

St. Lucie Public Schools
Comprehensive Mental Health Plan
2020-2021



INTRODUCTION

This plan provides a comprehensive overview of an established infrastructure designed to address the mental, social and emotional, and behavioral needs of all children. Included is a synopsis of the many existing programs and services currently available in SLPS, as well as plans for the district's expansion of services utilizing the Mental Health Services Allocation and the dollars generated through the passage of the voter referendum in St. Lucie County which provides additional dollars to support mental health.

Guiding Principals for a Comprehensive System of Mental Health Supports

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- Early identification and intervention.
 - Strengthen the delivery of services to address the social and emotional well-being and mental health needs of all children.
 - Provide intentional and deliberate instruction in social and emotional learning for all children through established classroom practices.
 - Educate staff and families on the supports in place to address the social, emotional, mental and behavioral health needs of children.
 - Provide services and supports to address the social, emotional, behavioral and mental health needs of students through a multi-tiered system of supports.

Establishing these guiding principles allows us to maintain a systematic process to meet the many needs of our students through access to mental health services and to provide timely feedback to our families and community partners. Based in a multi-tiered system of supports, our infrastructure includes a continuum of services that meets the needs of all students.

The Mental Health Services Allocation and the dollars from the district voter referendum have allowed us to expand the services we provide. This expansion of services allows us to offer a more immediate response to the students and families we serve.

An intentional focus on the social and emotional well-being of all children will result in increased student achievement, increased attendance and engagement in school, and a reduction in negative outcomes for students such as poor attendance, out-of-school suspension and office discipline referrals.

ASSURANCES

The Mental Health Services Allocation will not be utilized to supplant any existing services or funding source currently used to provide those services or to cover the cost of programs or personnel.

SLPS currently utilizes the Certified School Match Program for Medicaid Billing for students who are Medicaid eligible. The purpose of the Medicaid Certified School Match Program is to provide reimbursement for medically necessary services provided or arranged by a school district for Medicaid eligible students. Other funding sources such as the General Fund, Individuals with Disabilities Education Grant, Title IV, and other Federal Program grants are used to support the work of our district in meeting the needs of our students. During the 18/19 SY, the community of St. Lucie County voted on, and successfully passed, a referendum which will also support increased access to mental health services for students by providing more Certified School Counselors, School Social Workers and Behavioral Services for the district.

STATUTORY REQUIREMENTS

Florida's focus on mental health originated with Senate Bill 7026 (2018) and Senate Bill 7030 (2019) and was signed by the Governor of the State of Florida. Florida Statutes have now been updated to reflect the changes in legislation resulting from these Senate Bills. The Marjory Stoneman Douglas High School Public Safety Act provides a Mental Health Allocation for school districts. The Mental Health Allocation is created to provide funding to assist school districts in establishing or expanding school based mental health care. Each school district is required to submit a comprehensive plan to their individual school boards for approval and then must submit the plan to the Commissioner of Education by August 1st of each fiscal year. Beginning September 30, 2019, and annually thereafter, each school district shall submit to the DOE a report on its program outcomes and expenditures for the previous fiscal year and must include the following:

- Students who receive screenings or assessments
- Students who are referred to either school-based or community-based providers for services, or assistance
- Students who receive either school-based or community-based interventions, services, or assistance
- School-based and community based mental health providers including licensure type, paid for from funds provided through the allocation
- Contract-based collaborative efforts or partnerships with community mental health programs, agencies, or providers
- Direct employment service providers employed by each school district

The plan must also be focused on delivering evidence-based mental health care treatment to children and include:

- Provision of mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.
- Coordination of services with a student's primary care provider and other mental health providers caring for the student.
- Direct employment of service providers or a contract-based collaborative effort or partnership with one or more local community mental health program agencies or providers.

GENERAL INFORMATION

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

- Approximately one in six school-aged children experiences impairments in his or her life functioning due to a diagnosable mental health disorder.¹
- An estimated 70% of children have experienced some type of physical or emotional trauma.²
- Most mental illnesses emerge in childhood³, yet fewer than half of the children receive treatment.⁴
- Young people with a diagnosed mental illness are frequently absent from school and many experience reductions in academic achievement.⁵
- Among students with disabling conditions, young people with mental illness are the most likely to drop out of school.⁶
- Only one third of young people with mental illness advance to postsecondary education.⁷
- More than 60% of children in juvenile detention have a diagnosable mental illness.⁸
- Approximately 20% of school-age children and youth have a diagnosable mental health disorder (Merikangas et al., 2010). CDC, 2013
- Prevalence of serious emotional disturbance with severe impairment among children and adolescents = 10%. (Williams et al., 2017).
- Most common mental health disorders. (CDC, 2013).⁹
 - ADHD, conduct disorders, anxiety and depression.
 - 9/4% of children aged 2-17 years (approximately 4.5 million) have a diagnosed behavior problem.
 - 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.
 - 3.2% of children 3-17 years (approximately 1.9 million) have diagnosed depression.

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

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

3 Kessler, R., Amminger, P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion Psychiatry*, 20, 359-364. doi: 10.1097/YCO.0b013e32816ebc8c

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

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

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

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

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

9. Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics*, 2018. Published online before print October 12, 2018

Also:

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

Local statistics from St. Lucie County related to the involuntary evaluations resulting from Baker Acts reveal a steady increase and are following trends seen throughout the United States. Each year between 2013 and 2017 there were between 250 and 325 involuntary psychiatric evaluations of children residing in St. Lucie County that resulted from a Baker Act from home, community, or school. During 2018 this number increased to 528. During the 19/20 SY, 616 youth were admitted to New Horizons. (Source: New Horizons of the Treasure Coast).

During the 2018/19 SY, data collected and reported by School Safety and Security reveals that 132 Baker Acts were initiated for students during the hours school was in session. Although only 88 were initiated from schools

during the 19/20 SY, some of that decline is a result of students moving to distance learning because of COVID-19.

In addition to these alarming statistics it has been reported that:

- “160,000 kids per day do not attend school for fear of being bullied.” – U.S. Dept. of Justice
- “The child who is overweight is the most likely to be bullied.” – Journal of Pediatrics
- About 28 percent of students ages 12-18 reported being bullied at school during the school year. – Indicators of school Crime and Safety: 2013 report, by the Bureau of Justice Statistics.
- On average across 39 states, 7.2% (range: 3.6% - 13.1%) of students admit to not going to school due to personal safety concerns. – CDC’s Youth Risk Behavioral Surveillance.

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

- 82% of LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) youth had problems during the previous year with bullying based on sexual orientation.
- 64% felt unsafe at school due to sexual orientation.
- 44% felt unsafe at school due to gender identification.
- 32% did not go to school for at least one day because of feeling unsafe.
- In 2012, Hatzenbuehler and Keyes reported that LGBTQ bullying statistics improved when school policies against bullying included LGBTQ youth.

SLPS also received and processed a substantial number of referrals to the Mental Health Collaborative over the last three years. The numbers are as follows:

15/16 SY=456
16/17 SY=591
17/18 SY=769
18/19 SY=914
19/20 SY=891

These statistics associated with mental health are alarming and the need for intervention is greater than ever.

The operating mission of SLPS is to ensure all students graduate from safe and caring schools, equipped with the knowledge, skills, and desire to succeed. To carry forward this mission, we must enhance the supports, implementation, and processes we have in place to address the academic, physical, mental and social and emotional needs of our students.

Arne Duncan, U.S. Secretary of Education (2009-2015) stated it perfectly, “Children cannot get a quality education if they don’t first feel safe at school.”

COLLABORATION AND PARTNERSHIPS

St. Lucie Public Schools takes enormous pride in the services it provides to students and families through a strong and existing infrastructure, but we, alone, cannot address the need for mental health services. It is critical that we continue to expand our collaborative efforts and partnerships if we are going to address the

ever-increasing mental health needs of students. Our plan focuses on the current and well-established services and identifies areas of expansion within our infrastructure to further enhance the service delivery for our students and families.

The Mental Health Assistance Allocation is only one source of funding for this initiative. We rely upon all funding sources available to address the whole child and to strengthen the delivery of services addressing the social and emotional, behavioral, academic and physical development of our students.

SLPS will continue to operate within a multi-tiered system of supports for all children and will also rely upon those community agencies that support our foundational work. This includes our mental health collaborative partners such as New Horizons of the Treasure Coast, Sequel Care of the Treasure Coast, Suncoast Mental Health Center, Inc., Helping People Succeed, Legacy Behavioral Health, Youth and Family Behavioral Health Center, Hibiscus Children's Center and Chrysalis Health. We also have partnerships with Drug Abuse Treatment Association, Treasure Coast Health, St. Lucie County Health Department, Department of Juvenile Justice, Department of Children and Families, St. Lucie Sheriff's Department, Fort Pierce Police Department, Port St. Lucie Police Department and all other sources of support with which we collaborate throughout the school year.

A MULTI-TIERED SYSTEM OF SUPPORTS TO GUIDE OUR WORK ADDRESSING MENTAL HEALTH

Tier 1

support is designed to address prevention and is delivered to all students within the general education environment.

Tier 2

supports are designed to address the needs of students who are not successful with prevention activities and who need additional intervention to address issues related to academic, behavioral, or social and emotional development. Tier II interventions require appropriate problem-solving approaches using all available data relevant to the issue of concern. Problem solving teams design evidence-based interventions to address student needs. These interventions are provided in small group settings and are most often provided with additional resources available within the school setting.

Tier 3

supports are designed to address the needs of students with the most intensive academic, behavior, social/emotional, and mental health needs. As with Tier II, Tier III interventions are identified by problem solving teams and matched to student needs. These interventions are evidence based and designed to match the presenting need of the student.

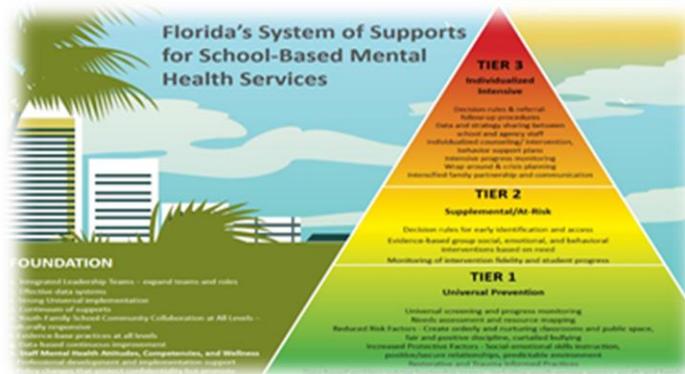
St. Lucie Public Schools has a long-standing tradition of building and supporting an infrastructure to address the academic, behavioral, social and emotional needs of all children. Utilizing a multi-tiered system of supports, SLPS frames its tiered system at each level with the necessary components to help children achieve academic success and social and emotional well-being.

SLPS also has in place an Early Warning Detection System which allows the district to more effectively serve students who are at risk by identifying those who may be experiencing academic difficulty, suspension from school and chronic absenteeism.

FLORIDA'S SYSTEMS OF SUPPORTS FOR SCHOOL-BASED MENTAL HEALTH

Modeling our approach after Florida's Systems of Supports for School Based Mental Health (see below) St. Lucie Public Schools has developed a Multi-Tiered Systems of Supports to address the social, emotional, mental, and behavioral health needs of all children. Our system of supports, outlined through the tiered approach, provides opportunity for prevention for all students with great emphasis at Tier 2 and Tier 3 to address the individualized needs of children at risk of or in need of higher level of intervention. Our preventive measures support the entire infrastructure, from positive behavioral intervention and supports, intentional and deliberate instruction for social emotional learning to expanding professional development for faculty and staff in understanding youth mental health. Our intervention systems focus greatly on active involvement of school-based and district level personnel to provide a continuum of supports for all children.

Florida's System of Supports for School Based Mental Health Services



TIER I: AWARENESS AND PREVENTION TO ADDRESS MENTAL HEALTH

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS

Building on our established framework of Positive Behavioral Interventions and Supports (PBIS) and our continued collaboration with the University of South Florida's PBIS discretionary project, we maintain a significant focus on improving positive outcomes for students. Using PBIS as our model framework for the district allows us to blend our work with other district initiatives such as Kids at Hope and Single School Culture. Instead of operating as stand-alone programs or philosophical approaches, we incorporate all under the over-arching umbrella of PBIS. Maintaining the focus of our schools on the implementation of PBIS and connecting this to all other initiatives has garnered an impressive 31 Model PBIS schools for our district in the 19-20 SY. Schools who have achieved model school status have successfully demonstrated outcomes resulting in reduction of office discipline referrals (ODRs) and in-school and out-of-school suspensions and have an established multi-tiered system of supports to meet the academic and behavioral needs of all students.

	18-19 SY	19-20 SY
Number of Referrals	40,662	29,158
Number of Out of School Suspension Days	20,640	10,706

Model Schools are recognized for using team-based planning and problem solving to implement positive behavior supports and interventions within a multi-tiered system of supports. In two years, SLPS has reduced out-of-school suspensions and office discipline referrals significantly (**see above**). These results have been achieved by supporting our teachers and students through positive behavioral supports and intentional instruction in social and emotional learning.

Gold Schools	Silver Schools	Bronze Schools
Allapattah Flatts Chester A. Moore Dale Cassens Lawnwood Elementary Mariposa Elementary Morningside Elementary Parkway Elementary Port St. Lucie High Rivers Edge Elementary Westgate K-8	Creative Arts Academy Lakewood Park Elementary Northport K-8 Samuel Gaines Academy St. Lucie Elementary Weatherbee Elementary White City Elementary Windmill Point Elementary	Bayshore Elementary Fairlawn Elementary Palm Pointe K – 8 Floresta Elementary Forest Grove Middle F.K. Sweet Manatee Academy Oak Hammock K-8 Savannah Ridge Elementary Southern Oaks Middle Southport Middle St. Lucie West K-8 Village Green Elementary

For the 20/21 School Year, we will continue to expand our collaboration with USF FLPBIS for quality professional development in additional areas such as PBIS School-Based Coaching and Tier II Supplemental Support Training. We will continue our work associated with Restraint and Seclusion of students with disabilities.

This collaboration and the ultimate benefit to all students aligns with our vision and mission for the school system.

MENTAL AND EMOTIONAL HEALTH EDUCATION IMPLEMENTATION

SLPS developed a Mental and Emotional Health Education Implementation Plan aligned with State Board rule **6A-1.094121** requiring a minimum of **five** hours of instruction related to mental and emotional health education for students in grades 6-12. The plan clearly outlines curricula, planning requirements, and courses in which the instruction is delivered. The Office of Teaching and Learning, in collaboration with the Department of Student Services, provided professional development for all teachers responsible for the delivery of instruction.

SANDY HOOK PROMISE, START WITH HELLO



Throughout the 19/20 school year students in grades 6-12 participated in Start with Hello presentations hosted by Sandy Hook Promise. The Start with Hello training program empowers students to end social isolation by teaching them three easy steps:

- **See Someone Alone:** how to recognize the signs of loneliness and social isolation
- **Reach Out and Help:** what students can do to help others feel included
- **Start With Hello:** how to break the ice and strike up a conversation

Because of students' initial participation in the presentations, individual schools launched student-led **Start with Hello** campaigns across the district to create a more inclusive school environment for all students. Schools will continue the campaigns by celebrating **Start with Hello** week during the 20/21 SY.

SAVE PROMISE CLUBS

SLPS hosted the Sandy Hook Promises' Students Against Violence Everywhere Student Conference. Over 90 students from middle, K-8 and high schools attended the conference. Participants gained information to assist them in developing their own SAVE PROMISE CLUBS at their local school sites. These clubs are established and led by students to develop approaches to preventing gun violence and victimization.

CHAMPS CLASSROOM MANAGEMENT SYSTEM

To protect the integrity of the instruction occurring in the classroom, SLPS utilizes a universal approach to classroom management. The CHAMPS classroom management program develops an instructional structure in which students are responsible, motivated, and highly engaged in the specific task at hand. The teacher teaches students how to be successful in specific classroom situations, including how to participate and maintain full engagement in the learning process while demonstrating self-regulation skills. Each of these is taught and practiced throughout the school year.

KIDS AT HOPE

SLPS further establishes its universal approach to the social and emotional well-being of all children by incorporating best practices from our community partners and stakeholders by practicing the belief that we are a community of hope. The Roundtable of St. Lucie County, comprised of a variety of service agencies within the county, introduced the Kids at Hope Philosophy to our community. The underlying premise of Kids at Hope is that "All Kids are Capable of Success-No Exceptions!" Following the vision of the Kids at Hope philosophy that every child is afforded the belief, guidance and encouragement that creates a sense of hope and optimism, teachers and staff support students so that they can identify a course of action needed to experience success at life's four major destinations:

- Home and Family;
- Education and Career;
- Community and Service;
- Hobbies and Recreation;

Within the course of five years, all SLPS staff have been trained in the Kids at Hope philosophy and our work continues to expand to all stakeholders creating a community of hope.

The Kids at Hope Gallup Survey is used with students to measure engagement, hope, entrepreneurial aspiration and career/financial literacy in grades five to twelve. The Gallup Survey includes non-cognitive metrics linked to student success.

SINGLE SCHOOL CULTURE

Over the last three years, SLPS has been shifting our processes in schools to follow a Single School Culture Model. The work begins with establishing shared norms, beliefs, values and goals that result in agreed upon processes and procedures that will produce consistency in our practices. Single School Culture practices are related to academics, behavior, climate of the school, and data collection and review. The Single School Culture process aligns with our current PBIS and Kids at Hope practices.

ATTENDANCE INITIATIVES

Operating within an understanding that attendance is critical to the academic and social and emotional success of the individual student, SLPS has worked diligently to address these issues. SLPS has increased its focus on absenteeism to ensure that children attend school and receive the necessary supports to achieve success. School based attendance teams comprised of administration, faculty, support staff and district level staff meet monthly to discuss students who have demonstrated chronic absenteeism or truancy issues. Every attempt is made to include parents in the attendance committee meetings. For students who have demonstrated chronic absenteeism (21 days or more absent from school), every effort is made to ensure that accurate documentation is provided to address the reasons for absenteeism and then support systems are put into place to increase student attendance. For students who are chronically absent or truant from school, the local law enforcement officers who normally patrol the community have all been trained in proper procedures for approaching students and providing alternatives to the student which may include returning the student to school or returning the child to the home setting for parental intervention. For students who are suspended out of school, information is provided identifying alternatives to-out-of-school suspension that the student can attend each day. As this is a high-level initiative due to a chronic absenteeism rate of over 18% districtwide (2018 DOE Database), data is monitored constantly to ensure that the focus remains on keeping students in school.

During the 19/20 SY the district launched a new attendance initiative entitled “We Belong in School”. Included in this initiative is a District level attendance team to guide the work of both the district and individual schools. Each school has made attendance a priority with parents and continues to notify parents when students are not in attendance at school. School Social Workers assist in communicating with parents and attendance teams and work individually with families to assist in obtaining any supports necessary to help them keep their children in school. The Academic Success Network (a network of community organizations) has aligned its work with the District’s initiative to reduce chronic absenteeism and truancy. As active partners, SLPS continues to work collaboratively with local law enforcement agencies to address the attendance and truancy issue.

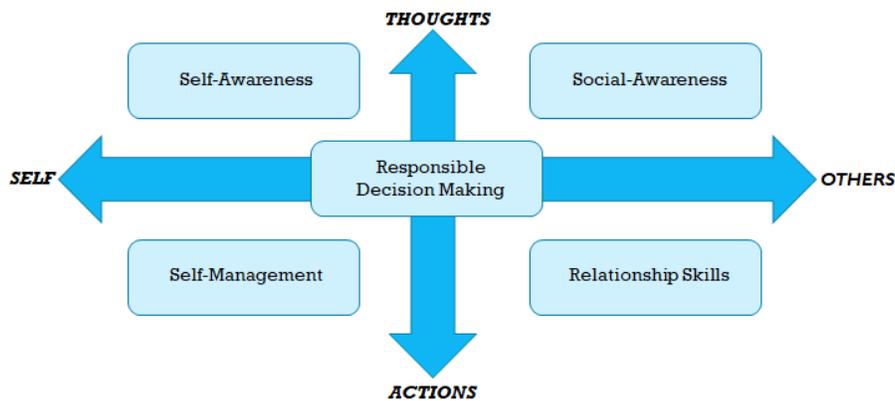
LGBTQ

Students who identify as Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) are at greater risk for suicide than their heterosexual peers. Specifically, the 2019 Youth Risk Behavior Survey suggests that LGBTQ youth are 4x more likely to attempt suicide than their heterosexual peers. SLPS recognizes the importance of meeting the needs of our youth and has been educating staff, as well as providing opportunities for connectedness in schools through the development of Gay Straight Alliance (GSA) clubs. The district also established a district-level committee to ensure implementation of best practices, including ongoing professional development for district- and school-based staff. Through collaboration with Equity Florida, the district provided training for all school psychologists, school social workers, and school counselors on working with students who identify as LGBTQ. During the 20/21 school year the district will expand upon this by providing training for all school administrators.

SOCIAL AND EMOTIONAL LEARNING

St. Lucie Public Schools has created a Social Emotional Learning (SEL) Department comprised of a Director, two SEL Specialists and a Parent Educator. The social and emotional development of children is vitally important to gain the social competence necessary for eventual success in life. The focus of the SEL Department is to establish Tier One universal programming for students at all grade levels district-wide with an emphasis on the five core competencies taught in diverse settings throughout the school and classroom. The five core competencies are self-awareness, self-management, social awareness, relationship skills and responsible decision making. A district SEL Task Force worked with a leading SEL expert consultant to create a systemic SEL implementation plan. A three-prong approach has been adopted including explicit instruction using the adopted SEL curriculum, integration of SEL strategies in all content, and infusion of SEL practices into school climate and culture. Evidence-based curricula approved through the Collaborative for Social, Emotional and Academic Learning has been selected by grade level bands. In addition, the curriculum has been purchased for all schools. The SEL Department provides initial professional development of all curricula and ongoing support for effective classroom facilitation. All elementary schools are implementing Sanford Harmony Meet Up circles daily and a weekly lesson. In the middle grades, Lions Quest is the adopted curriculum and is facilitated in conjunction with community circles. The district has chosen as it's high school curriculum, School-Connect, which is delivered to 9th graders through the Leadership Techniques class.

SOCIAL & EMOTIONAL LEARNING COMPETENCIES



RESTORATIVE PRACTICES

Restorative Practices is the study of restoring and developing social capital, social discipline, emotional well-being, and civic participation through participatory learning and decision making. Professional development and follow up support in restorative practices involving classroom-based community circles and use of affective statements will continue through our partnership with the discretionary project at USF for PBIS. In addition to our work with USF, our SEL Department will take the lead in providing on-going professional development around restorative practices in schools.

STUDENT ASSISTANCE PROGRAM

The Student Assistance Program is a comprehensive school-based prevention program designed to prevent and reduce substance use/misuse and violence among youth. Funding for this program is provided by the Children's Services Council of St. Lucie County and the Department of Children and Families and allows for the placement of 14 Student Assistance Program counselors in our schools. The Student Assistance Program provides evidence-based substance abuse and violence prevention curricula to students in kindergarten through 8th grade, including the district-mandated "Too Good for Drugs" program, which is provided to every 5th grade classroom in the county and "Too Good for Violence" which is presented to many of our middle school students. Beginning in the 2019-2020 school year, the Student Assistance Program also began offering the Botvin Life Skills Training program to both elementary and middle school students. This curriculum is one of the top research-based curricula in the country and is a Blueprints for Healthy Youth Development model program. Prevention services are also available to children on an individualized basis. Referrals for individualized services are made primarily from the school's Problem-Solving Teams, which may include teachers, school counselors, and principals, etc. Students and parents may also contact the Student Assistance Prevention Specialist directly. Children are screened by the Prevention Specialist to determine eligibility and appropriateness for individualized prevention services. The skills taught by Student Assistance Prevention Specialist programs help to reduce risk factors and strengthen protective factors related to the onset of numerous high-risk behaviors, including bullying behaviors, truancy, and alcohol, tobacco, and another drug use.

