), the students who score in the moderate range will be identified as tier two and students who score in the high range will be identified as tier three and will be placed or referred for further intervention / treatment. In addition to the results from the Universal Screener, students will be identified for tier 2 and/or tier 3 intervention (as mentioned above) from data collected from the EWS, academic records, and staff, peer and/or parent reports. Recommendations from community health services will also be acknowledged through the *Universal Referral of System of Care*. When this referral is received,

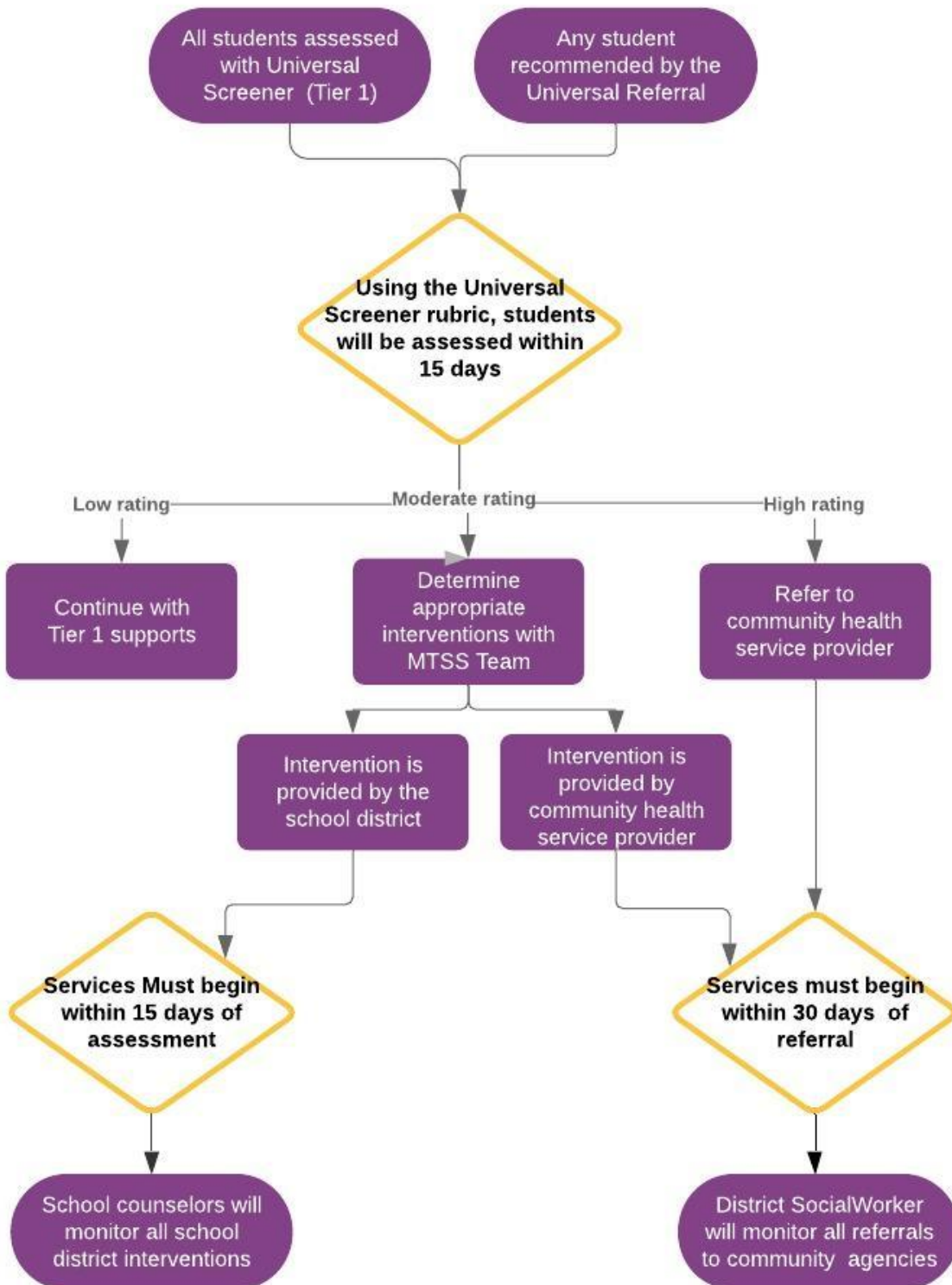
school and/or district based mental health professionals will facilitate the tier two or three interventions that will best fit the individual needs of the student.

