

**Senate Bill 7026**  
**Mental Health Assistance Plan**  
**2018-19**

**Brevard's Vision:** Mental health wellness promotes increased academic engagement, motivation and achievement, and improves behaviors and school climate.

**Brevard's Mission:** Expand school-based mental health care by providing direct access to a continuum of mental health supports for students and families that will foster academic success and positive lifelong outcomes.

**Mental Health Plan Narrative**

As defined through Senate Bill 7026 (SB 7026), Brevard Public Schools (BPS) will receive a mental health assistance allocation of \$1.7 million to expand school-based mental health care and access to mental health services for students. At least 90% of this allocation must be expended on the following three elements:

- Provisions for mental health assessment, diagnosis, intervention, treatment and recovery services to students with a mental health diagnosis or at-risk for such diagnosis
- Coordination of services with primary care and mental health providers
- Direct employment of mental health service providers, and/or contract based collaborative efforts with mental health providers to provide school based mental health services

School districts shall submit board approved plans to the commissioner of education by August 1<sup>st</sup> of each fiscal year. Beginning in September 2019, districts will be required to submit a report on the program outcomes and expenditures for the previous fiscal year based on the above three elements. In addition, beginning in 2018-19, all BPS school personnel will receive youth mental health awareness and assistance training to help school personnel understand the signs and symptoms of mental health disturbance, illness, and substance abuse.

The ultimate goal of BPS's proposed mental health plan is to expand and improve the quality and accessibility of mental health services for all students in Brevard. It is important to note the following mental health and social-emotional supports/initiatives aligned with SB 7026 are currently in place to support this effort:

- On June 12<sup>th</sup>, through a Request For Qualifications (RFQ) process the following mental agencies were approved by the Board to provide mental health, substance abuse, behavior analysis, and case management services on school sites with parental consent: Angels for Kids, Big Bear Behavioral, Children's Home Society, Lifetime Counseling Center, IMPOWER, INVO healthcare, and Kinder Consulting
- **Social Workers:** during SY 2017-18, budget was approved to hire seven school social workers for secondary schools to assist and support students and families with social, emotional, and physical development needs to enhance and maximize student success.
- SEDNET: through discretionary grant funding from the Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) a project resource manager is shared between Brevard and Seminole Counties to facilitate and coordinate mental health services for youth with or at-risk of emotional behavioral disabilities. The project manager collaborates with schools, child welfare, and juvenile justice professionals, along with mental health agencies and families to ensure

children with mental emotional and behavioral problems and their families have access to the mental health supports and services they need.

- **Youth Mental Health First Aid (YMHFA):** training has been provided over the last three years through the National Institute of Justice grant to 560 BPS employees. YMHFA is a public education training that introduces participants regularly working with youth to risk factors and warning signs of mental illnesses, builds understanding of the impact of mental illness, and overviews common supports. Capacity exists in the district for continued training pending approval in September of a \$400,000 (over three (3) years) grant application with Florida Blue Foundation.
- **ACT on FACTS:** an on-line training program for instructional staff that increases awareness of risk and protective factors for students who are dealing with mental health issues.
- **Sources of Strength:** is a youth suicide prevention program designed to promote a healthy school culture for students and staff by promoting positive, supportive connections between student peers and caring adults. Over the last two years, Astronaut, Titusville, and Space Coast Jr. Sr., as well as Madison and Jackson Middle Schools have been implementing Sources of Strength. Brevard will utilize the Train the Trainer model so that certified BPS trainers can continue training secondary schools throughout the 2018-19 school year, and in subsequent school years. Space Coast Health Foundation is providing financial support for this effort through a grant totaling approximately \$49,000.
- **BPS Crisis Response Manual:** updated during the 2017-18 school year. This document is designed to provide administrators, counseling professionals, teachers, and members of the crisis and recovery response teams with information and guidance for preventing and mitigating, preparing for, responding to, and recovering from crisis situations. Information contained in this document will support school administrators and their staff in preparing a comprehensive approach directed at creating and maintaining school site safety and security. Training on the updated manual will be implemented throughout the 2018-19 school year for school administrators and staff.
- **LINC Care Coordination for Suicide Prevention training:** will be provided to certified school counselors, social workers, and schools psychologist to introduce screening and assessment tools (PHQ-9, Columbia-SSRS, and Wellness Toolbox/Safety Plan) for students at risk of self-harm. In addition, this training focuses on follow-up with students back into the school environment after a Baker Act or voluntary hospitalization.
- **Creating a Trauma Sensitive Classroom:** Utilizing Blackboard Learning, Creating a Trauma Sensitive Classroom is a 20 hour course created by BPS resource teachers to help classroom teachers understand the effects of trauma on learning and to provide strategies for creating a trauma sensitive approach in the classroom. Since the course's inception in 2017, approximately 150 teachers have completed the course. This on-line course is offered throughout the school year and is sustainable through current staffing resources.
- **Eckerd Connects:** a Memorandum of Understanding (MOU) is in place with Eckerd Connects to provide two full time counselors to support substance abuse and mental health counseling for students enrolled at the North Central Alternative Learning and South Alternative Learning Center. In addition, Eckerd Connects provides "Hi-Five" a substance abuse prevention program to Endeavour and Coquina elementary schools. This MOU is in effect till June of 2021.
- **Hospice of St. Francis:** an MOU is in place with Hospice of St. Francis through June of 2021 to provide grief support to students on campus at the request of school personnel or families.
- **Crosswinds Youth Services:** an MOU is in place with Crosswinds Youth Services through June 2021 to provide case management to foster care students, ungovernable and truant students, and an afterschool program for children ages six through eleven who are engaging in aggressive, anti-social behavior and/or have come into contact with authority figures at school or in the community.

