



A. Mental Health Assistance Allocation Plan

Describe the delivery of evidence-based mental health assessment, diagnosis, intervention, treatment and recovery through a multi-tiered system of supports.

The Sarasota County Public Schools (SCPS) District supports families, schools, district staff, community projects and agencies through a framework of monitoring “high impact” Response to Intervention (RtI) Tier I and Tier II strategies through a Multi-Tiered System of Support (MTSS). Pupil Support Services (PSS) staff work collaboratively with all stakeholders to focus on behavioral and mental health support. The SCPS implementation framework provides seamless interconnected support through a collaborative approach to planning and problem solving leading to the development of collective efficacy. These efforts combined serve to focus on awareness/prevention efforts that address mental health issues, as well as intervening to provide necessary supports and resources to students in need of more intensive services.

The mental health screening and assessment procedures for determining which students need mental health interventions and treatment encompass many facets of a process involving PSS Staff and school-based teams. Every school in the district has a School-Wide Support Team (SWST) focused on the review of student academic and social-emotional needs. After reviewing student needs, SWST participants discuss and analyze the connection of appropriate resources and supports relative to student performance in an educational setting. SWST receive all student referrals. The SWST convenes on a weekly basis and is responsible for reviewing, analyzing, problem-solving and making appropriate informed decisions for the benefit of the students. As members of the SWST, PSS staff utilize several different evaluation tools to better understand the needs of individual students. Examples of these instruments include and may not be limited to: Comprehensive Health Assessment Tool (CHAT), Connor’s Rating Scales, the Behavioral Assessment Scale for Children (BASC), The Adaptive Behavior Assessment System (ABAS) and the Vineland. Results of these screenings are shared as part of the SWST planning and discussions.

The process for identifying and delivering evidence-based mental health interventions is interconnected with mental health screening and assessment procedures. For the benefit of all students, evidence based best practices are put in place for Tier I and Tier II support. If a student presents with severe needs, licensed professionals are part of the SWST and review information to proceed with a treatment care plan for both students and families. The schools continue to connect resources for wraparound care and school identified personnel are assigned to monitor ongoing supports and outcomes of interventions, at all levels (Tier II, Tier III). The school district has interagency agreements allowing for the exchange of information that impact educational services for students and families. These agreements are reciprocal and assure continuity of services and supports for students while accessing education. The district has very specific procedures for referring students to school-based mental health interventions and community-based mental health providers for treatment. Not only do the procedures address the referral process, but also outline the required timelines for referral, screening, and the initiation of necessary services. These outcomes are documented in the Student Information System (SIS).

At times, school-based services, such as counseling from qualified educational professionals, are not enough to support the mental and behavioral health needs of the student. In these instances, an additional referral is made for outside clinical support. This coordination is tied to wraparound extensions of support and monitored to adjust, delete and add interventions as a way of ensuring that appropriate supports are continually being implemented. Decisions on action plans are made based on data and the input from the provider. Students referred for mental health services participate in a mental health comprehensive intake process, including parental/family involvement and participation, screening, coordination with physicians, psychiatrists and other medical providers. The district's focus is always on determining the strategies and supports necessary to aide student success in the educational setting. Outcomes of wraparound services are determined and driven by family's response and adherence to these recommendations. Furthermore, recommendations are monitored by the district to provide continuity of services and ensure that families receive the support(s) needed.

Additionally, SWST meetings are a process used for monitoring "at risk" students, including, but not limited to, students placed in foster care, homeless, and students involved with juvenile justice. Monitoring includes the following components:

- Foster Care "Keep Me Safe" emails are sent every day for every child entering foster care or children that have been removed by DCF. The email is sent to specific school counselor, social worker and psychologist as well as key staff at the individual school site.
- Guardian ad Litem(s) are trained and given access to the Student/Parent Portal to review attendance and grades.
- The District PSS Judicial Liaison collaborates with probation officers and school-based personnel.
- PSS staff complete a re-entry plan for every student returning from a "Baker Act" or "Threat Assessment."
- A Personal Safety Plan is implemented during the re-entry plan process or at any time a student is exhibiting behaviors of concern. This procedure takes place for all students, (in all schools), in danger of hurting themselves or others and staff is assigned to monitor plan implementation.
- "Call for Help" cards are updated and include the CRISIS TEXT LINE (741741) and the keyword HERE4U.
- "Handle with Care" is being implemented throughout the district. This database connects all responses made by law enforcement and/or the Department of Children and Families (DCF) directly to the district to alert schools of any visit made to a student's home the preceding day/evening.

