



## Mental Health Assistance Plan Alachua County Public Schools 2018-2019

### 1. Awareness/prevention efforts that will be conducted to address mental health issues:

It is often the case that mental health concerns are first noticed in the school setting. That has surely been the case in the Alachua County school district. Recognizing this, the school district has responded by ensuring that every school has a dedicated school counselor, by employing school psychologists to serve in clusters of schools, and by utilizing federal and local grant funding to employ social workers and mental health providers for high-need schools. In spite of this, gaps in services remain, and, consequently, a significant need for expanded identification, diagnosis, and treatment exists. At the high-school level, in particular, significant deficiencies persist. Suicide rates among students is on the rise in the district, and other factors that are often influenced by mental health, such as escalating incidences of troubled behavior, bullying, and even chronic violence, are also in ascendance. The district had over 1,000 students who experienced some form of homelessness last year, a number also on the rise, and a condition that most surely affects mental well-being. While we have a growing Student Services department, need exists for more coordinated oversight (centralization) to ensure service efficiency and efficacy.

The Alachua County School District currently uses the four-step problem solving model within the Multi-Tiered Support System (MTSS) three-tier process to focus on awareness and prevention and to identify and address mental health issues in the schools. Tier-1 consists of classroom-based supports, to include an evidence-based Social Emotional Learning (SEL) curriculum that is employed across the district, teacher training (mental health awareness, suicide prevention and "Trauma Sensitive School" training), direct student training, employment of peer prevention programs, and classroom instruction by school counselors. Tier-2 supports are provided by school-based mental health professionals (including school counselors, social workers, and school psychologists), which include small-group and individual school counseling, individual and small-group behavior support interventions, and specialized group intervention programming provided by community agencies at most middle schools. In addition, the district employs a small number of social workers through federal and local grant funding that are assigned both to individual schools and to clusters of schools. These professionals provide additional Tier-2 supports as well as assist in the referral process for Tier-3 resources. Tier 3 supports are provided to students who exhibit the greatest need. Tier-3 supports include referrals to outside agencies (mental health counseling and substance-abuse treatment) and, in some cases, school-based wrap-around services from contracted mental health providers. The district seeks to shore up and expand Tier-2 and Tier-3 supports, in particular, with state mental health allocation funding in order to more effectively reach students with mental health needs or those at risk for developing mental health problems.



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### **2 Mental health screening and assessment procedures that will be conducted for determining which students need mental health interventions and/or treatment:**

Each school is required to submit a plan for implementation of Social Emotional Learning to ensure effective Tier-1 implementation. School-based Data Review and Student Services Teams at each school will be given additional training in MTSS strategies and the four-step problem-solving model in order to more effectively identify students at risk for mental health needs. School teams will use Early Warning System data as well as teacher and staff observational data to effectively determine if students require Tier-2 or Tier-3 supports. For students identified as Tier-2 or Tier-3 candidates, a mental health/substance abuse screening instrument (to be determined) will be used to analyze the problem and to assist in determining the most appropriate intervention. Individual Educational Planning Team meetings will be held to review data, screening instrument results, and (if appropriate) gain parental consent for release of information and consent for agency referrals. Individual intervention plans will be developed at this time for each student.

### **3. Process used for identifying evidence-based mental health services, including a description of any collaborative partnerships with community providers and agencies.**

The district currently has a number of partnerships, contracts, and memorandums of understanding with local agencies providing evidence-based mental health services both in schools as "wrap-around" services and off-site through appointment and special arrangement. These include partnerships with the University of Florida, Shands Teaching Hospital, as well as a number of other public and private mental health and substance abuse agencies in the community. The district's "System of Care" program is focused on four high-need elementary schools and three middle schools and is funded through district funding and local grant-sourced funds. This program features a mental health treatment option through contracted services and "in-house" mental health specialists and may be used as a model for expanding mental health services across all schools in the district.

A Request for Proposals will be developed to further expand existing partnerships to agencies willing to provide contracted evidence-based mental health and substance abuse counseling and psychiatric services to students attending public schools. Emphasis will be placed on securing services for students across all grade levels (PK-12). Services sought will include individual, group, and family counseling; consultative services; substance abuse counseling; evaluation and diagnosis; and data collection. The district will seek providers willing to provide services regardless of insurance or Medicaid and will fund services not covered through those means with Mental Health Allocation funding. Agencies will be expected to initiate services in a timely manner (or within 2 weeks of referral). It is anticipated that from two to four contracts may be implemented in order to provide the level of services that may be warranted. Contracts



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will be structured on a "fee-for-service" basis and services will be coordinated with each agency to utilize Medicaid and insurance funding when available. In some instances, services will be delivered "in-house" as part of a wraparound mental health program at individual schools, but when outside clinical services are required, those options will be included as a part of agency contracts.