- **Circles of Care:** through an MOU with Circles of Care - Community Action Treatment Team (CAT) is in place through June 2021 to provide wraparound services and mental health interventions to pre-identified clients on school campuses at the request of school personnel.

### **Brevard Public Schools' Plan for Mental Health Assistance Allocation**

*Outside of the mental health allocation provided through SB 7026, BPS will address district and school based implementation processes and procedures to improve the quality and accessibility of mental health services for all students in Brevard. Certified school counselors, school psychologists, and school social workers employed by the district possess the skills needed to intervene and address mental health issues that impact a student's ability to be successful in schools. The role of school psychologists and district school social workers will be realigned to provide direct mental health services and supports to schools. A BPS mental health work group is working on this realignment and developing a uniform district and school based action plan based on the Substance Abuse Mental Health Services Administration (SAMHSA) to assist schools with the mental health referral process and access of mental health services for students. A standardized BPS mental health referral process will be put into place in order to improve our current referral process for mental health services and to assist with data collection regarding the number of students screened/assessed and referred for mental health services.*

BPS will hire sixteen (16) additional **school social workers** to be staffed at secondary and elementary schools to provide and conduct mental health interventions to include focused individual, group and family counseling services for students. School social workers will coordinate services with primary care providers and mental health agencies to provide mental health services to students with one or more mental health or comorbid substance abuse diagnoses, and students at risk of such diagnoses. Home visits with families for the purpose of gathering information on a student's background will be included as a part of their role.

BPS will hire four (4) **additional school psychologists** which will lessen the caseload for the thirty-four currently employed Schools Psychologists and allow them to allocate more time provide mental health services to BPS students throughout the county. These services include direct support to students for mental health assessment, intervention, treatment, recovery services, and referrals for outside diagnosis.

BPS will hire five (5) **instructional assistants** who will be assigned to support elementary certified school counselors with data collection, record keeping, preparation for state assessments, and support for the MTSS process and other non-counseling duties. This will free certified school counselors up to perform more direct counseling services with students, individually and in groups, regarding physical, emotional, and psychological well-being. This model was implemented in 10 elementary schools during the 2017-18 through Title IV funding and was found to be effective in providing certified school counselors with more time to provide counseling services to students.

BPS will **contract services from UCLA** to implement and pilot at selected schools an electronic universal resiliency screener for middle (7<sup>th</sup> grade) and high school (9<sup>th</sup> and 11<sup>th</sup> grade) students. This screener tool will assist in detecting social emotional deficiencies and includes resiliency curriculum designed to target identified social emotional needs of students. Capabilities are available to link screening data with attendance and academic reports to further assist with evaluating the needs of students. In addition, data from the resiliency screener can be used to identify the need for further screening for mental health issues. Upon completion of the pilot, the universal resiliency screener and supports can be replicated at other secondary schools in the district.

BPS will **contract social work services** from Lifetime Counseling Center to continue with direct mental health supports and services implemented through the National Institute of Justice Grant. BPS will partner with Lifetime Counseling Center to split fund (50/50) these contracted services. The Child Adolescent Needs and Strength (CANS) will be administered to help social workers identify youth and family needs indicates improvements in all domains (life functioning, youth behavioral and emotional needs, and caregiver strengths) of this assessment instrument.

BPS will set aside funds to **contract mental health services** from approved providers to cover additional mental health counseling services to BPS students that providers cannot bill through Medicaid or forms of insurance. These additional services would include supports for students during a crisis recovery event, intensive mental health treatment, and consultation services for clients and school staff.

Charter schools are entitled to a proportionate share of district funding.

Services funded by the Mental Health Assistance Allocation do not supplant other funding sources or increase salaries or provide staff bonuses.