Services will be delivered within a Multi-Tiered System of Supports (MTSS) that include universal/prevention, targeted, and intensive supports. Through the SWST framework, MTSS is implemented through ongoing analysis of student data and a collaborative planning and problem-solving process. Schools have specific published Positive

Behavioral and Intervention Support (PBIS) plans, indicating how supports are being provided at Tier I (universal/prevention), Tier II (targeted) and Tier III (intensive) supports.

Tier I Mental Health Support is embedded in multiple layers of district initiatives beginning with PBIS plans developed at every district school and posted on the district website. A district PBIS support team provides ongoing training and guidance to school-based teams through collaboration with the University of South Florida(USF)/PBIS project. These plans include specific behavioral interventions at Tier I, II, and III, in alignment with Response to Intervention (RtI). These interventions are tied with mental health support and the data from these interventions is routinely reviewed at SWST meetings. Every elementary and middle school is utilizing and participating in ongoing training for *Conversation, Help, Activity, Movement, Participation, Success* (CHAMPS) (Sprick, 2009). High Schools are utilizing and participating in ongoing training for *Discipline in the Secondary Classroom* (Sprick, 2013). All SCPS receive ongoing training and support for *Restorative Practices*. Tier II and Tier III supports are reviewed and implemented through SWST meetings, as more intensive needs may be indicated. Five elementary schools have been selected to participate in a pilot program designed to transform school culture into one centered on restorative strategies. Each school will commit to using restorative practices across all environments and in all tiers of support. The district PSS team will coach and provide feedback to support this powerful transformation.

Family support is provided as well through many services targeted at connecting families with community agencies and other key resources, including the following:

- SCPS district website includes a “Parent Resource” link providing specific “bullying” resources, MTSS behavioral interventions, and mental health resources.
- PSS administrative district staff participate in a weekly “Multi-Disciplinary Team Staffing (MDTS)” meeting with the Department of Children & Families (DCF) Crisis Prevention Team (CPT) and other mental health agencies. Through this work, “Community Mental Health Exchange Release of Information” allows information access between agencies.
- An annual “SCPS Exceptional Student Education (ESE) Agency Fair” for parents of students with disabilities. At the SCPS ESE Agency Fair, there is mental health agency representation and a variety of breakout sessions provided, including: Cyberbullying, Anxiety in Children and Teens, and Self-Determination. In the future, the district plans to provide a “Social Media Parent Night” and “Public Service Announcement Competition” to further support mental and behavioral health.
- Discretionary project support is utilized to provide families an opportunity to participate in “Parent University” workshops designed to focus on current topics related to and impacting the educational setting which may include the areas of mental and behavioral health.
- As part of Tier III mental health interventions, families are invited to participate in weekly *Child and Family in Need of Services* (CINS FINS) meetings at local district sites. At these meetings, families are provided with an opportunity to meet with school staff and YMCA staff to connect supports/resources.

- All families and students have access to the Crisis Text Line, keyword “HERE4U” 741741 and the FortifyFI App.

Another key component of the Behavioral Health Framework is the professional learning and multi-layered support provided to SCPS Administrators, school-based Safety Teams, Pupil Support Services, and Student Services Staff. The Behavioral Health Framework is inclusive of all stakeholders working with students at risk and simultaneously addresses specific strategies and training to target behavioral and mental health for all students. This training and multi-layered support, includes the following:

- Training for “Youth Mental Health First Aid” (Project Aware - YMHFAT) and “Trauma Informed Care” provided for all social workers, psychologists, counselors, and nurses was provided during the 2018-2019 school year. YMHFAT continues to be provided to all other staff at school sites throughout the 2019-2020 school year.
- Kognito, mental health awareness simulation training will take place for all staff members throughout our schools during the pre-planning week in August 2019.
- All Social Workers (SW) and Home School Liaisons (HSLs) and school counselors have completed “Suicide Prevention Certification.” New hires and required to obtain this certification.
- All social workers, psychologists and school counselors received training and are given ongoing support for an updated “Gatekeeper Protocol” for self-harm and suicidal ideation.
- A restructured “School Wide Loss” manual is utilized at every school.
- PSS staff, school-based and district administrators were trained on LGBTQIA sensitivity as related to SCPS student support policies and procedures.
- Sandy Hook Threat Assessment and “See Something, Say Something” training will be provided again for PSS staff, School Resource Officers (SROs), and Administrative Staff.
- All school-based threat assessment teams are required to participate in the Sandy Hook Promise Safety Assessment and Intervention training.
- All instructional staff at school sites throughout the district will participate in a three-hour comprehensive overview of PBIS and CHAMPS or Discipline in the Secondary Classroom during the pre-planning week of August 2019.
- Ongoing coordinated support and staffing models change based on data and need. The continued refinement of responsibility assignments will be reviewed for Behavior Specialists, Counselors, Social Workers, Psychologists, Program Specialists.
- A newly created digital MTSS system will be utilized to better monitor student response to necessary interventions.

School staff is provided ongoing and continuous support through the update of the Multi-Tiered System of Support: Tier I, II, III Interventions on the SCPS Digital MTSS system and SharePoint, an internal web-based collaborative platform.

Thirteen district staff members were trained as “Restorative Strategies Trainers.” These trainers provided training to (471) K-12 teachers and staff in Restorative Strategies with (121)

in process of being trained. In addition to these staff, all assistant principal administrators were trained in conducting “Restorative Meetings” as an alternative to suspension. All SCPS district schools published Positive Behavior Intervention and Support (PBIS) plans on a District Dashboard and included Gulf Coast Community Foundation’s “Civility Squad: Because it Matters” initiative. Annually, the district supports “Speak Up for Kids Mental Health Conference.”

All behavioral and mental health support is connected through the support of community projects, agency partnerships and philanthropic foundations in Sarasota County. These foundations include:

- The Charles & Margery Barancik Foundation
- The Gulf Coast Community Foundation
- The Community Foundation of Sarasota

The district also supports Tier III Mental Health Agency Resources through Interagency Agreements with over twenty different agencies in the community. Discretionary Project collaboration has been a tremendous support through the work of the USF/PBIS Project, Project 10, Students with Severe Emotional and Behavioral Disabilities Network (SEDNET), the Center for Autism and Related Disabilities (CARD) and the Florida Diagnostic and Learning Resources System (FDLRS)/Florida Inclusion Network (FIN).

Based on the ongoing work of the district, state funding will be used to further provide targeted support and build internal capacity to continue the supports and services indicated throughout this narrative.

Curriculum to Enhance Tier I and Tier II Support:

- Restorative Strategies Tier I Training for K-12 (2-3 hours)
- Social Emotional Curriculum for PK-12: *All Learning Is Social and Emotional: Helping Students Develop Essential Skills for the Classroom and Beyond* by Fisher, Frey, Smith
- Social Emotional Curriculum for K-8: *CHAMPS* by Sprick
- Social Emotional Curriculum for 9-12: *Discipline in the Secondary Classroom* by Sprick

State how the plan will focus on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnosis and students at high- risk of such diagnoses.

Studies continue to demonstrate early initiation of substance use is linked to higher rates and riskier forms of substance use, lower academic achievement, and mental health problems including depression and suicidal ideation. Each of our comprehensive high schools host a **Student Assistance Program (SAP)**. The SAP is an evidence-based approach based on an employee assistance model that provides school-based prevention and engagement services designed to assist students when dealing with issues that impede academic achievement. SAP Specialists deliver substance use and mental health prevention and intervention services and connect students to community providers for more intensive services. Using a systems approach, the SAP Specialists use effective practices to resolve these issues and thus the



program promotes emotional well-being and academic success. Sarasota County’s SAP Specialists are staff employed by First Step and are housed at each school. There is regular and frequent collaboration with school based SWSTs. Students in elementary and middle school with one or more co-occurring mental health or substance abuse diagnosis are screened, assessed, and treated by the contracted mental health therapist assigned to each school. The mental health therapist works in collaboration with the family and school-based team to ensure necessary wraparound supports are in place. The mental health therapists provide ongoing training, information, and resources to support staff that are providing instruction to these students.

Describe the process for coordinating mental health services for students at charter schools that are part of the school district’s plan.

When a charter school wants to access the proportionate share of the mental health grant allocation, the school is required to use the FL DOE template and complete the required components of the plan. Upon completion of the plan, the charter school must submit the plan to the Executive Director of Pupil Support Services for review. Each charter school mental health plan will be submitted to FL DOE along with the school district plan. The Pupil Support Services Department works collaboratively with the Sarasota County School Choice Department to ensure that charter schools are invited to participate in all professional learning opportunities. The mental health checklist was completed for charter school submitting a mental health plan.

Include 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

Counselors

Sarasota County is employing 102 school-based certified school counselors assigned directly to schools based on population and identified unique school needs. All schools have a minimum of one school counselor, with secondary schools having additional counselors depending on grade level, total population and unique school needs.

Tier I

Provision of school-wide lessons/interventions focused on:

- Social skills
- Health and wellness decision making
- Emotional regulation
- Conflict resolution
- Attendance
- Data informed decision making
- Facilitate positive behavior intervention and support, including restorative strategies and CHAMPS
- Continue to facilitate the implementation of the annual school guidance plan
- Kognito professional learning facilitator



<p>Tier 2</p>	<ul style="list-style-type: none"> • Referral and identification of students in need or targeted support and supplemental instruction • Small group social skills development • Check In Check Out • PBIS support • Restorative conferences/meetings • Classroom observations • Attendance progress monitoring • Grades progress monitoring • SWST facilitator • Graduation/Dropout monitoring with Project 10
<p>Tier 3</p>	<ul style="list-style-type: none"> • Assists in the development of 504 plans • Refers for community counseling • Provides crisis response with students identified at-risk for self-harm and/or harm to others • Facilitates re-entry plans for those students when intensive intervention occurs • Participates on multi-disciplinary teams focused on providing wraparound services to struggling students • Provides individual student planning focused on dropout prevention and on-time graduation • Completes threat assessments, as part of the multi-disciplinary team
<p>Psychologists</p>	
<p>Sarasota County is employing 22.6 school psychologists. Additionally, we are employing one doctoral intern and one master level intern. Each school in the district is assigned a psychologist to serve the schools, based on student population and identified unique school needs. These psychologists are strategically positioned within a “Professional Learning Community” to serve schools within a “feeder pattern” and for the promotion of mental and behavioral wellness.</p>	
<p>Tier 1</p>	<ul style="list-style-type: none"> • Participate in the design and implementation of behavior curricula • Lead teams in designing and implementing school-wide universal screening systems and using this data to guide core instruction and to help identify students at-risk • Collaborate with family members and other professionals who support students with academic and behavioral challenges • Advocate for the mental health needs of all students by leading efforts to incorporate regular instruction and progress monitoring (routine checks of student proficiency during the instructional year to verify growth)

	<ul style="list-style-type: none"> • Classroom observations
<p>Tier 2</p>	<ul style="list-style-type: none"> • Assists teachers and school teams in selecting evidence-based interventions and progress monitoring tools matched to student behavioral and mental health needs • Supports regular progress monitoring and data reviews, including reviews of treatment integrity for behavior and mental health • Consults with teachers and other school staff to boost understanding and interpretation of progress data to determine if students are making adequate progress and whether intervention changes are needed • Leads small-group interventions to support students' social skills and mental health (NASP, 2015b) • Conducts threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources
<p>Tier 3</p>	<ul style="list-style-type: none"> • Participates in functional behavior and academic assessments to customize individual plans for students' interfering behaviors and development of appropriate behaviors and academic skills • Assists school teams in selecting evidence-based interventions that align to the intensive needs of specific students • Examines the systems that influence the development of individual students to support better alignment with student development and needs • Provides individualized counseling and therapy for students with intensive mental health needs • Collaborates with parents and school teams as part of the frequent review and interpretation of Tier 3 data to determine whether a student should be referred for a comprehensive evaluation • Conduct threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources

Social Workers and Home School Liaisons	
<p>Sarasota County employs 12 Social Workers (SW) and 10 Home School Liaisons (HSL). In addition, there is one master level SW intern. SW are assigned to multiple school sites based on student population and identified unique school needs. Each Title 1 identified school is also supported by an HSL. There are 10 HSLs assigned to title 1 schools throughout the district. School SW and HSLs support mental and behavioral health efforts throughout each tier of intervention and support.</p>	
Tier I	<ul style="list-style-type: none"> • Collaborate with family members and other professionals who support students with academic and behavioral challenges • Advocate for the mental health needs of all students by leading efforts to incorporate regular instruction and progress monitoring (routine checks of student proficiency during the instructional year to verify growth) of student wellness at the universal level • Lead teams in designing and implementing school-wide universal screening systems and using these data to guide core instruction and to help identify students at-risk • Monitor attendance • Conduct home visits • Classroom observations
Tier II	<ul style="list-style-type: none"> • For a student with behavioral problems or academic concerns, small group instruction in a targeted skill are led by the SW and/or HSL when appropriate • The social academic instructional group curriculum is structured around a specific evidence-based curriculum or lead a small group to support students • Assist with the implementation of daily progress monitoring, such as the Daily Report Card or Check In/Check Out, and school social workers are often involved in the daily progress monitoring, particularly for students who also may have special education IEPs • In addition, lead small-group interventions to support students' social skills and mental health • Threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resource
Tier III	<ul style="list-style-type: none"> • Individualized counseling to students • Home visits • One on one parent education training/support



	<ul style="list-style-type: none"> • threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources • Completion of social histories and parent rating scales as part of a comprehensive evaluation
<p align="center">Identify 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).</p>	
<ul style="list-style-type: none"> • Staff assignments were developed with student need and data analysis. Our comprehensive High Schools that support Emotional and Behavioral Disordered (EBD) cluster sites, have a full-time school psychologist allocated to their schools. This will allow for a continuum of school-based services within each tier. • The district hired one full time doctoral intern school psychologist. This intern will provide direct services to one of the district’s comprehensive high schools. • Decrease student service personnel: student ratio by adding a Mental Health Program Specialist. This specialist will provide direct support to the district’s second chance school, Triad, as well as K-12 schools throughout the district as needs arise. • Effective identification of at-risk students to assist in utilizing time most effectively through expanding the school based SWST to include appropriate personnel during meetings and requiring other student support services staff, not necessary for meetings to provide direct services to students. • Train all counselors in the Sanford Harmony curriculum to support students within the classroom setting. • Reduce additional duties for counselors such as testing/proctoring, cafeteria monitoring, parking lot duties, coordinating paperwork and data entry of all new students. 	

<p align="center">State how the plan will establish school board policies and procedures for all schools, including charter schools, to ensure:</p>
<p>All student referrals for screening come from the recommendation of school based SWST, including parent-based referrals and administrative based referrals. Upon referral and recommendation for screening, the SWST facilitator works with the school based mental health provider to ensure assessment for screening takes place within 15 days of referral; All referral and screening activity are documented in our student information system (SIS).</p>
<p>All student referrals for screening come from the recommendation of school based SWST, including parent-based referrals and administrative based referrals. School referrals are then shared with our school based mental health therapists for screening and assessment. All services for school-based mental health services are initiated within 15 days of identification and assessment; Activity is recorded in our SIS system.</p>
<p>All student referrals for screening come from the recommendation of school based SWST, including parent-based referrals and administrative based referrals. When a need for community-based mental health services are determined, the school-based staff making the determination for recommendation to community mental health services is responsible for</p>

ensuring initiation of services within 30 days of referral. Documentation is maintained in the SWST notes and maintained by the SWST facilitator.

Upon initial enrollment and annually thereafter, families are asked to indicate if their student has any mental health concerns/conditions. This information is immediately filtered to our school-based health services providers (school nurses). The school health services provider reaches out to the family to further understand student need. The school health provider makes all necessary referrals to the school wide support team (SWST). The SWST team determines needs of the student through intentional coordination of services the student's primary healthcare provider and any other mental health providers involved in the student's care. The SWST team regularly reviews and monitors progress of students and adjusts as necessary to ensure maximized support for the student.

Identify 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.

Each of our five comprehensive high schools have a student assistance prevention specialist on site, (SAP specialist). The SAP specialists assist students' dealing with issues that impede students' academic achievement. SAP Specialists deliver substance use and mental health prevention and intervention services and connect students to community providers for more intensive services. Using a systems approach, the SAP Specialists use effective practices to resolve these issues and promote emotional well-being and academic success.

Through a partnership with the Sandy Hook Promise, we implement the See Something, Say Something program to teach students how to identify warning signs and concerns within their peers, especially through social media, and to find a trusted adult to share the information with. This message is carried out by the Save the Promise club that is established at each middle school and high school.

Through a partnership with the Charles and Majorie Barancik Foundation and the Do Something organization, Sarasota Schools has implemented the use of the crisis text line through the establishment of a keyword partnership. The identified key word HERE4U can be texted 24/7, confidentially to 741741 for a student to access when help is needed. Each of our counselors, social workers, mental health therapists and school psychologist are trained in our gatekeeper process, which assesses for suicidal ideation and self-harm in students.

School counselors, social workers, and school psychologists conduct classroom observations and help to identify strategies and evidence-based interventions for students that may be at risk for developing social, emotional, and behavioral disorders. When necessary, school psychologists, counselors, and social workers collaborate with behavior intervention specialists to develop an appropriate individual behavior intervention plan.

Through our partnership with the SEDNET program manager, we have been able to professionally develop school-based staff and administration and student services staff in the practice of implementing trauma informed care in our schools and in our classrooms.

Identify strategies to:
<p>Improve the early identification of social, emotional or behavioral problems or substance abuse disorders;</p> <ul style="list-style-type: none"> • <i>Fortify</i> app to allow all students and teachers to report concerns • Observations • Parent/Teacher Conferences • YMHFA & Kognito Training - Teaching staff to identify signs • Teaching students warning signs of mental health concerns • Teacher, staff, parent, student, and community member referrals • Crisis Text Line • School nurse participation on School Wide Support Team • Student Assistance Prevention Specialist in the high schools to screen kids for depression, anxiety, and substance abuse concerns
<p>Improve the provision of early intervention services:</p> <ul style="list-style-type: none"> • <i>Fortify</i> app to allow all students and teachers to report concerns • Mental Health Therapist in schools • Counseling groups with at-risk students • Parent training to assist students • Home visits • Intake on parent registration form of mental health concerns • Student Assistance Prevention Specialist in the high schools to screen kids for depression, anxiety, and substance abuse concerns
<p>Assist students dealing with trauma and violence: trauma informed care:</p> <ul style="list-style-type: none"> • Help children manage their feelings by teaching and modeling effective coping strategies • Answer children's questions related to the traumatic event(s) in honest, developmentally appropriate language and terms • Create clear and concrete safety plans with the child • Engage them in activities that stimulate the mind and body • Expand their "feelings" vocabulary so they can more easily express themselves • Maintain usual routines • Watch for changes in behaviors and report to a qualified/trained expert in the field • Allow children to tell the story of the trauma they experienced, as they see it, so they can begin to release their emotions and make sense of what happened • Respond calmly and compassionately, but without displaying shock or judgment • Reassure children that the adults in their life are working to keep them safe • Set boundaries and limits with consistency and patience

- Remind them repeatedly how much you care for them
- Give them choices to regain a sense of control
- Encourage and support them
- Anticipate challenging times or situations that may be reminders of the event and provide additional support
- Provide children who are acting out with opportunities to redirect their energy in a helpful way such as giving them additional responsibilities or leadership roles

School-based professionals can assist students dealing with trauma and violence by:

- Follow your school's reporting procedures if there is suspected abuse
- If the child is not eligible for special education, consider making individualized accommodations to academic work until the trauma has been sufficiently addressed (might consider including these in a 504 plan). These accommodations:
 - ✓ Modify or shorten assignments
 - ✓ Offer individual tutoring or support
 - ✓ Give extended time
 - ✓ Allow the child to leave class to go see a school-based mental health professional if the child is struggling emotionally
 - ✓ Assist the child with organizing and remembering assignments
 - ✓ Try to engage caretakers in providing academic support at home
 - ✓ Explore with the child if there is something that provides comfort such as a memento or item from a loved one that can be brought to school
 - ✓ Help the child identify effective soothing techniques such as drawing, deep breathing, exercising that can be utilized in school to manage emotions
- School staff utilizing strategies learned through "Trauma Informed Care" training

B. Expenditures

Total State Funding Allocation: \$1,141,681 total minus 15% allocation to Charter Schools of \$180,544 = \$961,137				
Number	Licensure/Certification	Type	Name of Organization	Allocated Amount
7	Licensed Clinical Mental Health Therapists, Licensed Clinical Mental Health Counselors	School-Based Mental Health Provider	First Step	\$350,000.00
11	Licensed Clinical Mental Health Therapists, Licensed Clinical Mental Health Counselors	School Based Mental Health Provider	Florida Center	\$555,000.00
.5	Pupil Support Program Specialist: certified school counselor	School/District Based Mental Health Provider	Sarasota County Schools	\$50,000.00
Other Expenditures				
Restorative Strategies Tier I/tier II Training for K-12 (2-3 hours) Stipends for trainers			Sarasota County Schools	\$1500.00
Social Emotional Curriculum for PK-12: <i>All Learning Is Social and Emotional: Helping Students Develop Essential Skills for the Classroom and Beyond</i> by Fisher, Frey, Smith			Sarasota County Schools	\$1500.00
Social Emotional Curriculum for K-8: <i>CHAMPS</i> by Sprick			Sarasota County Schools	\$1000.00
Social Emotional Curriculum for 9-12: <i>Discipline in the Secondary Classroom</i> by Sprick			Sarasota County Schools	\$1000.00
Conference registration and attendance at state Mental Health related conference			Sarasota County Schools	\$1,137.00
Total Amount of Expenditures				\$961,137.00

a

C. Expenditure Assurances

State how 100 percent of funds are used to expand school-based mental health care; train educators in responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

SCPS will use 100% of the Mental Health Assistance Allocation to supplement support for direct mental health services for students. These funds do not supplant other funding sources, increase salaries, or provide staff bonuses.

SCPS will contract with The Florida Center and First Steps to contract (11) mental health services providers to provide direct mental health, substance abuse, and co-occurring therapy to students at Tier II and Tier III, when appropriate. These therapies will include individual and group therapy for students, as well as family counseling services and substance abuse counseling, as needed. Home visits with families will be conducted for gathering information on a student's background. These mental health providers will be assigned to schools to coordinate Tier II and Tier III services with primary care providers and mental health agencies when additional mental health or substance abuse support is needed. SCPS will pursue active consent for Medicaid School Match billing from parents with students receiving Medicaid. The Mental Health Service Providers will keep ongoing communication regarding the plan of care with the student's primary care physician.

Evidenced Based Practices provided by mental health professionals may include:

Cognitive Behavior Therapy (CBT): Cognitive behavior therapy is a psychotherapy that is effective for a variety of diagnoses including depression, anxiety, substance abuse and co-occurring disorders. CBT focuses on feelings, thoughts, and behaviors by challenging negative thoughts or beliefs, changing destructive behavior patterns, and focusing on solutions. It is appropriate for children and adolescents.

Trauma-Focused Cognitive Behavior Therapy (TF-CBT): is a specialized treatment approach for working with children and adolescents that have experienced trauma. It assists children, adolescents, and their families in reducing the emotional effects of trauma.

Play Therapy: Play therapy is primarily used with children ages 3-12 but can also be appropriate for adolescents. The focus in play therapy is the use of play to help children express and communicate their feelings, resolve issues, and process trauma. It is based off the developmental needs and stages of the child.

Multidimensional Family Therapy (MDFT): Multidimensional Family Therapy (MDFT) is focused on working with a youth and their family to enhance their problem solving and coping skills and increase their overall interpersonal functioning as a family unit.

Solution-Focused Brief Therapy (SFBT): SFBT is a short-term, solution-focused treatment appropriate for all ages. The focus is on creating goals and a vision for the future, then identifying the necessary skills, abilities, and resources to meet these goals.

Dialectical Behavior Therapy (DBT): DBT is a type of cognitive behavioral therapy that emphasizes individual psychotherapy and group skills training classes to help people learn and use new skills and strategies to develop a life that they experience as worth living. DBT



skills include skills for mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. It is highly effective for non-suicidal self-injury.

Motivational Interviewing (MI): MI is a technique that is based on a client centered approach with the goal of increasing a person’s motivation to change. It relies on 4 basic principles: express empathy; support self-efficacy; roll with resistance; and develop discrepancy. MI is beneficial for substance abuse and co-occurring disorders.

Provide a statement that ensures the Mental Health Assistance Allocation does not supplant other funding sources, increase salaries or provide staff bonuses

The Mental Health Assistance Allocation is intended for contracting services for direct mental health support for students. The funds are not allocated for any district staff and will not provide for any increase in staff salary or bonus.

Describe how the district will maximize the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

Sarasota County Public Schools utilizes Medicaid billing for students that are Medicaid eligible. The purpose of the Medicaid Certified School Match program is to make reimbursements for medically necessary services provided by a school district for Medicaid eligible services. Other funding sources are utilized to ensure and support a continuum of services through a multi-tiered system of supports to meet the behavior, social, emotional, and mental health needs of every student. Other funding sources include, but are not limited to, General Revenue funds, Title IV, Title 1, and the Individuals with Disabilities Act (IDEA) grant. The school district also ensures the collaboration with state funded discretionary projects, such as Florida Diagnostic Resources and Learning Systems (FDLRS), University of Florida Positive Behavior Intervention and Support Project, (USF-PBIS) and Serious Emotional Disturbance Network (SEDNET) to maximum support and resources.

D. Program Implementation and Programs

Identify the number and ratios of Florida Department of Education-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).

Certification/Licensure	Number	Ratio
School Counselors	102	1:370
Psychologists	22.6	1:1671
Social Workers/Home School Liaisons	22	1:1717

Describe a 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; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

Data monitoring and tracking are part of the SWST process. A data collection worksheet is completed for every student at risk for mental health or co-occurring substance disorders. This data collection worksheet includes the following targeted fields:

- Date of mental health screening and/or assessment
- Date of mental health service initiation
- Type of service/therapy (individual/group)
- Progress: (completed, continued need)

The SWST facilitator is responsible for tracking:

- The number of students referred to school-based mental health services
- The number of students referred to community based mental health service providers
- The number of students who receive school-based interventions, services, and assistance
- The number of students who received community- based interventions, services or assistance

All student data collection, monitoring and tracking will be maintained in the district student information system.