Describes the collaborative partnerships with community providers and agencies.

- ***Does your plan include detailed procedures for referring students to school-based mental health interventions and community based mental health providers for treatment?***
- ***Does your plan include detailed procedures for referring students to community based substance abuse treatment?***

Mental Health Screening and Assessment Procedures

Referral process begins with:



Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.

- ***Does your plan include a process to coordinate mental health services with a student's primary care provider or other mental health providers?***
- ***Does your plan include procedures for information sharing?***
 - The district social worker will track and maintain the *Universal Referral of System of Care* referrals received from outside sources such as primary care providers and law enforcement. These students will be placed in tier three interventions such as a small group, check-in check-out, behavior contracts, and/or with contracted outside agencies for counseling services.
 - The district will attempt to get Release of Information forms signed by the parent/guardian forms to be attached to the *Universal Referral of System of Care* referrals. In this way, the school district can directly contact and collaborate with the student's primary care provider and/or other mental health providers. School based interventions as well as physician and therapist directed interventions will be combined and used in tandem to facilitate positive student healing and improvement.
 - The three district crisis counselors and two behavior interventionists will keep a log of each student they refer to counseling. This referral is sent to the district social worker. The crisis counselor and district social worker will communicate monthly about the progress of the student's counseling. The district social worker will communicate each nine weeks with the community mental health partners. The agencies/community health partners will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences as well as monitored mental health progress. The school and district level mental health professionals will assist with the coordination of classroom interventions.
 - In situations where the Baker Act is instituted on a student, district level mental health professionals will attempt to receive information forms from the parent/guardian in order to obtain medical and mental health records. Within three days of the student's return to school, safety plans will be developed by the student's safety team. The safety team members will include at a minimum the school principal or assistant principal, school counselor, district crisis counselor involved in the school threat assessment (if Baker Act was instituted from school grounds), parent or guardian, the SRO and a teacher with an established, positive relationship with the student. Additional members of the team will be determined on a case by case basis and may include but not limited to the school

psychologist, resource specialist, school nurse, and district social worker. As with other meetings, the parents/guardians also have the right to invite people who have knowledge of the child that can help in the development of the plan such as the child's mental health counselor, case manager, etc.

Section II: Program Implementation and Outcomes (F.S. 1011.62 (16)(d))

Identifies how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school based and community).

- ***Describe how you will document how many students are referred for services and how many students receive school based and community services.***
 - Each student referred out for community health services will be monitored and tracked by the school district. Community agency representatives sign in/out of each school (on the laptop provided in each school office) in which they visit for client interaction. These logs are kept and reviewed by school staff. The district social worker will enter into Skyward the following data for students identified as needing tier 2 or 3 services: school year, screening date, screening name, referral date, referred to, referred by, referral reason by risk code, parent notification, parent response, and if a safety plan is in place. When students are referred for community health services, the district social worker will request additional information for quality assurance monitoring including the dates and times students were seen/served by the agency *to ensure compliance and also adherence to the statutory screening within 15 days of referral and the initiation of services within 30 days of referral.*
 - The three district crisis counselors and two behavioral interventionists will keep a log of each student they refer to counseling. This referral is sent to the district social worker. The crisis counselors and district social worker will communicate monthly about the progress of the student's counseling. The district social worker will communicate each nine weeks with the community mental health partners. Each quarter, the Director of Mental Health and Behavioral Supports holds a Mental Health Roundtable Meeting where each agency is invited to come to a meeting to discuss the referral procedures and progress. The agencies/community health partners will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences as well as monitored mental health progress. The school and district level mental health professionals will assist with the coordination of classroom interventions.