**Evidenced based practices provided by district licensed mental health professionals may include:**

**Cognitive Behavior Therapy (all ages)**

Cognitive Behavior Therapy (CBT) is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties and, as a result, change the way they feel. CBT works by changing people's attitudes and their behavior by focusing on the thoughts, images, beliefs and attitudes that are held and how these processes relate to the way a person behaves, as a way of dealing with emotional problems.

**Trauma-Focused Cognitive Behavior Therapy (all ages)**

Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is a treatment model designed to assist children, adolescents, and their families in overcoming the negative effects of a traumatic experience. Clients learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related to traumatic life events; and enhance safety, growth, parenting skills, and family communication.

**Motivational Interviewing (adolescents)**

Motivational interviewing is a psychotherapeutic approach that attempts to move an individual away from a state of indecision or uncertainty and towards finding motivation to making positive decisions and accomplishing established goals. Motivational interviewing is often used to address addiction and the management of physical health conditions such as diabetes, heart disease, and asthma. This intervention helps people become motivated to change the behaviors that are preventing them from making healthier choices.

**The following evidenced based therapies are used less frequently but available:**

**Adlerian Therapy**

A brief, psychoeducational approach that is both humanistic and goal oriented. It emphasizes the individual's strivings for success, connectedness with others, and contributions to society as being the hallmarks of mental health.

**Solution-focused brief therapy (SFBT)**

Places focus on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted.

**Interpersonal Psychotherapy (IPT)**

A type of therapy that utilizes a uniquely structured model for the treatment of mental health issues. Based on attachment and communication theories, IPT is designed to help people address current concerns and improve interpersonal relationships.

**Reality Therapy**

A therapeutic approach that focuses on problem-solving and making better choices in order to achieve specific goals. Developed by Dr. William Glasser, reality therapy is focused on the here and now rather than the past.

### **Person-centered therapy**

A type of therapy diverged from the traditional model of the therapist as expert and moved instead toward a nondirective, empathic approach that empowers and motivates the client in the therapeutic process.

### **Rational emotive behavioral therapy**

Built on the idea that how we feel is largely influenced by how we think. As is implied by the name, this form of therapy encourages the development of rational thinking to facilitate healthy emotional expression and behavior.

### **Play Therapy**

The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and achievement.

### **Dialectical Behavior Therapy (DBT)**

Dialectical behavior therapy is an evidence-based psychotherapy designed to help people suffering from borderline personality disorder. It has also been used to treat mood disorders as well as those who need to change patterns of behavior that are not helpful, such as self-harm, suicidal ideation, and substance abuse.[2] This approach works towards helping people increase their emotional and cognitive regulation by learning about the triggers that lead to reactive states and helping to assess which coping skills to apply in the sequence of events, thoughts, feelings, and behaviors to help avoid undesired reactions

### **Eye Movement Desensitization and Reprocessing (EMDR) therapy**

Eye Movement Desensitization and Reprocessing therapy an integrative researched psychotherapy approach that has been proven effective for the treatment of trauma, anxiety, panic, disturbing memories, posttraumatic stress and many other emotional problems.

### **Brief Behavioral Therapy ( ALL)**

Brief or solution-focused therapy is a practical, action-oriented approach to solving emotional and behavioral problems. Solution-oriented counseling emphasizes the present: on changing currently held beliefs or attitudes and maladaptive behaviors that cause emotional pain. Further it emphasizes people's strengths and inner resources, bypasses a lot of analysis and gives people concrete ways of changing their actions and their points of view. Solution-oriented counseling can be applied to many life situations and the results can be rapid, effective and life enhancing. Presenting both a theoretical foundation and proven strategies for helping caregivers become more attuned and responsive to their young children's emotional needs

### **Psychodynamic Therapy (ALL)**

Known as insight-oriented therapy, focuses on unconscious processes as they are manifested in a person's present behavior. The goals of psychodynamic therapy are a client's self-awareness and understanding of the influence of the past on present behavior. In its brief form, a psychodynamic approach enables the client to examine unresolved conflicts and symptoms that arise from past dysfunctional relationships and manifest themselves in the need and desire to abuse substances.

#### **Interpersonal Therapy ( Adolescents & Adults)**

Interpersonal therapy focuses on the interpersonal relationships of the depressed person. The idea of interpersonal therapy is that depression can be treated by improving the communication patterns and how people relate to others.

#### **Multidimensional Family Therapy (All)**

Multidimensional Family therapy views a person's symptoms as taking place in the larger context of the family. Without understanding that larger group and the complex, dynamic interactions that take place and how those interactions were formed, it may not be as easy to help the identified patient (the person with the "problem" that everyone else in the family is concerned about).

