

SUWANNEE COUNTY SCHOOL DISTRICT MENTAL HEALTH ASSISTANCE ALLOCATION PLAN

AUGUST 1, 2020

School mental health services are essential to creating and sustaining safe schools. “Increased access to mental health services and supports in schools is vital to improving the physical and psychological safety of our students and schools, as well as academic performance and problem-solving skills. Additionally, in the aftermath of a crisis, school-employed mental health professionals provide supports that facilitate the return to normalcy, are sustainable, and can help to identify and work with students with more intense or ongoing needs” (National Association of School Psychologists).

This plan is to establish and expand school-based mental health care in Suwannee County. An evidence-based mental health awareness and assistance program has been established to assist school personnel in identifying and understanding signs of emotional disturbance, mental illness, and substance abuse disorder. We will provide diagnosis, intervention, treatment, and recovery through a multi-tiered system of supports. Problem solving teams have been established at each school which may have included counselors, behavior analysts, social workers, mental health counselors, instructional coaches, nurses, school administration, and law enforcement whose duties were to assess and intervene with students who exhibit behavior which may indicate a threat to the safety or harm of themselves, school, students, or staff.

Mental health services are provided in the form of operationalizing evidence-based intervention strategies for students with one or more co-occurring mental health or substance abuse diagnoses. Mental health programs offer three tiers of supports: Universal (Tier 1) mental health promotion activities for all students, Targeted (Tier II) prevention services for students identified as at risk for a mental health problem, and Intensive (Tier III) services for students who already show signs of a mental health problem. “The three general approaches to intervention-altering antecedents, altering consequences, and teaching skills-are often packaged, combined, and presented differently across the three tiers of service delivery, yet the strategies themselves remain the same. Problem solving teams should not only select an intervention that has evidence supporting it, but should also examine the contents of the intervention to determine if it contains appropriate strategies to target the present problem behavior. Given that mental health problems are often complex, it is also appropriate to select multiple evidence-based interventions or to supplement interventions when needed” (School Mental Health Referral Pathways Toolkit). Suwannee County has implemented an approach that encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for students.

Tier 1 is considered Universal Prevention and will include needs assessments at each school to reduce risk factors. We has created orderly and nurturing classrooms and public spaces with fair and positive discipline and curtailed bullying. We have increased protective factors by providing Social Emotional Learning at each school. We are using the Sanford Harmony curriculum at each elementary school delivered by either a guidance counselor or classroom teacher. Lauren’s kids curriculum is used in each self-contained ESE class delivered by the classroom teacher. We are using Restorative Practices and the principles of Trauma Informed Care in classrooms. Leadership teams review data based problems with

other agencies to garner assistance for mental health issues. Youth Mental Health First Aide Training has been provided for all personnel who have contact with students. This includes bus drivers, custodians, administrators, paraprofessionals, school office staff, cafeteria workers and teachers.

Tier 2 is provided for supplemental assistance or for at-risk students. Student support teams meet to identify students early and provide access to school-based counseling. Functional behavioral assessments and behavior plans will be written for students in Tier 2. Small counseling groups are held by Meridian Behavioral Healthcare and guidance counselors for students who need additional counseling engaging evidence-based practices determined by need. Interventions are monitored for fidelity and student progress. Parent conferences are encouraged to include the parent in the decision-making process.

Tier 3 is provided for students who need intensive individualized intervention and behavior support plans. Family involvement is intensified by enhanced communication and crisis planning. The problem-solving team will create a measure that can be used to track implementation of the intervention procedure. It is important that the intervention include a goal that is observable and measurable.

We employ two psychologists, a social worker, a mental health counselor, a behavior analyst, and 11 guidance counselors to reduce staff-to-student ratios and meet student mental health assistance needs. We review staff-to-student ratios and have recently revised our staffing allocations to focus additional time in meeting mental health needs of our students in the district. We hold Student Services initiated monthly meetings with school-based mental health providers to review current practices and improve our efforts for mental health. Agencies are invited to make presentations. These have included Department of Children and Families and Meridian Behavioral Healthcare. They have made presentations on Child Abuse, Child Trafficking, Drug Abuse, Baker Act, and other topics.

We have a contract with Meridian Behavioral Healthcare to provide mental health counselors either at each school full time or shared services between no more than two schools. The CAT team, Mobile Response Team and Meridian also deliver services to the home and in their offices. The contract states the following services are available: screening, outpatient services, therapeutic support, psychiatric evaluation and follow-up, and behavior assessment and analysis. We meet with the Meridian Team Leader bi-weekly to discuss current cases and services. We are planning to expand those services during the 2020-2021 school year. We also have a contract with My Behavior Solutions to provide a Board Certified Behavioral Analyst to write treatment plans and deliver supports to students in Tier 3.