SUBSTANCE ABUSE AWARENESS EDUCATION

Substance Abuse Awareness Education was offered during the 19/20 school year as an intervention for students identified as first-time marijuana users. This option allows students to remain at their home-school campus in lieu of a placement at an alternative school setting. Students are required to complete six sessions, facilitated by a licensed mental health professional. Successful completion of this course will satisfy the Substance Abuse Awareness Education requirements as defined in the student's individual stipulated order.

SUICIDE PREVENTION

Suicide is the second leading cause of death for youth between the ages of 15-19. Suicide rates increased by 25% across the United States over nearly two decades ending in 2016, per research published recently by the US Centers for Disease Control and Prevention. Twenty-five states experienced a rise in suicides by more than 30%, and Florida saw an increase of 10.6%.

Based on the 2019 Florida Youth Risk Behaviors Survey (YRBS), 7.9 percent of youth in grades 9-12 reported that they had made at least one suicide attempt in the past 12 months. Girls attempted more often than boys (9.6% vs. 6.0%) and Black teens reported the highest rate of attempt (9.5%), especially Black females (13.2%), when compared with white students (7.6%) and White females (8.7%). This is a 5% increase for Black females from the 2017 YRBS. Approximately 2.2% reported making a suicide attempt that required treatment by a doctor or nurse. For those requiring treatment, rates were highest for Asian students with black females (3.2%) and Hispanic males (2.8%), with both having higher rates than white male (1.4%) students.

Based on the most recent information provided from the 2019 Florida Youth Risk Behavior Survey, 34% of Florida high school students reported feeling sad or hopeless for two or more weeks in a row; 16% reported purposely hurting themselves without wanting to die; 16% reported having seriously considered attempting suicide; 12% reported having planned to attempt suicide; and 8% reported a suicide attempt. Except for suicide attempts, each of these is an increase from the 2017 Florida YRBS.

To address these staggering statistics, it is necessary to teach suicide prevention and to help students understand how to seek help for themselves or their friends. Many students need both prevention and intervention services. Our goal, which is part of our mission of providing safe and caring schools, is to ensure the provision of these services, for all who need them.

In May 2020, the State Board of Education adopted rule 6A-4.0010 which established criteria and procedures for schools to be recognized as Suicide Prevention Certified Schools. This recognition requires staff training, the adoption of a suicide risk assessment using an approved instrument, and a district policy requiring such instrument. To date, 16 SLPS schools have completed the necessary requirements to be recognized as a Suicide Prevention Certified School. The goal for the 20/21 SY is to ensure this recognition for an increased number of schools.

SIGNS OF SUICIDE (SOS)

The Signs of Suicide (SOS) Prevention Program is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through “gatekeeper” education, and 5) encourage schools to develop community-based partnerships to support student mental health (Suicide Prevention Resource Center).

During the 19/20 SY, in partnership with Sandy Hook Promise, all school psychologists and school social workers, as well as identified school counselors, participated in a ‘train the trainer’ professional development session. This training allowed participants to train teachers and other school counselors on the implementation of SOS in their schools.

SLPS will begin the fifth year of implementation of SOS during the 20/21 SY. We have provided this instruction to all ninth-grade students each year at all comprehensive and alternative schools where ninth grade students are enrolled. In addition to direct instruction with students, the 19/20 SY also included the addition of a depression screener with follow-up by school or district personnel. Since its inception, school psychologists and school social workers have taught this curriculum in all schools. Beginning with the 20/21 school year, school counselors will work with classroom teachers to ensure that the SOS curriculum is taught during the month of October.

TRAUMA INFORMED CARE

Trauma Informed Care is a strengths-based framework that is responsive to the impact of trauma on children and emphasizes physical, psychological, and emotional safety for all. The framework focuses heavily on relationship building within the school system and allows individuals an opportunity to gain a better understanding of students.

SLPS continues its work in this area through guidance and assistance from SEDNET and through our partnership with TYKES and TEENS of the Treasure Coast. SLPS is currently working with other community partners as well to expand our Trauma Informed Practices in schools.

UNIVERSAL SCREENING

Mental health screening is an important component of comprehensive school mental health services and allows for identification of students who may need additional services. We continue to investigate the feasibility of implementing a universal mental health screener. During the 20/21 school year we will develop a plan to

implement a universal mental health screening in targeted grades at the elementary, middle, and high school levels.

YOUTH MENTAL HEALTH FIRST AID

In 2014/15 SLPS received a Project AWARE grant from SAMHSA (Substance Abuse and Mental Health Services Administration) for Youth Mental Health First Aid (YMHFA) training in order to promote positive mental health and awareness of students who may need intervention. During the 2018-19 School Year, additional funds were made available through the Youth Mental Health First Aid Training Grant to provide training for all employees within the school system as mandated in Florida Statute. YMHFA is an eight-hour education program which introduces participants to the risk factors and warning signs of mental health problems in adolescents and builds an understanding of the early intervention necessary to address these mental health issues. These grants have afforded us the opportunity to certify 31 district personnel as trainers of Youth Mental Health First Aid. Since our initial roll-out of training for school personnel, we have now trained more than **1500** individuals both within our school system and within our community.

KOGNITO

SLPS offered Kognito on-line training for all instructional and non-instructional staff during the 19/20 SY. This 1.5-hour training provides staff with an overview of mental health first aid for youth and ways to promote positive mental health and awareness. The training also provides educators with information to recognize signs to look for when students may require intervention. The on-line module does not replace the required Youth Mental Health First Aid training as mandated by Florida Statute but gives educators tools to support youth.

TIER II: SUPPLEMENTAL/AT-RISK

SCHOOL-BASED MENTAL HEALTH SERVICES

Tier II mental school-based mental health services are generally going to be delivered in a small group setting and are provided by either a school psychologist, school social worker, school counselor, or school-based mental health counselor. These evidence-based interventions are designed to address a variety of social/emotional and mental health concerns. Each mental health professional leading the group matches the curriculum and/or resources to the needs of the group. Examples of evidence-based programs that are used for these Tier II groups include Second Step and Cognitive Behavior Intervention for Trauma in Schools (CBITS). Additionally, all school psychologists, school social workers, and school-based mental health counselors have received training in Cognitive Behavioral Therapy (CBT), so those evidence-based strategies may also be used within the Tier II groups. All students referred for Tier II counseling will be seen within 15 days of referral. Students who demonstrate a need for more intensive mental health services, even after participating in Tier II interventions, may be referred for Tier III interventions.

COLLABORATIVE AGREEMENTS ADDRESSING OUT-OF-SCHOOL SUSPENSION

SLPS has multiple collaborative agreements with outside agencies for the provision of assistance to students and to meet the many mandated instructional requirements. To address out-of-school suspensions of students, SLPS has cooperative agreements funded by the Children's Services Council to target suspension and provide an alternative to out-of-school suspension. Project Rock North and Project Rock South both provide an alternative to suspension and provide daytime programs for children to attend in lieu of staying at home if suspended from school. Participation in the alternative program affords the student an option of staying current with their classwork and allows them to exchange the out-of-school suspension to an in-school suspension upon completion of the program. Suspensions, both in and out of school, are early warning

indicators that can lead to a reduction in instructional time and social isolation which can result in increased mental health issues.

PROJECT SUCCESS

SLPS also partners with community agencies to expand the reach of student support services for all students while avoiding duplication of services. SLPS also has an agreement with Drug Abuse Treatment Association to provide Project Success Counselors in eight of our middle/high schools to focus on drug prevention and intervention. The individuals work all year with identified schools providing prevention and intervention assistance. Utilized as a Tier I approach focusing on all students for prevention, much of the intervention moves to a Tier II and Tier III level when the need arises for more individualized approaches to deal with a substance abuse issue. This program places six prevention specialists in our schools.

SEDNET (THE NETWORK FOR SEVERELY EMOTIONALLY DISABLED STUDENTS)

SLPS serves as the fiscal agent for the discretionary project of SEDNET. SEDNET serves the counties of St. Lucie, Okeechobee, Martin, and Indian River. SEDNET focuses on:

- Supporting and representing the needs of students in each school district in joint planning with fiscal agents of children's mental health funds, including the expansion of school-based mental health services, transition services, and integrated education and treatment programs.
- Improve coordination of services for children with or at risk of emotional or behavioral disabilities and their families by assisting multiagency collaborative initiatives to identify critical issues and barriers of mutual concern and develop local response systems that increase home and school connections and family engagement.
- Increase parent and youth involvement and development with local systems of care.

Florida Statute clearly defines SEDNET as the multiagency network for students with emotional and behavioral disabilities which works with education, mental health, child welfare, and juvenile justice professionals, along with other agencies and families, to provide children with mental illness or emotional and behavioral problems and their families with access to the services and supports they need to succeed. In addition, SEDNET will continue to support our on-going training and implementation of Youth Mental Health First Aid, Trauma Informed Care and Practices, CHAMPs and Crisis Prevention Intervention throughout the district.

TIER III: INDIVIDUALIZED/INTENSIVE

SCHOOL-BASED MENTAL HEALTH SERVICES

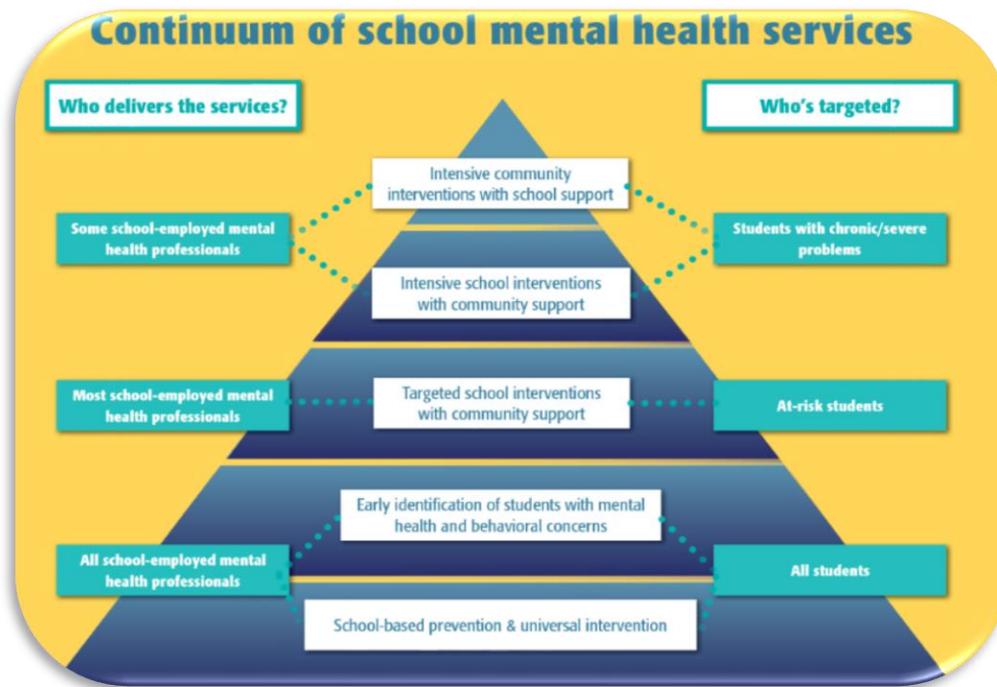
Tier III mental health services are intended to be more intense and are provided to students who demonstrate more significant mental health needs such as unique behavioral or social and emotional needs that cannot be addressed in a small group setting. These interventions are generally going to consist of individual counseling and may be provided by a school-based mental health professional (school psychologist, school social worker, school counselor, or school-based mental health counselor) or a community-based mental health counselor. Each school-based mental health provider will determine which theoretical approach to counseling (e.g. CBT, Motivational Interviewing) to utilize with each student. Documentation of the intervention will be maintained in Skyward, with progress monitoring completed and reviewed at more frequent intervals than Tier II services. All students referred for Tier III counseling will be seen within 15 days of referral.

COLLABORATIVE PARTNERSHIPS WITH COMMUNITY PROVIDERS AND AGENCIES

The established multi-tiered system of supports in SLPS ensures that each student's needs are addressed. However, in cases where students' needs are greater than can be met through school-based services, the District has a collaborative agreement, known as the Mental Health Collaborative, with eight community mental health agencies to expand the mental health services available to students. This collaborative works to reduce the burden imposed on parents when trying to obtain the necessary services for their children by allowing for the community agencies to provide counseling services on campus, during the school day. To further improve access to mental health services, during the 19/20 SY each school was assigned an agency counselor who would begin building a full-time caseload at the school. Once the agency counselor has a full-time caseload, they will be located at the school full-time. This will allow for increased access to services, as well as improved communication between the school and the agency.

The primary source of funding for services comes from Medicaid or private insurance. However, services for students without insurance may be funded through the district's Mental Health Allocation. A condition of referral through the Mental Health Collaborative is that the parent/guardian signs a release that allows for the communication between the school system and the agency. We adhere to both FERPA and HIPPA regulations with the integration of this requirement. This ongoing communication allows us to coordinate services in a more precise manner.

MENTAL HEALTH SERVICES AND PROVIDERS



Adapted from Cowan, K.C. (2006). Communication Planning and message development: Promoting school-based mental health services. *Communique*, 35(1).

PROFESSIONAL/CERTIFIED SCHOOL COUNSELORS

School counselors are certified/licensed educators with a minimum of a master's degree in school counseling, making them uniquely qualified to address all students' academic, career and social/emotional development needs by designing, implementing, evaluating and enhancing a comprehensive school counseling program that promotes and enhances student success.

School counselors are employed in elementary, middle/junior high and high schools; in district supervisory positions; and counselor education positions. School counselors serve a vital role in maximizing student success (Lapan, Gysbers, & Kayson, 2007; Stone & Dahir, 2006).

Through leadership, advocacy and collaboration, school counselors promote equity and access to rigorous educational experiences for all students. School counselors support a safe learning environment and work to safeguard the human rights of all members of the school community (Sandhu, 2000) and address the needs of all students through culturally relevant prevention and intervention programs that are a part of a comprehensive school counseling program (Lee, 2001).

The American School Counselor Association recommends a school-counselor-to-student ratio of 1:250. SLPS has lowered the Student to Counselor ratios. In our large high schools, we have added an additional counselor to the staffing formula. After reviewing our counselors' time demands we added a testing coordinator to every school to increase their time with direct counseling related to activities to support social and emotional growth and to provide direct attention to the mental health needs of students. As a further support to our counselors, graduation coaches were also provided for six comprehensive high schools.

SLPS has added 8 new Certified School Counselors for the 19/20 SY to reduce the student to counselor ratio.

SLPS currently employs 86 Professional/Certificated School Counselors.

Ratio of School Counselors to Students

School	18/19	19/20
Elementary	550:1	509: 1
Middle	650:1	510:1
High	450:1	325:1

SCHOOL PSYCHOLOGISTS

SLPS currently employs 20 School Psychologists for the provision of services to all traditional and charter schools within our district, including our FAU research school. The school psychologist functions as a member of the total educational team and brings specialized knowledge and skills related to the learning processes, techniques of assessment of learning and social adjustment, research design and modification of behaviors. School Psychologists apply expertise in mental health, learning and behavior, to help children and youth succeed academically, socially, behaviorally and emotionally. The NASP recommendation for school psychologists is 1:500-700 students.

Much of the work of the school psychologist has been to work within the realm of Child Find activities to identify and evaluate children suspected of having a disability. These individuals have a broader skill set and will be utilized to provide more services in mental health as we lower the student to school psychologist ratio. We will expand our work in the areas of prevention and intervention to students.

Utilizing the Mental Health Allocation, we plan to increase the number of school psychologists to 22 for the 20/21 School Year. This increase of two additional staff members will lower the school psychologist to student ratio and assist us in meeting the needs of all children in a timely manner, which will also include the identification and evaluation process for children who may be suspected of having a disability or in need of immediate intervention to address their mental health needs. **(See cost analysis sheet attached)**

Ratio of School Psychologists to Students

School Year	Ratios
17-18	2,100:1
18-19	2,000:1
19-20	1,900:1

SCHOOL SOCIAL WORKERS

SLPS currently employs 19 Social Workers composed of both Licensed Clinical Social Workers and master's level DOE Certificated School Social Workers. The social workers provide a variety of services to students and their families who are referred for assistance in the prevention and remediation of problems in attendance, behavior, health (including mental health) and social adjustment. School Social Workers are uniquely qualified to provide mental health counseling and services to students and are vastly aware of the services within our community. The national recommendation for school social workers is 1:250.

Utilizing the Mental Health Allocation to further support our infrastructure of services to students and families, SLPS increased the number of School Social Workers by adding (5) positions during the 18/19 School Year. Five additional positions were added for the 19/20 SY and paid for from the SLPS Referendum which also supports mental health access and services for students. This brings the total of School Social Workers to 19 for the district. The addition of these positions has greatly reduced the ratio and enhanced the services to students and families. **(See cost analysis sheet attached)**

Ratio of School Social Workers to Students

School Year	Ratios
17-18	4,444:1
18-19	2,900:1
19-20	2,100:1

MENTAL HEALTH COUNSELORS

SLPS currently employees three full-time mental health counselors from our mental health allocation and one mental health counselor from the TSSSA grant. One additional mental health counselor will be added during

the 20/21 SY. These counselors are responsible for providing individual and group counseling services with identified students. The mental health counselors are responsible for billing Medicaid, when possible, for all services provided. **(See cost analysis sheet attached)**

CLINICAL PSYCHOLOGIST SERVICES

In many cases our need for mental health intervention and services goes beyond the current level of school-based services we provide. To meet the need to students who may need a more in-depth analysis of their behavioral or mental health issues, we will contract with a clinical psychologist for a referral and evaluation and potential treatment process. We will utilize funds from the Mental Health Services Allocation to establish a contract with a local clinical psychologist.

MEDICAID BILLING

All eligible personnel employed in SLPS will be required to utilize Medicaid as a billing source for services provided through assessment, diagnosis, intervention, treatment or recovery. All school psychologists and social workers currently bill Medicaid routinely for the services they provide. Any expansion of services involving eligible school-based personnel such as mental health counselors will also be required to bill Medicaid.

PROCEDURES FOR REFERRING STUDENTS FOR COMMUNITY-BASED MENTAL HEALTH SERVICES

Students can be referred for school-based or community-based mental health counseling and substance abuse treatment services. If students are participating in school-based mental health services and require more intensive support, a referral for community-based mental health may be initiated. Referrals for these services can come from teachers, school counselors, Problem Solving Teams or other sources on campus. Once a determination has been made that a student needs mental health counseling or services through the Mental Health Collaborative, the following steps must occur:

- The School Counselor (or other school or district staff member) completes the referral form and contacts the parent to obtain consent for the referral.
- The parent or legal guardian **MUST** sign the consent form, including the Release of Information form, for the referral to be processed.
- The referral form is then submitted to the designated district staff member in the District Office of Student Services.
- A determination is made as to whether the child has Medicaid or private insurance to pay for the counseling service or if the district will pay the cost of the mental health service

Once the referral has been made, the information is entered into Skyward, our Student Information System. The referral is then disseminated to the appropriate agency for services. The referring staff person can check the status of the referral by checking in Skyward. Reports can be generated to determine how many students were referred and to which agencies.

Once the student has been assigned to a mental health provider for services, the following will occur within 30 days:

- An intake meeting will be held with the agency, the student and their parent/guardian
- Consent is obtained from the parent for services to begin
- A schedule of services will be developed with the child and family

Each agency involved in the collaborative is required to submit monthly progress reports on the status of each student they are serving. Additionally, all agencies participating in the collaborative will bill Medicaid or third-party insurance for services rendered before requesting payment for services by the school board.

SUBSTANCE ABUSE

The school district currently has a partnership with two local agencies that provide substance abuse treatment services for youth. Both agencies serve our schools with prevention programs. Students who need substance abuse treatment services who attend schools that are served by one of these two agencies would be referred to the on-site counselor. If more intensive services are needed, the prevention specialist would then make a referral to an outside agency for services. For students attending schools that are not served by one of these two prevention programs, a referral can be made directly to one of the local substance abuse treatment program providers.

During the 19/20 SY, School Social Workers provided substance abuse counseling sessions, utilizing an evidence-based curriculum, with students who were recommended for expulsion based on first-time marijuana use.

OUTCOME DATA USED TO EVALUATE THE EFFECTIVENESS OF SERVICES

Following the guidelines for reporting mental health services outlined in Florida Statute, our current Student Information System (SKYWARD) or one of our other data collection systems will be updated to reflect data elements that will be utilized to evaluate the effectiveness of the services provided and our achievement of outcomes associated with the delivery of those services. These required data-elements include the following:

- Students who received mental health screenings or assessments.
- Students who are referred to either school-based or community-based providers.
- Students who receive either school-based or community-based interventions
- School-based and community-based mental health providers, including licensure type, paid for from funds provided through the allocation.

In addition to the required data elements that must be reported to the state, we will also continue to measure the effectiveness of our programs by linking the services to measurable student outcomes related to an increase in the social and emotional wellness of our students. These include increased student achievement, as well as a reduction in in-school and out-of-school suspension, chronic absenteeism, involuntary examinations or Baker Acts, and office discipline referrals. All staff will be held accountable for adhering to the reporting guidelines and collection of data.

ADDITIONAL INFRASTRUCTURE TO ENHANCE MENTAL HEALTH SERVICES

PREPARE CURRICULUM TRAINING

The PREPaRE Curriculum was developed by the National Association of School Psychologists (NASP) and is an evidence-based resource focusing on school crisis prevention and response. This training aligns with our continued work to strengthen school safety and crisis management teams at our schools. This training also focuses on training individuals to meet the mental health needs of individuals after a crisis. All school psychologists, social workers, and social/emotional learning specialists participated in PREPaRE Workshop 2 training during the 18/19 school year. During the 20/21 school year, all school psychologists, social workers,

and social/emotional learning specialists will participate in PREPaRE Workshop 1 to further support to schools with the district's crisis prevention/intervention procedures.

THREAT ASSESSMENT

A Comprehensive School Threat Assessment Violence Prevention Procedure was implemented during the 19/20 SY. Each school was required to form a threat assessment core team that included the following members:

- school administration
- licensed mental health professional
- law enforcement
- instructional personnel

Threat assessment core team members from each school were trained by the School District's lead trainer in the threat assessment procedures. The primary purpose of a threat assessment is the prevention of violence, when a potential threat is made the threat assessment teams complete the threat assessment response protocol to determine why the student made the threat, the level of the threat, and interventions that may need to be implemented including but not limited to mental health services.

MENTAL HEALTH CAMPAIGN



To Kick-off Mental Health Awareness Month St. Lucie Public Schools launched a Mental Health Awareness Campaign **#slpsmhatters** in May 2020. Due to COVID - 19 we recognized the increased need to connect with families and students more than ever before. We dedicated a phone line for families and students to speak with a licensed mental health professional during regular business hours. Throughout the month of May we communicated with students, families, and staff via social media and virtual platforms we provided a family calendar which daily tips and activities to celebrate mental health awareness. Our department also created resources for families and students to access mental health supports within the community. In addition, we shared on-line resources with families, students, and staff that included courses on self-care and mindfulness just to name a few.

COVID 19 RESPONSE

In response to COVID-19, St. Lucie Public Schools quickly shifted to remote learning. Realizing the need to remain connected with students and families and to provide a Continuum of Mental Health services, district-based mental health professionals worked with each school team to develop plans to provide supports for students in the remote learning environment. Staff clearly defined levels of support that students may require in their remote environment and developed an action plan to meet their needs. Because of their combined efforts staff were able to provide support to **2,096** students.

Student Services Staff	Check - in	Check-in Ongoing	Group Counseling	Individual Counseling	Mental Health Collaborative
School Based Mental Health Counselors	18	62	0	8	0
School Counselors	711	363	33	69	13
School Social Workers	431	153	5	11	12
School Psychologists	153	50	0	1	3
Totals	1313	628	38	89	28

SUPPORT FOR CHARTER SCHOOLS

Renaissance Charter School of St. Lucie, Renaissance Charter School at Tradition, Independence Classical Academy, and Somerset K-5 have opted to participate in our Comprehensive Mental Health Plan. We will provide the same level of services to these schools as we do all other traditional public schools including the assignment of school social workers to assist with Tier II and Tier III interventions. All Tier I professional development and supports will be made available to all staff at these charter schools.

The remaining charters in the district, Somerset Bethany and Somerset College Preparatory Academy, have elected to develop their own mental health plan.

SHIFTING THE MINDSET OF INDIVIDUALS QUALIFIED TO PROVIDE MENTAL HEALTH SERVICES

As with any new shift in addressing the needs of children, this new focus on the delivery of evidence based mental health services will require all individuals to re-focus their way of work. School Psychologists and School Social Workers will now have their student caseloads reduced due to the addition of staff. This reduction in the staff to student ratio will afford these individuals an opportunity to be more proactive in identification of the specific needs of children. This additional time will also allow them to problem-solve with administration ways to address the specific needs of schools related to the provision of services that address the specific behavioral, social and emotional and mental health needs of students.

As part of our continuing efforts to focus on mental health for the district, our school psychologists, school social workers, and mental health counselors participated in Cognitive Behavioral Therapy training hosted in partnership with Florida Atlantic University. To equip our staff with the tools necessary to meet the diverse needs of our students we will continue to provide quality professional development to all school-based mental health providers.

SUMMARY

We continue to work toward our goal of strengthening and expanding the mental health services we provide to the students enrolled in St. Lucie Public Schools. Our efforts involve extensive and ongoing collaboration both within our district and with our community partners. This collaboration is essential to the success of our efforts and will allow us to create a coordinated system of care to meet the needs of our students and families.

We have established a well-defined multi-tiered system of supports that focuses on prevention for all students with systematic interventions to address small group and individual needs. The tiered system of supports is designed with evidence-based programs and processes to enhance the education of all children and to address the social, emotional, mental and behavioral health needs of our students. The intentional design of the infrastructure, with a strong focus on prevention and intervention will aid in reducing the barriers that exist

and prevent full access and participation in the educational process. Our infrastructure is strong and our focus on the mental health of our students will only enhance those structures, which will result in improved outcomes for all children.

We are grateful to our Superintendent and the Board of Education for their continued leadership and support of our work to address the needs of all children.

2020/2021 School Year Revisions:

Bill R. Tomlinson, Executive Director of ESE, SS, SEL

Heather Clark, Director of Student Services

Dr. Michelle Gillard, Coordinator of Mental Health, Psychological and Social Services

Original contributors to the development of the Comprehensive Mental Health Plan

Bill R. Tomlinson, Executive Director of ESE/SS/SEL

Dr. Helen Wild, Chief Academic Officer

Heather Clark, Director of Student Services

Jody Hays, SEDNET Specialist

Dr. Michelle Gillard, Coordinator of Mental Health, Psychological and Social Services

Traci Wilke, Director of Social and Emotional Learning

April Mincey, Coordinator of Secondary Guidance and Advisement

Stacey Cason, Program Specialist for Social Worker Services

LaTanya Greene, Principal of Parkway Elementary School

Kimberly Jay, Director of Curriculum

Jill Snelson, Program Specialist for Emotional and Behavioral Disabilities

Stephanie Walters-Cleveland, Program Specialist for Elementary Guidance

APPENDIX A:
MENTAL HEALTH COLLABORATIVE FORM

Mental Health Collaborative Referral Form
TO BE COMPLETED BY SCHOOL PERSONNEL

Date: _____ School: _____ Grade: _____ Sex: _____ DOB: _____ Gen.Ed /504/ EBD /other ESE _____

Student: _____ Student ID#: _____

Initial Referral Source (Name): _____ Tel. # _____ Role: _____

FBA / BIP Plan *No Yes* **If yes attach copy.** Current Medications: _____

FAMILY/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Are there health related issues that may adversely impact the educational process of this student? *Yes No*

Are bilingual services requested? *Yes No* Has the parent been contacted regarding issues/concerns of the student? *Yes No*

Is student currently receiving outside services? *Yes No* If yes, name of agency: _____. What additional services are you recommending? _____

Has the student received services in the past? ___ Counseling ___ Psychiatric ___ Medication Management ___ Case Management

Previous Diagnosis, if known _____ Previous Agency _____ Dates of Service _____



___ Suicidal/Homicidal Ideation
___ Self-Harm

If either of these are an immediate concern a Risk Assessment will be completed by school-based staff to determine the degree to which the student may be potentially dangerous to self and/or others.

REFERRAL INFORMATION (check all that apply)

- A. School Related**
 ___ Recently Dropped Out
 ___ Failing
 ___ Lack of Motivation/Apathy
 ___ Underachievement
 ___ History of _____

- B. School Attendance**
 ___ Absenteeism
 ___ Tardies
 ___ In-School Suspension
 ___ Frequent Counselor/Nurse Visits
 ___ Out of School Suspension
 ___ History of _____

- C. School Behavior**
 ___ Frequent Visits to Nurse's Office
 ___ Frequent Visits to Counselor's Office
 ___ Withdrawn/Loner
 ___ Defensive/Negative
 ___ Poor Social Interaction/Social Skills
 ___ Immaturity
 ___ Cheating

- ___ Smoking
 ___ Involvement with Drugs/Alcohol
 ___ Vandalism
 ___ Involvement in Theft
 ___ Possession of Drugs/Paraphernalia
 ___ Carrying Weapons
 ___ Inappropriate Affect
 ___ History of _____

- D. Family Related**
 ___ Communication Difficulties
 ___ Parent/Child Conflict
 ___ Sibling Rivalry
 ___ Separation/Divorce Related Problems
 ___ Adjustment to Step-Family Situation
 ___ Problems with Extended Families
 ___ Reported Emotional Neglect
 ___ Reported Physical Abuse
 ___ Reported Sexual Abuse
 ___ Lack of Parental Involvement
 ___ Parental Difficulty with Discipline
 ___ Alcohol/Drug Related Problems
 ___ Medical Problems

___ Case Management Needed
 ___ History of _____

- E. Physical Symptoms**
 ___ Frequently Ill
 ___ Depressed/Sad
 ___ Crying
 ___ Weight Gain/Loss
 ___ Vision Deficit
 ___ Hearing Deficit
 ___ Frequent Visits/Requests to Use Restroom
 ___ Smelling of Alcohol/Marijuana
 ___ Vomiting
 ___ Glassy/Bloodshot Eyes
 ___ Physical Complaints
 ___ Slurred Speech
 ___ Poor Coordination
 ___ Poor Hygiene
 ___ Fatigued/Tired
 ___ Hyperactivity
 ___ Anxiety/Nervousness
 ___ History of _____

- ___ Irresponsibility/Blaming/Denying
 ___ Verbal/Physical Abuse to Others/Aggression
 ___ Obscene Language/Gestures
 ___ Discipline Problem/Defiance of Rules

- Family Death
 Promiscuity
 ___ Sexual Identity Issues
 ___ Family Crisis

Upon completion of the referral and consent forms, fax to:
Dr. Michelle Gillard/Yvette Reid
Fax (772) 429-4528
Tel (772) 429-4568

REQUESTED SERVICES: ___ Mental Health Counseling ___ Targeted Case Management ___ Substance Abuse Counseling

Services may include one of the following: Individual/Group Counseling, Family Counseling, Behavior Support Services, Parent Education

MENTAL HEALTH COLLABORATIVE REFERRAL FORM
Consent Form

PART II

*****Consent Form for Mental Health Counseling Services MUST be signed by parent/guardian*****

Student Name _____ **DOB** _____
Last First Middle MM/DD/YYYY

Social Security Number _____ **School** _____

Student social security numbers are collected in order to identify students within the District's computer system and will be used only for that purpose.

Medicaid Number, if Medicaid eligible _____

Private Insurance Carrier (Name of company) _____ **Insurance #** _____

No coverage (please check) _____

Community Mental Health Services:

I/We give consent to the School Board of St. Lucie County to release and exchange my child's personally identifiable information with mental health partner agency(s) for the purpose of developing and implementing a plan of care for my child. The social security number will be used to determine eligibility for Medicaid. I/We understand that I/we will be contacted by the community mental health agency and that it is my responsibility to make and keep all appointments with them for the benefit of my child and that not doing so can result in community mental health services not being delivered to my child. I/We also consent to agents of the community mental health agency serving my child contacting my child's school to obtain personally identifiable information on an ongoing basis that is important to the continued implementation and evaluation of the plan of care for my child. Consent is also given for agents of the community mental health agency to observe and see my child during the school day at a time agreeable to the school. Consent is given for the school to obtain information on the case, including attempts to contact me to arrange for appointments.

PROHIBITION ON REDISCLOSURE: This information has been disclosed from records whose confidentiality is protected. Federal and State rules prohibit anyone from making any further disclosure of this information unless the parent provides specific written authorization for the subsequent disclosure of this information or as otherwise permitted by 42 C.F.R. Part 2 or F.S.A. 394.4615. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (42 C.F.R. 2.32). Florida law requires that any person, agency or entity receiving this information shall maintain such information as confidential and exempt from the provisions of the public records law. (F.S.A. 394.4615(6)). Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to F.S.A. 394.4615 or other Florida Statutes is not subject to civil or criminal liability for such release.

School Based Services:

I/We further consent to the release and exchange of my child's personally identifiable information with Medicaid's fiscal agent, the school district's Medicaid billing agent, and any representative of the Agency for Health Care Administration (AHCA) for the purpose of determining Medicaid eligibility status and billing for direct services. I/We understand that this billing will only occur if eligible services are delivered to my child during the school day by a qualified provider and my child is Medicaid eligible and covered under IDEA, now or in the future. I understand that I can withdraw my consent at any time by written notification to the School Board of St. Lucie County's Department of Student Services/Medicaid Certified School Match Program.

- **Parent Signature:** _____ **Date:** _____
- **Parent Name (please print):** _____
- **Person Completing Form with Parent (Print):** _____ **Tel. #:** _____
- **Email Address:** _____

If you DO NOT want services at this time, please complete section below.

I do not want my child to receive mental health counseling services.

Student Name: _____

Name of Parent/Guardian: _____

APPENDIX B:

CHARTER SCHOOL INTENT TO OPT INTO OUR PLAN DOCUMENTATION



Somerset Academy St. Lucie
Ad Vitam Paramus!

CHARTER SCHOOL DOCUMENTATION FORM

It is the intention of Somerset Academy St. Lucie Charter School to be included in the St. Lucie School District Mental Health Assistance Allocation Plan.

Charter School Administrator Signature:



June 18, 2020

To Whom It May Concern:

It is the intention of Renaissance Charter School at Tradition to be included in the St. Lucie County School District Mental Health Assistance Allocation Plan.

A handwritten signature in black ink that reads "A. Wilson". The signature is fluid and cursive.

Amanda Wilson
Principal



6/17/2020

To whom it may concern,

It is the intention of Renaissance Charter School of St. Lucie to be included in the St. Lucie School District Mental Health Assistance Allocation Plan.

Christiana Coburn, Principal

Signature: Christiana Coburn

INDEPENDENCE CLASSICAL ACADEMY

Courtney Purnell, Ph.D., Principal



It is the intention of Independence Classical Academy Charter School to be included in the Saint Lucie County School District Mental Health Assistance Allocation Plan for the 2020/21 school year.

Regards,

A handwritten signature in black ink that reads "Courtney Purnell".

Courtney Purnell, Ph.D.

Independence Classical Academy Principal

APPENDIX C:

CHARTER SCHOOL COMPREHENSIVE MENTAL HEALTH PLAN TO ACCESS
MENTAL HEALTH ALLOCATION

MENTAL HEALTH ASSISTANCE ALLOCATION PLAN

Somerset Academy Bethany



Principal: Erika Rains

School District: St. Lucie County

MSID: 0731

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

According to the Harvard Review of Psychiatry, 2017, the utilization of school-based mental health services:

- Promotes mental health and reduces stigma by enhancing mental health literacy of students, educators and parents;
- Promotes appropriate and timely access to mental health care through early identification, support, triage and referral from schools to health services, or through site-based mental health interventions;
- Enhances effective linkages between schools and health care providers;
- Provides a framework in which students receiving mental health care can be seamlessly supported in their educational needs within usual school settings; and
- Involves parents and the wider community in addressing the mental health needs of youth.

Somerset Academy Bethany will implement all delivery of services (assessment, diagnosis, intervention, treatment and recovery) through a Multi-Tiered System of Supports (M-TSS.) M-TSS is defined as “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or

goals, and applying student response data to important educational decisions” (Batsche et al., 2005). Based on a problem-solving model, the M-TSS approach considers environmental factors as they might apply to an individual student’s difficulty, and provides services/intervention as soon as the student demonstrates a need.

Somerset Academy Bethany currently has a robust referral process that is associated and supported by the School’s Exceptional Student Education (ESE) program. The integration of our services follows a layered approach between the School’s Student Services department, ESE specialist, communication with the classroom teacher, and interaction between the student’s parent/ guardian. Currently, students that are identified as having a Section 504 designation, Individualized Educational Plan (IEP), or Educational Plan (EP) are receiving specialized services if designated on their plans. All other students are referred to Student Services through school personnel, parental disclosure, or a governmental entity.

All faculty and staff will be vigilant of students exhibiting:

- mood changes
- behavioral changes
- difficulty concentrating
- overwhelming fears
- physical harm and substance abuse
- eating disorders
- talks of suicide
- extreme withdrawals
- self-mutilations
- hyperactivity
- impulsive behavior
- extreme sadness
- drop in academics, and/or
- excessive absences.

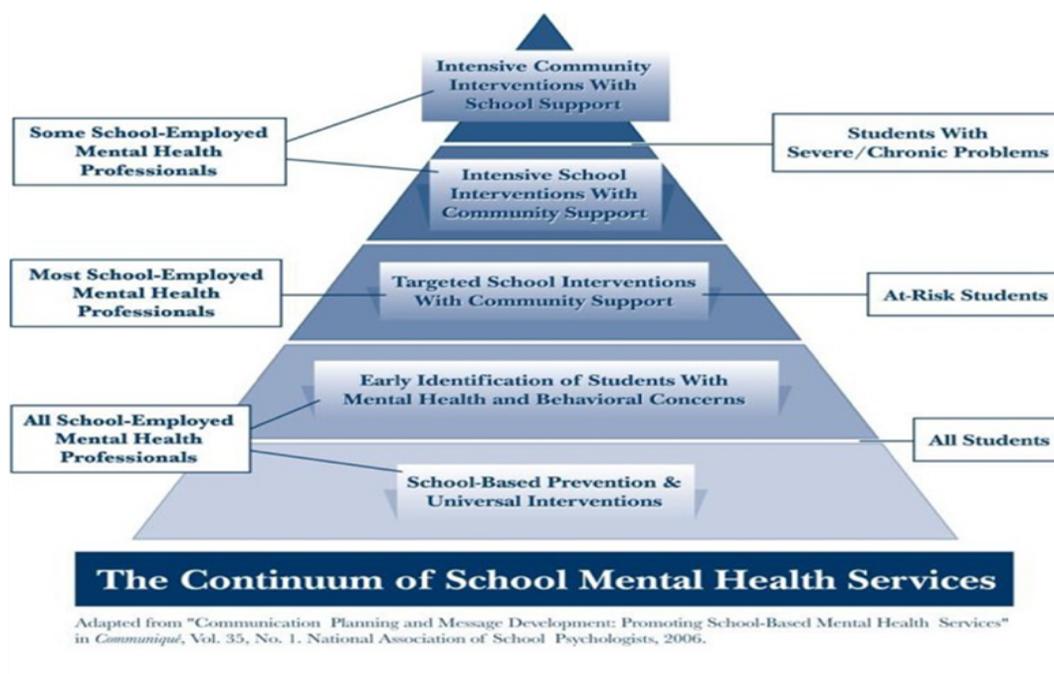
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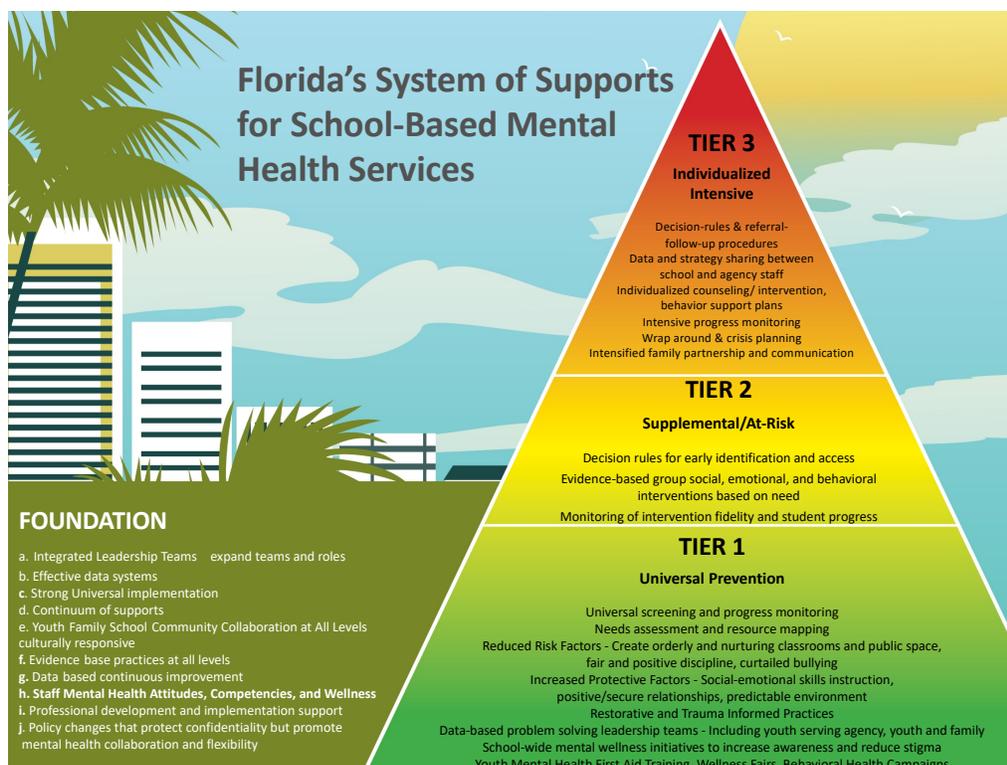
- 1) All faculty and staff will be trained on how to identify warning signs and the School’s referral procedures during the Opening of Schools meeting. All faculty and staff will complete Kognito, Florida School Personnel Mental Health Awareness Training (<https://florida.kognito.com>) if they have not been trained in Youth Mental Health First Aid (YMHFA) (<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>). All remaining faculty and staff will participate in YMHFA throughout the school year (as the slots become available for training from the Educational Service Provider, District, and/or Florida Discretionary Projects.)
- 2) Referrals will be made from teachers and other school personnel to the school’s mental health provider.
- 3) Additional information/referrals may be taken from other mental health professionals (outside agencies) and/or parent reports.

Once a referral is received, our School will evaluate the student's individual needs and the appropriate School resources will be allocated. The Threat Assessment Team (<https://www.schoolta.com/manual>) may direct the mental health provider to complete a screening to determine risk assessment and level of intervention needed.

Depending on the need(s) of the student, services rendered at the School site will range from: individualized meetings with student services personnel, coordinated visitations from social services, yearly evaluations with school psychologist, coordination of services with outside agencies, and referrals to mental health centers. These services are documented at the School's site. As a result, these services are layered in the event that the student requires additional assistance. The documentation and implementation of the services will be used to reinforce the recommendations from School staff in the event the student requires additional services. While these services are rendered, the parent/ guardian is actively involved in the process and any concern is immediately addressed. The School's purpose is to provide the student with the least restrictive environment while providing the optimal conditions conducive to learning both at school and the home.

The School's administration will meet on a monthly basis and review each student currently receiving services, including treatment/recovery, with the school's mental health provider as part of the M-TSS process. These meetings will be under the M-TSS umbrella to ensure all stakeholders are able to provide updates on the student. Outside mental health providers will be contacted so that they can participate in person or by the telephone. The same will be encouraged for parents as it is important for the parent to be a part of the mental health recovery process every step of the way. Progress notes will be documented by the school's mental health provider and progress through the tiers will be considered. In addition, the School will work with their district and the Florida Discretionary Projects to access professional development activities to strengthen all M-TSS implemented at the School (<http://www.florida-rti.org>).





If at any time, the School suspects child abuse, abandonment or neglect, according to Florida Statutes (section 39.201(1)(a), F.S., “Mandatory reports of child abuse, abandonment or neglect require that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare must report such knowledge or suspicion to the Florida Abuse Hotline.”

1-800-962-2873

Florida Relay 711 or
TTY: 1-800-955-8771

Report Online

<https://reportabuse.dcf.state.fl.us/>

The School will utilize an early warning system (EWS) to identify at-risk students through the analysis of readily available and highly predictive student academic and engagement data (e.g., absenteeism, discipline, assessment performance, course performance, mobility, and/or progression). Utilizing data systematically to identify at-risk students as early as possible will

allow for the application of more effective prevention and early intervention services. A thorough analysis of risk indicator patterns and associated relevant information will enable the School to better understand the root causes of student disengagement and academic failure (i.e., problem analysis). Armed with this information, our School will have a greater likelihood of implementing effective prevention and intervention services and maximizing student graduation rates. Reviewing the EWS data over time will assist the School in determining the effectiveness of intervention programming overall, for groups of students, and for individual students.

The types of 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 may include:

- Screening and Assessment
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- Individual Counseling
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- Medication Management
- Family Support Services
- School-Based Substance Abuse Prevention Programs (Say No To Drugs)
- Social Emotional Learning Curriculum
- Absenteeism/Truancy
- Behavioral Referrals

When a student or family requires services and supports not available through the School, the School will refer the child and family to a community-based provider who can better meet their needs. These providers will be chosen from the District-approved list located in the District's Mental Health Plan (<http://www.fldoe.org/core/fileparse.php/18612/urlt/StLucie1920.pdf>).

Agency	Phone Number
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Children's Home Society	(772) 489-5601
Family Preservation Services	(772) 595-3773
Helping People Succeed	(772) 320-0770
Hibiscus Children's Center	(772) 340-5044
Legacy Behavioral Health	(772) 873-8811
New Horizons of the Treasure Coast	(772) 468-5600
Sequel Care	(772) 337-8164
Suncoast Mental Health	(772) 489-4726

School staff will assist the family in completing paperwork, coordinating appointments within the School day, and following up with referral sources to ensure that appropriate services were put in place.

Gina Daigle (School Guidance Counselor; Certificate #811161) is the school-based/community-based mental health provider that will be employed to reduce staff-to-student ratios and meet student mental health assistance needs. Her job responsibilities will be to offer guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being. Ms. Daigle will identify issues including substance abuse, bullying, anger, management, depression, relationships, LGBTQ issues, self-image, stress, suicide, re-entry after extended school closures and refer students/families to the appropriate agencies for assistance and treatment. Ms. Daigle will work with students to improve mental health and cooperate with outside agencies to assist in the treatment. Ms. Daigle will also provide training and support to Somerset Academy Bethany faculty and staff on identifying warning signs which could result in a referral.

The School will create a schedule that the student services personnel will implement to increase the amount of time she will spend providing direct mental health services. The schedule will include the time slots allotted for the appropriate duties: individual student academic planning and goal setting, school counseling classroom lessons based on student success standards, short-term counseling to students, referrals for long-term support, collaboration with families/teachers/administrators/community for student success, advocacy for students at IEP/504 meetings and other student-focused meetings, and data analysis to identify student issues, needs and challenges. The School will review the caseload of students assigned to the student services personnel on a quarterly basis to ensure all student mental health needs are being met within the schedule.

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distance from the home to the facility; the business hours open for services; if the family's insurance is accepted or is there a sliding scale for low income families; and the willingness to communicate with the school for follow up care and support. The types of mental health services that will be available from these local behavioral health providers may include: Individual, family and/or group therapy; Alcohol/drug treatment, withdrawal management; Problem-solving, decision making, or social skills training; Academic counseling; Dietary management; and Medication.

New Horizons of the Treasure Coast
4500 W Midway Rd. Ft. Pierce, FL 34981
Phone: (772) 468-3909 or (772) 468-5600

Our School will access the CAT (<https://www.myflfamilies.com/service-programs/samh/publications/docs/Community%20Action%20Team%20Guidance.pdf>) assigned to us in accordance with the location of our school and its district.

Family Preservation Services of Florida
121 N. 2nd St. #301, Fort Pierce, FL 34950
Phone: (772) 595-3773

In addition, our School will access the free services, support, and professional development provided by the FLDOE Discretionary Project SEDNET (<http://www.sednetfl.info>). SEDNET provides intensive, integrated educational programs to include a continuum of mental health treatment to enable students with or at risk of EBD to develop appropriate behaviors and demonstrate academic and career education skills.

Jody Hayes
St. Lucie Public Schools Office of Exceptional Student Education
9461 Brandywine Lane, Port St Lucie, FL 34986
Phone: (772) 429-4537

According to the Centers for Disease Control and Prevention, 2018, the evidence-based research that supports utilization of outside agency/provider mental health services is the benefit of care coordination. Care coordination is the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services. Under this expectation, all providers working with a student will share

important clinical information and have clear, shared expectations about their roles. Equally important, they will work together to keep all stakeholders informed and to ensure that effective referrals and transitions take place.

The process the School will follow when initiating an assessment within 15 days of the referral includes:

- (1) The Faculty and Staff will contact the mental health provider or the School Administration with a referral.
- (2) The mental health provider will conduct a risk assessment to determine next steps. (The Threat Assessment Team may be brought into the referral.)
- (3) Based on the outcome of the risk assessment, the mental health provider will initiate an assessment, which may include: eligibility process for an IEP or a 504; revising a current IEP or a 504 Plan; creating a behavioral system (EX: check in throughout the day with the mental health provider); or participating in individual or group counseling.
- (4) The referral will be documented on the appropriate Skyward screens. A diagnosis will be documented if a medical doctor provides it to the School with parental permission.

The mental health provider will identify the 15th day on each student referral and ensure that the student is assessed within the 15 days period. The mental health provider will update the School Administration at the end of each week during the 3-week period as to the status of the referral. The mental health provider will log the dates of the referral, diagnosis (if available), and any additional action steps taken onto a spreadsheet that is shared with the School Administration on a monthly basis.

The types of mental health services that will be available from these entities may include: Individual, family and/or group therapy; Alcohol/drug treatment, withdrawal management; Problem-solving, decision making, or social skills training; Academic counseling; Dietary management; and Medication.

Our School will coordinate services with a student's primary care provider and other mental health providers caring for the student by following these steps:

1. The mental health provider will obtain a signed copy of a Consent for Exchange of Information to coordinate services with the student's Primary Care Provider (PCP) and mental health providers caring for the student.
2. The mental health provider will offer information to the treating doctors on the student's behavior and progress to assist the doctor with coordination of services on an agreed upon schedule within 30 days of referral.

3. The mental health provider will meet with the School Administration on a monthly basis to review the progress the PCP or mental health provider need in order to cease, maintain, or increase the level of services.

Sanford Harmony is utilized as the school's SEL curriculum. Sanford Harmony is a social emotional learning program for Pre-K-6 grade students designed to foster intergender communication and understanding, connection, and community both in and outside the classroom and develop boys and girls into compassionate and caring adults.

The school has also incorporated a House System wherein students' achievements are rewarded through a point system (a version of a positive behavior intervention system).

-

The School will utilize an early warning system (EWS) to identify at-risk students through the analysis of readily available and highly predictive student academic and engagement data (e.g., absenteeism, discipline, assessment performance, course performance, mobility, and/or progression). Utilizing data systematically to identify at-risk students as early as possible will allow for the application of more effective prevention and early intervention services. A thorough analysis of risk indicator patterns and associated relevant information will enable the School to better understand the root causes of student disengagement and academic failure (i.e., problem analysis). Armed with this information, our School will have a greater likelihood of implementing effective prevention and intervention services and maximizing student graduation rates. Reviewing the EWS data over time will assist the School in determining the effectiveness of intervention programming overall, for groups of students, and for individual students.

Dissuading students from substance abuse or experimentation requires a comprehensive prevention and control program in our school and community, targeted toward specific age groups/grade levels, and their parents and other family members. Effective measures are required to encourage shaping the attitude of school children toward self-confidence and adequacy, as also to prevent risky behavior and to develop effective and healthy coping mechanisms in times of need (Jiloha, 2017). The early intervention strategies the school will implement to prevent students initiating substance use:

Reducing interest in substance use by informing about the full (age appropriate) picture with the harmful effects of the drugs and long-term adverse consequences. Our School will hold school assemblies to discuss the harmful effects of drugs and celebrate the Red Ribbon Campaign, aka, Say No To Drugs week.

Our first goal is to ensure students that have been traumatized or abused feel safe. We will meet with them prior to the start of their school day. We will ensure they feel supported and heard. We will also provide an open door policy so they can come and speak to the School Guidance Counselors or Administration if they feel the need. Students will be monitored as they progress through the Tiers, if necessary, to ensure mental health needs are being met. This will be followed by regular check-ins by SROs, Administration, Guidance, and Security with staff and students

Expenditures (s. 1011.62(16), F.S.)

Gina Daigle (School Guidance Counselor; Certificate #811161). Ms. Daigle is the school-based/community-based mental health provider funded by the allocation. Her job responsibilities will be to offer guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being. Ms. Daigle will identify issues including substance abuse, bullying, anger, management, depression, relationships, LGBTQ issues, self-image, stress, suicide, re-entry after extended school closures and refer students/families to the appropriate agencies for assistance and treatment. Ms. Daigle will work with students to improve mental health and cooperate with outside agencies to assist in the treatment. Ms. Daigle will also provide training and support to Somerset Academy Bethany faculty and staff on identifying warning signs which could result in a referral.

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

Somerset Academy Bethany will use 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.

Somerset Academy Bethany will not use the Mental Health Assistance Allocation to supplant other funding sources, increase salaries or provide staff bonuses.

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

The School will create a spreadsheet with the sections and components listed on the Mental Health Assistance Allocation Plan Outcome and Expenditures Report Checklist and the Mental Health Provider will complete the totals on a monthly basis. Any documents, such as Physician's Statements, Psychological Reports, Discharge documents, Medication, etc. will be filed in the Green folder and may be used for the M-TSS process.

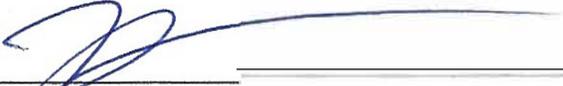
Plan Approval and Submission (s. 1011.62(16)(c), F.S.)

Todd German
Somerset Academy
Board Chair

Date of Approval

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Somerset Academy
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Date of Approval



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MENTAL HEALTH ASSISTANCE ALLOCATION PLAN

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

According to the Harvard Review of Psychiatry, 2017, the utilization of school-based mental health services:

- Promotes mental health and reduces stigma by enhancing mental health literacy of students, educators and parents;
- Promotes appropriate and timely access to mental health care through early identification, support, triage and referral from schools to health services, or through site-based mental health interventions;
- Enhances effective linkages between schools and health care providers;
- Provides a framework in which students receiving mental health care can be seamlessly supported in their educational needs within usual school settings; and
- Involves parents and the wider community in addressing the mental health needs of youth.

Somerset College Preparatory Academy will implement all delivery of services (assessment, diagnosis, intervention, treatment and recovery) through a Multi-Tiered System of Supports (M-TSS.) M-TSS is defined as “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying student response data to important educational decisions” (Batsche et al., 2005). Based on a problem-solving model, the M-TSS approach considers environmental factors as they might apply to an individual student’s difficulty, and provides services/intervention as soon as the student demonstrates a need.

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725 NW California Blvd.
Port St Lucie, FL 34986

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Depending on the need(s) of the student, services rendered at the School site will range from: individualized meetings with student services personnel, coordinated visitations from social services, yearly evaluations with school psychologist, coordination of services with outside agencies, and referrals



PO Box 8202, PSL, FL 34985

www.cpatc.org

772-323-3747



Fax: 772-621-2148



Somerset College Preparatory Academy

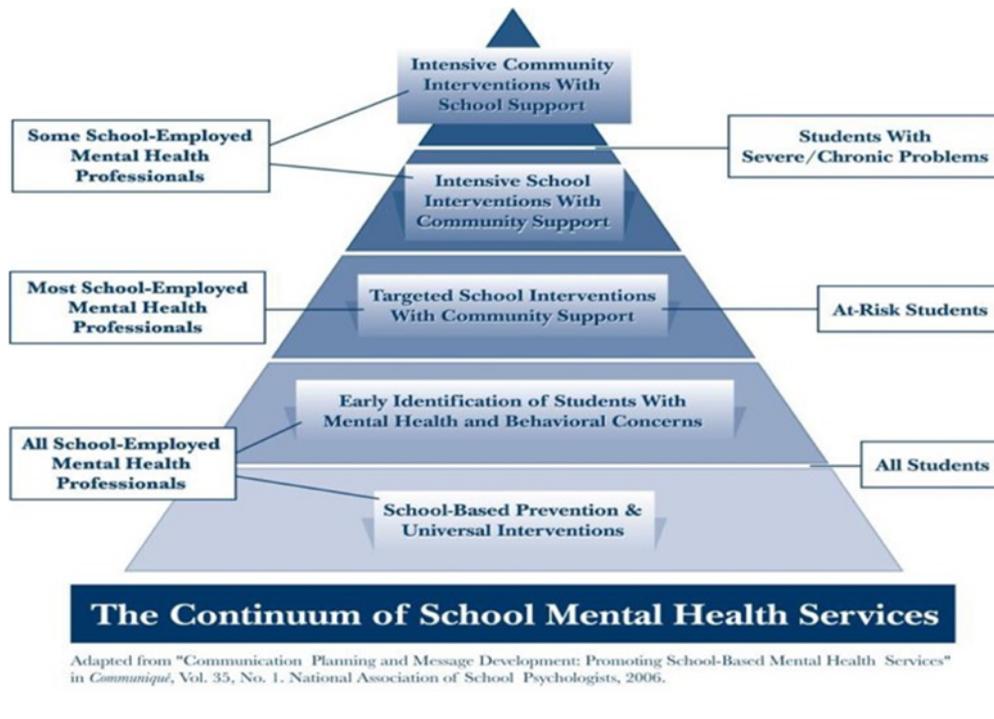
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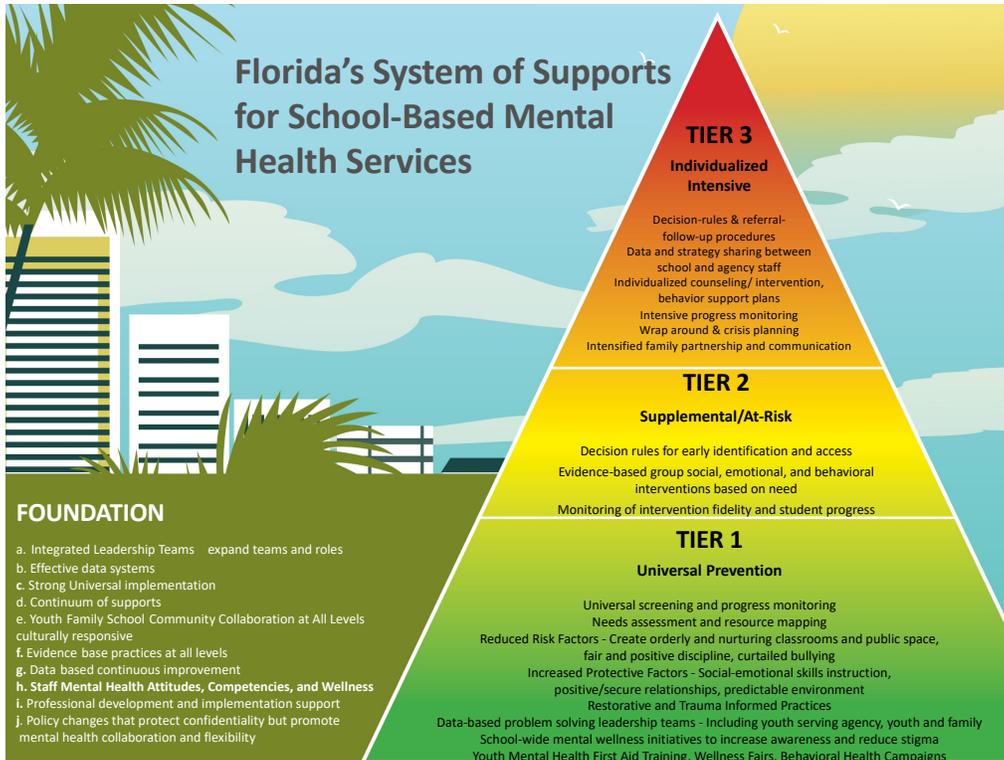
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Gina Russo Certification #811161 Guidance & Counselling Pre-k – 12; ESE k - 12

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Our School will access the CAT (<https://www.myflfamilies.com/service-programs/samh/publications/docs/Community%20Action%20Team%20Guidance.pdf>)

assigned to us in accordance with the location of our school and its district.

In addition, our School will access the free services, support, and professional development provided by the FLDOE Discretionary Project SEDNET (<http://www.sednetfl.info>). SEDNET provides intensive, integrated educational programs to include a continuum of mental health treatment to enable students with or at risk of EBD to develop appropriate behaviors and demonstrate academic and career education skills.

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According to the Centers for Disease Control and Prevention, 2018, the evidence-based research that supports utilization of outside agency/provider mental health services is the benefit of care coordination. Care coordination is the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services. Under this expectation, all providers working with a student will share important clinical information and have clear, shared expectations about their roles. Equally important, they will work together to keep all stakeholders informed and to ensure that effective referrals and transitions take place.

The process the School will follow when initiating an assessment within 15 days of the referral includes:

- (1) The Faculty and Staff will contact the mental health provider or the School Administration with a referral.
- (2) The mental health provider will conduct a risk assessment to determine next steps. (The Threat Assessment Team may be brought into the referral.)
- (3) Based on the outcome of the risk assessment, the mental health provider will initiate an assessment, which may include: eligibility process for an IEP or a 504; revising a current IEP or a 504 Plan; creating a behavioral system (EX: check in throughout the day with the mental health provider); or participating in individual or group counseling.
- (4) The referral will be documented on the appropriate Skyward screens. A diagnosis will be documented if a medical doctor provides it to the School with parental permission.

The mental health provider will identify the 15th day on each student referral and ensure that the student is assessed within the 15 days period. The mental health provider will update the School Administration at the end of each week during the 3-week period as to the status of the referral. The mental health provider will log the dates of the referral, diagnosis (if available), and any additional action steps taken onto a spreadsheet that is shared with the School Administration on a monthly basis.



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The types of mental health services that will be available from these entities may include: Individual, family and/or group therapy; Alcohol/drug treatment, withdrawal management; Problem-solving, decision making, or social skills training; Academic counseling; Dietary management; and Medication.

Our School will coordinate services with a student's primary care provider and other mental health providers caring for the student by following these steps:

1. The mental health provider will obtain a signed copy of the *The School Board of St. Lucie County, Florida Exceptional Student Education Consent for Mutual Exchange of Information* to coordinate services with the student's Primary Care Provider (PCP) and mental health providers caring for the student.
2. The mental health provider will offer information to the treating doctors on the student's behavior and progress to assist the doctor with coordination of services on an agreed upon schedule within 30 days of referral.
3. The mental health provider will meet with the School Administration on a monthly basis to review the progress the PCP or mental health provider need in order to cease, maintain, or increase the level of services.

Student Success Skills 2.0 (SSS) is utilized as the school's SEL curriculum. SSS 2.0 is about empowering young people with the tools they need to be successful in school, life, and work. The school has also incorporated a House System wherein students' achievements are rewarded through a point system (a version of a pbis system).



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The School will utilize an early warning system (EWS) to identify at-risk students through the analysis of readily available and highly predictive student academic and engagement data (e.g., absenteeism, course failure, GPA, credits, discipline). Utilizing data systematically to identify at-risk students as early as possible will allow for the application of more effective prevention and early intervention services. A thorough analysis of risk indicator patterns and associated relevant information will enable the School to better understand the root causes of student disengagement and academic failure (i.e., problem analysis). Armed with this information, our School will have a greater likelihood of implementing effective prevention and intervention services and maximizing student graduation rates. Reviewing the EWS data over time will assist the School in determining the effectiveness of intervention programming overall, for groups of students, and for individual students. The role of the SRO includes crisis-intervention when students are deemed high-risk.

Despite the fact that the adolescents are often aware of the harmful effects of substance use, they take up this habit and continue with it. This requires a comprehensive prevention and control programs in our school and community, targeted toward adolescents and their parents and other family members. Effective measures are required to encourage shaping the attitude of school children toward self-confidence and adequacy, as also to prevent risk behavior among adolescents and to develop effective and healthy coping mechanisms in times of need (Jiloha, 2017). The early intervention strategies implement to prevent students initiating substance use will be:

Reducing interest in substance use by informing about the full picture with the harmful effects of the drugs and long-term adverse consequences. Our School will hold school assemblies to discuss the harmful effects of drugs and celebrate the Red Ribbon Campaign, aka, Say No To Drugs week. In addition, coaches will address our athletes about the negative effects that can result from usage and association.

Limit the availability of substances to make them more difficult to obtain and use: Our School will work closely with our School Resource Officers to maintain a clean working space. A student will be searched if the School believes or has received credible information.



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Use criminal or other social sanctions to discourage adolescents from using substances: Our School will work closely with our SRO's to help explain that a School is not about anything other than to receive an education. If a student is found with a substance in the School, they will lose privileges such as field trips, spill out lunch, etc.

Our first goal is to ensure students feel safe. We will meet with them prior to the start of their school day. We will ensure they feel supported and heard. We will also provide an open-door policy so they can come and speak to the school guidance counselors or administration if they feel the need. Students will be monitored as they progress through the Tiers, if necessary, to ensure mental health needs are being met. This will be followed by regular check-ins by SROs, Administration, Guidance, and Security with staff and students

Expenditures (s. 1011.62(16), F.S.)

Gina Russo Certification #811161 Guidance & Counselling Pre-k – 12; ESE k - 12

Gina Russo is the school-based/community-based mental health provider funded in part by the allocation. Her job responsibilities will be to offer guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being. Gina Russo will identify issues including substance abuse, bullying, anger, management, depression, relationships, LGBTQ issues, self-image, stress, suicide, re-entry after extended school closures and refer students/families to the appropriate agencies for assistance and treatment. Gina Russo will work with students to improve mental health and cooperate with outside agencies to assist in the treatment. Gina Russo will also provide training and support to Somerset College Preparatory Academy's faculty and staff on identifying warning signs which could result in a referral.

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

Somerset College Preparatory Academy will use 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.



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Somerset College Preparatory Academy will not use the Mental Health Assistance Allocation to supplant other funding sources, increase salaries or provide staff bonuses.

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

The School will create a spreadsheet with the sections and components listed on the Mental Health Assistance Allocation Plan Outcome and Expenditures Report Checklist and the DMHE will complete the totals on a monthly basis. Any documents, such as Physician's Statements, Psychological Reports, Discharge documents, Medication, etc. will be filed in the Green folder and may be used for the M-TSS process.

Plan Approval and Submission (s. 1011.62(16)(c), F.S.)

Todd German

Somerset Inc.,

Board Chair

Date of Approval



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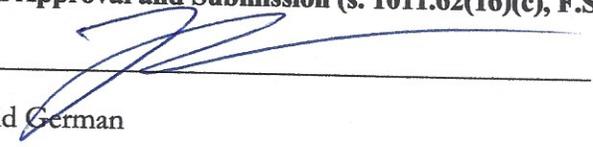
Somerset College Preparatory Academy will not use the Mental Health Assistance Allocation to supplant other funding sources, increase salaries or provide staff bonuses.

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

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.

The School will create a spreadsheet with the sections and components listed on the Mental Health Assistance Allocation Plan Outcome and Expenditures Report Checklist and the DMHE will complete the totals on a monthly basis. Any documents, such as Physician's Statements, Psychological Reports, Discharge documents, Medication, etc. will be filed in the Green folder and may be used for the M-TSS process.

Plan Approval and Submission (s. 1011.62(16)(c), F.S.)



Todd German

Somerset Inc.,

Board Chair



Date of Approval



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APPENDIX D:
BUDGET

Mental Health Services Allocation

2020-2021 School Year

Mental Health Services Allocation 20-21 SY		\$1, 457,933.00
Mental Health Services Allocation Roll Forward		\$ 633,379.24
Total Mental Health Services Allocation		\$ 2,091,312.24
Current Positions		
Current Positions	Number of Positions	Salary and Benefits
Certified School Psychologists	3	\$ 226,118.82
Certified School Psychologists 20-21 SY	3	\$ 204,306.84
Licensed Social Workers	5	\$ 312,656.94
Licensed School-Based Mental Health Counselors	4	\$ 247,847.70
Certified School Counselors	8	\$ 544,285.38
Direct Mental Health Services		\$ 150,000.00
Contracted Services of a Clinical Psychologist		\$ 10,000.00
Charter School Allocation (Total for two schools)		Estimate - \$ 44,473.00
Professional Development focusing on training educators and other school staff in detecting and responding to mental health issues		\$ 226,623.56
Covering costs of substitutes and stipends		
Contracted Services for Mental Health Professionals		\$125,000.00
Total		\$ 2,091,312.24