- Students in tier 3 (and sometimes tier 2 on a case by case basis) will be referred to outside agencies for mental health counseling, psychiatric care, and/or targeted case management. In addition, for the tier three students, therapeutic progress will also be monitored through the quality assurance process.
- ***Describe other outcome data that will be used to evaluate effectiveness of services (e.g., Early Warning System indicators, Youth Risk Behavior Survey data, and school climate/student engagement data).***
 - Early warning system indicators
 - School climate survey data
 - Universal screener (teacher/peer nomination forms)
 - Quality assurance process from outside health providers and/or agencies
 - Threat assessment outcomes
 - Check-in, check-out data
 - Behavior Intervention notes and plans
 - Teacher/administrative/guidance data from meetings with students and parents

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

- Three (3) – Licensed Mental Health Counselors – Ratio 1:2,000 (staff to student)
- Three (3) – School Psychologists – Ratio 1:2,000
- One (1) – District Social Worker (FLDOE Certified as a School Social Worker #865423) – Ratio 1:6,000
- Thirteen (13) – School Counselors – Ratio 1:462

These district employees cover and support each school in the district to help meet student mental health assistance needs.

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

| Agency | Suncoast | Hibiscus | HPS | Tykes/Teens | Legacy | New Horizons | Sequel Care |
|---|----------|----------|-----|-------------|--------|--------------|-------------|
| Licensed Mental Health Counselor-LMHC | 1 | 1 | 0 | 3 | 0 | 1 | 1 |
| Targeted Case Manager-TCM | 5 | 0 | 2 | 0 | 3 | 1 | 1 |
| Licensed Social Worker/Licensed Social Worker Intern-LSW/LSWI or Master's Level Clinician | 5 | 1 | 1 | 3 | 7 | 2 | 2 |

Section III: Expenditures (F.S. 1011.62 (16))

| Mental Health Allocation | | | |
|------------------------------------|--|-------------|--------------------|
| Expense | Rationale | Cost | Total |
| Personnel | | | |
| Director- 249 Days | <p>Director @ 100% To support instructional, non-instructional, and administrative personnel in promoting optimal learning outcomes for all students by utilizing skills in problem solving, data collection and data analysis, social/emotional/behavioral intervention, consultation and collaboration, staff training, and crisis management. Directly supervise the district social worker, crisis counselors, behavior interventionist, and system of care staff.</p> <p>Responsible for developing, leading, implementing, monitoring, and collaborating with other educators in the districtwide integration of MTSS. Provide knowledge, guidance, and support to building level administrators, general education teachers and Student Support Services staff for students with academic and behavioral challenges, positive school culture, and social emotional learning in the area of professional development, programming, and resources to increase student achievement and well-being. This director is both DOE certified and a Licensed Mental Health Counselor.</p> | \$78,800.00 | |
| Social Security Medicare | The current rate for Social Security/Medicare is 7.65% | \$6,028.20 | |
| Retirement | The current rate for this position is 10% | \$7,880.00 | |
| BC/BS/Fringe | Health and Ancillary Insurance costs per employee covered by the School Board @ 50% | \$300.00 | |
| Worker's Comp | The current rate for Worker's Compensation is .53% | \$417.64 | |
| Salary Crisis Counselor - 206 Days | To continue to provide efficient and effective response to crisis calls and threat assessment. This position also allows the crisis counselors to conduct group interventions throughout the district. This crisis counselor is a Licensed Mental Health Counselor. | \$50,957.00 | |
| Supplement Crisis Counselor | The minimum qualification for this job description includes a Master's Degree. This degree is awarded \$2,400 as a supplement. | \$ 2,400.00 | |
| | | | \$93,425.84 |
| | | | \$71,579.32 |

| | | | |
|---|---|-------------|-------------|
| Social Security Medicare for Crisis Counselor | The current rate for Social Security/Medicare is 7.65% | \$4,081.82 | |
| Retirement of Crisis Counselor | The current retirement rate for this position is 10% | \$5,335.70 | |
| BC/BS/Fringe for Crisis Counselor | Health and Ancillary Insurance costs per employee covered by the School Board | \$8,522.00 | |
| Worker's Comp for Crisis Counselor | The current rate for Worker's Compensation is .53% | \$282.80 | |
| <hr/> | | | |
| Salary Crisis Counselor – (@ 42% - Days) | To continue to provide efficient and effective response to crisis calls and threat assessment. This position also allows the crisis counselors to conduct group interventions throughout the district. This crisis counselor is a Licensed Mental Health Counselor. | \$20,768.40 | |
| Supplement Behavior Interventionist | The minimum qualification for this job description includes a Master's Degree. This degree is awarded \$2,400 as a supplement. | \$ 960.00 | |
| Social Security Medicare for Behavior Interventionist | The current rate for Social Security/Medicare is 7.65% | \$1,662.22 | \$29,087.00 |
| Retirement of Behavior Interventionist | The current retirement rate for this position is 10% | \$2,172.84 | |
| BC/BS/Fringe for Behavior Interventionist | Health and Ancillary Insurance costs per employee covered by the School Board @ 40% | \$3,408.80 | |
| Worker's Comp for Behavior Interventionist | The current rate for Worker's Compensation is .53% | \$115.16 | |
| Salary Youth Coordinator- @75% - Days | Assists students transferring to and from their home schools and alternative placement. The Youth Coordinator will offer help, supports, small groups, and resources to students and families in need. This position will also assist in setting up and facilitating re-entry meetings at the home schools of the students upon their return. | \$13,274.10 | |
| Social Security Medicare for Youth Coordinator | The current rate for Social Security/Medicare is 7.65% | \$1,015.47 | \$22,078.83 |
| Retirement of Youth Coordinator | The current retirement rate for this position is 10% | \$1,327.41 | |
| BC/BS/Fringe for Youth Coordinator | Health and Ancillary Insurance costs per employee covered by the School Board | \$6,391.50 | |
| Worker's Comp for Youth Coordinator | The current rate for Worker's Compensation is .53% | \$70.35 | |
| Salary Secretary @50% - Days | Secretarial duties including but not limited to reporting, receiving calls from schools for threat and/or suicide assessments; small group organization; Universal Screener meetings organization; compilation and organization of student logs for the Mental Health and Behavioral Supports department | \$13,446.00 | |

| | | | |
|---|--|--------------|---------------------|
| Social Security Medicare for Secretary | The current rate for Social Security/Medicare is 7.65% | \$1,028.62 | \$20,151.49 |
| Retirement of Secretary | The current retirement rate for this position is 10% | \$1,344.60 | |
| BC/BS/Fringe for Secretary | Health and Ancillary Insurance costs per employee covered by the School Board | \$4,261.00 | |
| Worker's Comp for Secretary | The current rate for Worker's Compensation is .53% | \$71.27 | |
| Curriculum, Software, and Technology | | | |
| Pearson (BASC III Observation) | Observation software for Behavior Interventionists to use in the classrooms when working with students. | \$1,000.00 | |
| Threat Assessment Tracking Software | Software designed to house, track, and report threat and suicide assessments facilitated in the district. This software aligns to the Comprehensive School Threat Assessment Guidelines (CSTAG) | \$12,990.00 | \$63,119.00 |
| Branching Minds | Okeechobee County Schools is restructuring our Multi-Tiered System of Supports to a more consistent, unified approach. Through this platform, the district will be better able to effectively and efficiently identify students in need of supports. | \$38,631.00 | |
| Sources of Strength | Sources of Strength is a best practice youth suicide prevention initiative designed to use peer social networks to change unhealthy norms with the ultimate goal of preventing suicide, substance abuse, and bullying. Through peer leaders, peer leader teams, and adult advisors efforts are made to increase protective factors, increase connections, and to build resilience. | \$5,000.00 | |
| Second Step | Second Step a K-8 program which focuses on healthy social and emotional learning, bullying prevention, and child protection. It integrates social emotional learning into the classroom. This is for the renewal for both middle schools (\$2,749 x 2) | \$5,498.00 | |
| Travel | | | |
| Mileage and Hotel | Travel and hotel for a minimum of two potential trainers @1,000 each plus local travel between schools | \$ 2,000.00 | \$2,000.00 |
| Postage | | | |
| Postage | Sending letters, resources, supplies to students and families. | \$1,000.00 | \$1,000.00 |
| Textbooks | | | |
| Textbooks | Books necessary for implementation of mental health supports and initiatives | \$5,000.00 | \$5,000.00 |
| Materials and Supplies | | | |
| Materials and Supplies | Supplies for two new staff members. Supplemental supplies and materials to effectively use curriculum. | \$9,470.52 | \$9,470.52 |
| | | Total | \$316,912.00 |

Notes:

- 1. During the summer of 2020, the district is implementing the re-write of our Multi-Tiered Systems of Supports Manual with the help of Branching Minds. There will also be training that accompanies this initiative. The district will be using prior year left over Mental Health Allocation funds to pay stipends not to exceed \$10,000.**
- 2. The Mental Health and Behavioral Supports Department plans to purchase a Savin Full Color Digital Imaging System using prior year left over Mental Health Allocation funds not to exceed \$6,400. This system will help with the dissemination of information and materials to students and families.**

Section IV: Plan Approval and Submission (F.S. 1011.61 (16)(c))

2020-21 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

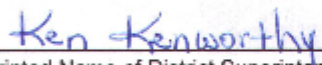
Dear Commissioner Corcoran:

This letter certifies that the Okeechobee County School Board approved the district's Mental Health Assistance Allocation Plan on July 14th, 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 | |
| | |
| | |
| | |

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


Signature of District Superintendent


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

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). | |

APPENDIX A

[illegible]



The School District of Okeechobee County

Procedures to Complete Student Social/Emotional Data Tool Grade/Department Level Team Nomination and Teacher Observation Worksheet

Mental Health and Behavioral Supports

1. Based on the Mental Health Allocation Plan and in best practices with our Multi-Tiered System of Supports, the Universal Screening Process will occur up to three times per year.
2. To begin the Universal Screening process, the school Principals will initiate a School Leadership Team meeting (Principal, Resource Specialist, Guidance Counselor, Gen Ed Team Leaders, and ESE Teacher) to review school level data including Early Warning System data and current interventions in place from Branching Minds. Instructional Coaches can be optional attendees to this meeting. During this time, data from the Grade/Content Team Meetings will be discussed, and students of concern will be listed on the Universal Screener Worksheet.
3. The goal of this meeting is to discuss and problem solve for students whom teachers are concerned about because the students are not making sufficient progress (typically Tier 2 and Tier 3 students).
4. At the School Leadership Meeting, the Universal Screener Worksheet will be filled out for students of concern using the following scale:
 - Externalizing Category -
 - Behavior Noticed "Sometimes" = 1 point
 - Behavior Noticed "Frequently" = 2 points
 - Internalizing Category -
 - Behavior Noticed "Sometimes" = 2 points
 - Behavior Noticed "Frequently" = 4 points
 - Points will be added for each column and totaled

| Tier 1 | Tier 2 | Tier 3 |
|--|--|--|
| <6 points Progress Monitored by teachers and Grade/Content Team Community | 6-15 points (which includes 6 points in either category) Progress Monitored by teachers and Grade/Content Team Community | 10 points in internalizing or 16+ points total Referred to School Problem Solving Team for a meeting |

5. Students on Tier 3 will be referred to the School Problem Solving Team (including a representative from the Mental Health and Behavior Supports department) to hold a meeting to discuss interventions and to develop a plan to promote progress and success.
6. The master lists will be kept by the Principal. Parent/guardian(s) of those students referred to the School Problem Solving Team will be contacted and a meeting will be set up by the ESE Resource Specialist. Any parent/guardian correspondence will be given to the school's guidance counselor and uploaded into the Branching Minds platform.