#### **Multisystemic Therapy (MST) (Youth 12-17 years)**

An intensive family- and community-based treatment that addresses the multiple factors contributing to serious antisocial behavior in youth; it has a home-based model of service delivery and is targeted to youth 12-17. The multisystemic approach views individuals as being embedded within a complex network of systems, all interconnected, that include individual, family, peer, school, neighborhood, and other factors. MST posits that intervention may be necessary in any one or a combination of these systems. There are clinical adaptations of MST, with MST-CAN being particularly useful for youth in foster care who are being reunited with birth families.

#### **Parent-Child Interaction Therapy (PCIT) (Young Children)**

Parent-Child Interaction Therapy is an evidenced-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child. Parents/caregivers learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver-child patterns.

#### **Sand Tray Therapy ( Young Children)**

Sand tray therapy is a form of expressive therapy that is sometimes referred to as sandplay (although sandplay does have a slightly different approach) or the World Technique. This type of therapy is often used with children, but can be applied to adults, teens, couples, families, and groups as well. Sand tray therapy allows a person to construct his or her own microcosm using miniature toys and colored sand. The scene created acts as a reflection of the person's own life and allows him or her the opportunity to resolve conflicts, remove obstacles, and gain acceptance of self.

#### **Child-Parent Psychotherapy ( 0-5years)**

CPP is an intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship.

**Circle of Security (COS) (0-5 years)**

Circle of Security (COS) intervention aims to teach caregivers to become more responsive to their children's needs. A meta-analysis has examined the efficacy of the COS intervention in relation to child attachment patterns, quality of caregiving, caregiver self-efficacy, and caregiver depression. It has been found successful.



**School Board of Brevard County Mental Health Plan - 06/27/18**

		<b>Budget</b>
		\$1,700,000.00
1.	Lifetime Counseling Center - Cost Share four (4) Social Workers	\$116,000.00
2.	Sixteen (16) School Social Workers	\$929,200.00
3.	UCLA -Universal Resiliency Screener for pilot schools	\$50,000.00
4.	Four (4) School Psychologists Split-Funded with IDEA (65%) and Operating (35%)	\$111,448.00
5.	Five (5) Instructional Assistants	\$142,870.00
6.	Contracted Counseling Services for Crisis Response approximately \$50 per hour	\$188,352.00
7.	Mileage/Miscellaneous	\$12,130.00
8.	Charter Schools Allocation	\$150,000.00
		Remaining Budget \$0.00

Short Explanations (see attachment for longer descriptions):

- Line 1: Lifetime Counseling Center - this is a cost share for the social workers assigned to Cocoa High, Endeavour Elementary, Cambridge Elementary, and Saturn Elementary.
- Line 2: Sixteen (16) school social workers - to be assigned in cooperation with Leading and Learning to high-risk schools.
- Line 3: UCLA resiliency screener, FOCUS resilience curriculum, and training for targeted schools and targeted transitional grade levels (grades 7, 9, and potentially 11).
- Line 4: Four (4) school psychologists split funded with IDEA to bring the total number of school psychologists to 39 for the school district. The increase in personnel will lower the psychologist/student ratio to allow for more mental health assistance in the schools.
- Line 5: Hire five (5) Instructional Assistants. The expectation for these positions is to assign them as support to elementary certified school counselors in the areas of data collection, record-keeping, meeting scheduling, MTSS process, and other non-counseling duties to free certified school counselors in those schools to perform counseling functions of students and groups of students.
- Line 6: Contracted services for counseling and crisis response. The purpose of these funds will be to cover additional mental health services for students and schools experiencing immediate crisis, crisis recovery, and continued support to students and groups of students.
- Line 8: Charter school proportionate share as required in state statute.

# Mental Health Systems of Supports

Brevard  
Public  
Schools

**FEW**

- Individualized Mental Health Counseling/ Behavior Support Plans
- Intensive Progress Monitoring
- Wrap Around Services for Students & Families
- Community Based Mental Health
- Data and Strategy Sharing Between Schools & Agencies
- District Crisis Response // Postvention

**SOME**

- Identification, Screening & Monitoring
- Outreach To Community Resources
- School Social Worker Supports
- Certified School Counselor Supports
- Targeted Social Emotional Supports
- Restorative Practices

**ALL**

- Positive Behavioral Interventions & Support
- Needs Assessment and Resource Mapping
- Consistent Discipline Practices
- Social Emotional Learning
- Positive School Climate
- Suicide Prevention
- Positive Classroom Culture
- Bullying Prevention

## GUIDING PRINCIPLES

- Staff Development & Implementation Support For Mental Health Awareness
- Evidenced Based Practices
- Data-Based Decision Making
- Collaboration/Positive Relationships Between Families, Schools, & Community Agencies
- Commitment To A Positive, Safe & Healthy Learning Environment Throughout Brevard Public Schools