Awareness and training efforts are coordinated on monthly Professional Development days with employees of the Suwannee County School District. These may include PREPaRE, Youth Mental Health First Aid, Restorative Practices, and Trauma Informed Care. We promote awareness to reduce the stigma associated with mental illness and enhance the ability of educators to appropriately identify young people in need of mental health supports and improve help-seeking and referrals by young people and their families. Prevention is included in activities at each school. These may include CHAMPS, Monthly Character Traits, Boys Town curriculum, and BASE modules by Odysseyware.

Standardized measures are used for assessment of mental health needs. All assessment strategies serve the need to recommend and apply interventions. The District approved Threat Assessment, direct behavior observations, behavior rating scales, surveys, and structured interviews may be completed by

qualified personnel as assessment tools. Student records are reviewed to determine if there has been a previous diagnosis by school or outside professionals.

There is no perfect way to use the problem-solving model to promote students' mental health because the model must be used to meet individual needs. Treatment will be determined by the severity of the problem behavior and the availability of the school personnel's expertise and resources. Alternate sources of treatment will be provided by Meridian Behavioral Mental Health Counselors, other contracted providers, and private providers obtained by parents/guardians. School personnel must recognize the limits of their expertise and resources and arrange relationships with community partners.

Recovery is determined by an evaluation of the results of the services and gaps which may occur. The team may need to determine where there are gaps in care and prioritize outreach to programs and services to help address the students' recovery. Feedback will need to be integrated with school-based staff and community partners on the comprehensiveness of interventions and treatment. Outcomes will be measured by the EWS System rating scales, pre and post self-reports, and assessment of individual measurable and observable goals from Behavior Intervention Plans.

School counselors, school psychologists, and school social workers can provide group and individual counseling and other interventions to students who have one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnosis using evidence-based practices to address:

- School stress and anxiety;
- Family stress (divorce, homelessness, death, illness);
- Self-regulation and coping skills;
- Depression;
- Poor self-concept and anger/aggression;
- Grief and loss;
- Substance use.

Meeting the full continuum of student needs is dependent on collaboration between schools, primary care providers, and community mental health providers and is accomplished through the Multi-tiered System of Support (MTSS) process. School teams and partners work together to analyze data to determine appropriate mental health supports and services. The collaboration reduces barriers to access, allows interventions to occur in natural settings, provides schools with a more diverse range of resources and supports and improves outcomes for young people. These may include community or school-based mental health services who may provide supplementary or intensive services that go beyond school capacities. Partnerships include:

- State and local law enforcement agencies;
- The Department of Juvenile Justice;
- The Department of Children and Families;
- The Agency for Health Care Administration;
- Agency for Persons with Disabilities;
- The Statewide Guardian Ad Litem Office;
- Severely Emotionally Disturbed NETwork;

- Multidisciplinary Diagnostic and Training Program;
- Meridian Behavioral Health Care;
- Community Action Team;
- Mobile Response Team;
- Interface Youth Program Shelters;
- Haven Hospice;
- The Suwannee County Health Department;
- The University System;
- Center for Autism and Related Disabilities.

The process for coordinating with providers is by direct contact through a referral. The parent/guardian signs a Consent to Release Information for agencies to be able to share information. The sharing of confidential information between agencies concerning students at risk of emotional disturbance or mental illness is necessary to access appropriate services to ensure the safety of the student or others. Students will be referred by an adult with knowledge of the student which may include a parent/guardian, teacher, or administrator. If the student is of consenting age and ability, they may self-refer.

Suwannee County will use the FOCUS school software system to identify the following:

- The number of students who received mental screenings or assessments;
- The number of students referred to district-employed school-based mental health services providers;
- The number of students who received services or assistance.

These services are provided by district-employed mental health service providers and collaborative mental health service providers. Quantitative data will be reported to the Office of Safe Schools. We will establish school board policies and procedures for all schools that ensure students are referred for a mental health screening and are assessed within 15 days of referral; services are initiated within 15 days of identification; and assessment and community-based services for students are initiated within 30 days of referral. The district should incorporate strategies or programs to reduce the likelihood of at-risk students developing social, emotional or behavioral problems, depression anxiety disorders, suicidal tendencies, or substance abuse disorders. These might include the following:

- Provide ongoing, high quality, relevant, and job embedded professional development to all school and district staff, which may include Youth Mental Health First Aid, Crisis Management for School-based incidents, or Trauma Informed Care;
- Use professional learning communities or other structured avenues to foster collaboration among school staff, which meet monthly at schools;
- Ensure district and school building teams have representation of diverse stakeholders, including principals, teachers, parents, school security professionals and resource officers, school-employed health professionals, and other specialized instructional support personnel;
- Engage in resource mapping to make stakeholders aware of available resources and how they are used in the district;
- Regularly examine school processes to improve student outcomes.

Research shows that Prevention and Early Intervention is effective, but is challenging to continue due to lack of funding resources. Our current health care system is not designed to support Early Intervention. We must implement strategies to identify ways to provide services beyond certain thresholds like poverty or disability. Help is usually given when something has already gone wrong instead helping to prevent something going wrong. Strategies to support early intervention and assisting students to deal with violence are:

- Provide professional development for staff on First Aid Mental Health and Trauma Informed Care to assist them in identifying signs of social, emotional or behavioral problems, or substance abuse disorders;
- Engage communities in prevention and early intervention. Community engagement will ensure that the community sees the importance of these programs;
- Explore alternate sources of funding to increase mental health services through other agencies. These may include health insurers, consumers, families, business owners, and other leaders;
- Reduce risk factors in students by being more involved with families to become more aware of trauma in their lives beyond school. These adverse childhood experiences include physical abuse, verbal abuse, sexual abuse, physical neglect, emotional neglect, incarcerated family members, living with a family member who is diagnosed with a mental illness or is a substance abuser, exposure to violence in the family, and the absence of one parent through divorce, separation or other;
- Promote nutrition during early childhood for daily functioning and brain development;
- Identify students who are in homeless situations who are exposed to many other factors that impact both their short- and long-term mental health;
- Engage family supports for students who are exposed to different types of people and events in the home;
- Provide students with the tools to be mentally well by effective prevention programs in classrooms through Social Emotional Learning;
- Access prevention services provided in the Meridian Behavioral Healthcare contract, which include Ropes Course, All Stars, Girls Circle, and Life Skills Training.

There are no Charter Schools in Suwannee County

EXPENDITURES Expenditures include roll forward dollars from 19-20 of \$50,934 added to the 2020-2021 \$291,360 allocation provided by the State of Florida. These roll forward expenditures are unexpended funds from the 2019-2020 school year.

(1) Case Manager/Social Worker-Master’s Degree in Social Work

(2.75) School Counselors-Master’s Degree in Guidance and Counseling; Certified by the State of Florida(14:428)

(.20) School Psychologist – Ed.D – Certified by the State of Florida in School Psychology and licensed by the Department of Health(1:3000)

Salaries and Benefits: \$272,294.00

Number of community-based mental health providers funded by the allocation and licensure for each:
None

School district expenditures for services provided by contract-based collaborative efforts or partnerships with community mental health program agencies or providers:

Meridian Behavioral Health Care and My Behavior Solutions: \$60,000.00

Licensure provided by credential required by employing agency.

Other expenditures: Supplies-\$5,000.00, Travel - \$5000.00

School employees are specially trained in school system functioning and learning, and how students' behavior and mental health impacts their ability to be successful in school. Areas of expertise may include classroom and behavior management, interventions, individual and group counseling, school safety and crisis response, cultural competence, and awareness of community resources. Providers will meet the highest standards to practice in schools. They should have experience working with children, knowledge of child and adolescent development, an understanding of the school system and interventions appropriate for the school setting, awareness of how mental health and achievement relate, and adhere to the professional code of ethics.

EXPENDITURE ASSURANCES

One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services. Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses. The district will maximize Florida Education Finance Program (FEFP) and other funding sources to provide guidance counselors at each school, two full-time psychologists, a district Director of Student Services, a district Health Coordinator, and a parent liaison. We follow guidelines for Medicaid reimbursement for eligible district funded positions, and Meridian provides Medicaid billing and private insurance reimbursement for their clients. We access services from other agencies such as Lutheran Services and Corner Drug Store. The district will maximize sources of funding by collaborating with the Department of Children and Families, the Department of Juvenile Justice, and other agencies to access services which are not currently in place. We attend quarterly meetings initiated by the Governor's Executive Order on March 26, 2018. These meetings are convened by the Department of Children and Families. The purpose of the meetings is to improve communication, collaborate with participating agencies, and coordinate services and care of individuals identified as most in need by the participants.

PROGRAM IMPLEMENTATION AND OUTCOMES

- (1) School psychologist certified by the Department of Education in School Psychology(1:3,000)
- (1) School psychologist certified by the Department of Education in School Psychology and by the Department of Health (1:3,000)
- (14) School counselors certified by the Florida Department of Education in Guidance and Counseling (1:428)

One hundred percent of our service providers employed by the district are certified and/or licensed.

During the 2019-2020 school year, students were tracked using a spreadsheet. Factors included in the spreadsheet were:

- high risk for mental health or co-occurring substance abuse disorders who received mental health screenings or assessments;
- referrals to school-based mental health services providers;
- referrals to community-based mental health services providers;
- school-based interventions, services or assistance;
- community-based interventions, services or assistance.

During the 2020-2021 school year, we will enter the number of students into our FOCUS school software and continue to use the spread sheet. We will meet with Meridian Behavioral Healthcare monthly to collaborate on data of services provided.

Local school board approved the district plan. Date of Approval: July 28, 2020

Charter school governing body(ies) approved plan(s), when applicable: NA

Approved plan(s) was submitted to the Commissioner of Education by August 1, 2020 (attached)