#### 4. Process used to deliver evidence-based mental health interventions.

A school-based "case manager" will be appointed for each student referred, and that individual will work with district staff to conduct screening, complete a district referral, to coordinate additional data gathering (as needed), and to assist in completing additional paperwork as needed for outside agency referrals.

In order to effectively meet service delivery needs, two to four district-based mental health specialists will be hired (utilizing the State Mental Health Allocation funds) to coordinate services at the district level among schools, to coordinate the partnerships and contracts with outside agencies and providers, to facilitate assistance to families in obtaining and accessing services, and to collect program outcome data necessary for reporting. These individuals will be trained and credentialed social workers, mental health professionals, or certified school counselor specialists with knowledge of mental health and social work related experience. Their duties will also include training of school-based teams on implementation of the MTSS problem-solving process related to mental health needs, training on data review, and training and support in appropriate mental health referrals. These employees will also assist in evaluation of Tier-1 and Tier-2 support services in schools and will further support appropriate implementation of evidence based intervention strategies. In some cases, they will also assist contracted service providers in providing individual and group counseling in schools.

In addition, a social worker and mental health counselor will be hired to provide full-time mental health services and wraparound services at one high-need high school within our existing System of Care program. Currently, this program, funded with grant and district funds, serves elementary and middle schools in this feeder pattern, and students in the System of Care program who move into high school (many of whom have been identified with a mental health issue) do not always continue to receive treatment and follow up. Expanding the program to high school will allow for a continuation of services for these at-risk students who may have already been receiving mental health and/or substance abuse treatment.

As described above, direct services to students will be provided by agencies willing to provide contracted evidence-based mental health and substance abuse counseling and psychiatric services to students attending public schools. Approximately 75 percent of funding will be allocated to contracted services. An additional 20 percent will be allocated to the salaries and benefits and local travel costs of district personnel who will address student needs "in-house"



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and who will coordinate services with outside agencies. In all, the district intends to allocate 95% or greater of funding to provide direct mental health, substance abuse, and psychiatric services. The remaining 5 percent will be utilized for supplies and materials utilized to support the program.

### 5. Process used to coordinate mental health services with students' primary care provider or other mental health providers.

School-based mental health staff and dedicated district mental health staff will coordinate services with outside providers. These will include contracted agencies and local partnerships as well as student primary care providers, when appropriate. Parents will be consulted to determine the best option for each student. The district intends to contract with local providers in order to provide all students in need of services those services regardless of insurance or Medicaid. If parents prefer to use students' primary or other mental health provider, those preferences will be honored, and district mental health specialists will work with parents to document those arrangements and collect relevant data needed for state reporting. Parents will be asked to provide a release of information for the district to consult and coordinate services with all mental health providers.

### 6. Process that will be used to document program outcomes (number of students assessed, referred, served; identify number and credentials of mental health service providers employed or contracted).

Each mental health staff specialist will be assigned a cluster of schools or, in some cases where high needs exist, a single school. As school-based data review teams assess the need for services and refer for Tier-2 or Tier-3 interventions, they will complete a referral form to be submitted to district specialists and documentation of intervention will be entered into our student database management system. Specialists will be expected to review referral forms and will keep logs and notes to document number of students screened, assessments and results, number of referrals, specifics on services provided, etc. District Student Support Services staff will assist with data collection from providers, including data on credentialing, services provided, and contracted expenditures. Data on referrals will be maintained in our student database system, and a report will be prepared annually. The high school based System of Care social worker and mental health counselor will also be expected to develop a "case-load" of students to whom they will provide direct mental health counseling and case management services.



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2018-2019**

Assurances:

Yes	No	
X		90% of expenditures shall be allocated to direct mental health services or coordination of services.
X		Plan establishes or expands school-based mental health care.
X		Mental Health Assistance Allocation does not supplant other funding sources.
X		Mental Health Assistance Allocation does not increase salaries or provide staff bonuses.
X		Plan has been approved by the district School Board.

Date Plan was approved by the School Board:

July 17, 2018

Board Chair Signature:

  
Gunnar F. Paulson, Ed.D.

Superintendent Signature:

  
Karen Clarke: