

**MENTAL HEALTH ASSISTANCE ALLOCATION PLAN CHECKLIST  
DUE AUGUST 1, 2018**

Yes	Mental Health Assistance Allocation Plan (s. 1011.62(16) (a) and (b), F.S.)
Yes	<p><b>Focuses on delivering evidence-based mental health services.</b>            Full Service Schools of Jacksonville is a collaborative partnership with Duval County Public Schools, Duval County Health Department, Kid’s Hope Alliance, St. Vincent’s Mobile Health, Baptist Health, Chartrand Family Fund, Lucy Gooding Charitable Foundation Trust and United Way of Northeast Florida. The purpose of this collaborative partnership is to deliver an evidence based therapeutic, health, and social service infrastructure to meet the needs of students and families in Duval County. Full Service Schools are conveniently located to ensure children and youth received the necessary physical, emotional, and educational supports for optimal learning and to foster a lateral coordination of service delivery to children and families among schools and local agencies. This collaborative has grown over the past twenty- seven (27) years to eight targeted neighborhoods in Duval County - Arlington, Englewood, Historic James Weldon Johnson, Ribault, Sandalwood, Westside, Springfield and the Beaches. Services are now available through eighty-seven (87) schools (10 high schools, 15 middle schools, 59 elementary schools, 4 alternative/ exceptional schools), with main Full Service School offices located on school campuses in each neighborhood. The Full Service Schools network of providers and partners provide access to therapists, psychologists, nurses, behaviorists, substance abuse counselors, targeted case managers, and other professionals. Services such as counseling, family therapy, behavior management, substance abuse counseling, parenting classes, medical treatment and follow-up, psychological testing, tutoring, and legal consultation are provided, and referrals to outside agencies are also made. Transportation barriers are minimized because services are delivered within the neighborhood and schools. The Safe Schools/Mental Health Allocation of 2.6 million will allow Duval County Public Schools to build upon this existing infrastructure to extend mental health services into 36 additional schools, in collaboration with community partners to provide mental health access to ALL students.</p> <p>The primary therapeutic modalities being used by the clinicians are Trauma-Focused Cognitive Behavioral Therapy and Brief Solution Focused Therapy. Both of these models are considered to be evidence-based and have been used successfully in school-based settings with children, adolescents and families. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models. It includes several core treatment components designed to be provided in a flexible manner to address the unique needs of each child and family. This model was initially developed to address trauma associated with child sexual abuse and has more recently been adapted for use with children who have experienced a wide array of traumatic experiences, including multiple traumas.</p> <p>The Solution-Focused Brief Therapy (SFBT) model is also being utilized. SFBT is an evidence-based approach to psychotherapy, which has been studied since the early 1980s. It is one of the few approaches in psychotherapy that began as “evidence-based,” vs. being “theory-driven.” SFBT is future-focused, goal-directed, and focuses on solutions, rather than on the problems that brought clients to seek therapy. The SFBT approach assumes that all clients have some knowledge of what would make their life better, even though they may need some help describing the details of their better life and that everyone who seeks help already possesses at least the minimal skills necessary to create solutions.</p>
Yes	<p><b>Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).</b>            Full Service Schools referrals for services can be made and submitted by anyone, to include, school administration and staff, parents, community agency personnel, as well as student self-referral. Referrals are to be completed using only the approved Referral for Services Form and can be submitted via hand delivery, fax, or email. In addition, referrals can be made by having a conversation directly with the</p>

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therapist. When this occurs either the therapist or the referring source would complete the Referral for Services Form based on the discussion. Each Full Service Schools on-site therapist has blank referral forms. Simply fill out the referral form for each student you are referring to Full Service Schools providing as much detailed information as possible. The on-site therapist assigned to the school is the first point of contact to receive a referral. The referring source can hand deliver the referral or put it in a sealed envelope and place it in the on-site therapist assigned mailbox at the school. There is also a DCPS Full Service Schools Plus Social Worker that can receive referrals for social services (e.g., clothing, eyeglasses etc.). In the Full Service Schools collaborative, the person writing the referral can give the referral directly to the on-site therapist. Due to this direct contact, there is no question as to whether or not the therapist has received the referral, but there can still be challenges with follow through with actually receiving services (e.g., the family may refuse consent for services, the therapist may not hear back from the family about their willingness for the child to receive services). With the therapist being housed on-site at the school, they are able to give frequent, appropriate feedback to the referral source. Often, the therapist works with the referral source to learn more about the student's classroom functioning and to provide suggestions and coaching on strategies that may help support the increase of positive behaviors in the classroom. The on-site therapist will disclose only pertinent information that will help students to be successful while abiding by the Health Insurance Portability and Accountability Act of 1996 (HIPAA, a US law designed to provide standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers). Referral reason may include but are not limited to: classroom conduct, behavior observed, academic performance, personal/family/friend issues, possible alcohol/drug use, and health/ wellness.

The supports that will address mental health needs are as follows:

**Assessment:** Children's Functional Assessment Rating Scales (PRE and POST Test) is administered to every student whose parent has consented for his/her child to receive mental health services. The purpose of the CFARS is to have a single instrument that could: 1) gather functional assessment information for domains relevant for evaluating children, 2) gather Florida's societal outcome data elements, 3) provide information helpful to clinicians and agencies delivering, and 4) be flexible to describe changing status in aggregate reports.

**Diagnosis:** The Diagnostic and Statistical Manual of Mental Disorders (DSM -5) is used by clinicians and psychiatrists to diagnose psychiatric illnesses. The DSM-5 is published by the American Psychiatric Association and covers all categories of mental health disorders for both adults and children. The DSM is utilized widely in the United States for psychiatric diagnosis, treatment recommendations and insurance coverage purposes.

The manual is non-theoretical and focused mostly on describing symptoms as well as statistics concerning which gender is most affected by the illness, the typical age of onset, the effects of treatment and common treatment approaches. To ensure that best practice model is followed, all Full Service School therapist will utilize the DSM-5 to diagnose students.

**Intervention:** Multi-Tiered System of Support (MTSS) is the framework that our schools utilize to provide targeted support to struggling students. It focuses on the "whole child." MTSS supports academic growth and achievement, but it also supports many other areas such as behavior, social and emotional needs, and absenteeism. The intervention model for Duval County Public Schools is to:

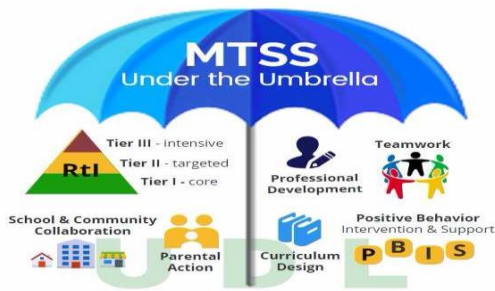
- Increase youth access to mental health services and supports within a multitiered framework
- Increase implementation of evidence-based, culturally responsive mental health practices
- Increase awareness of mental health issues within our youth, families, schools and communities

Duval County Public Schools tiered interventions are as follows:

Tier 1: Foundations Team Monitoring of School Wide PBIS Implementation, Code of Conduct, Problem Solving Teams, Evidence Based Instructional Practices, CHAMPs Classroom Management, Peer Mediation, Progress Monitoring via Periodic Universal Assessments , Comprehensive Health Education,

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Zeroing in on Intervention, Preventive Focus, Aligned with State and District Standards, Character Education, Restorative Practices Second Step Social Emotional Learning Curriculum, Child Safety Matters, Youth Mental Health First Aid, Trauma Informed Classrooms, RtI teams, Stop Bullying NOW program, Student Success Skills, Parent Academy, Mental Awareness Education,  
 Tier 2: Check In/Check Out, Meaningful Work, Restorative Justice, Psychosocial Assessment, Group Counseling, Student Options for Success, Nighttime Substance Abuse Program, Small group instructions, Strategic research based interventions targeted to student’s specific needs, Frequent monitoring, Functional Behavior Assessment, Behavior Plan, Classroom Guidance,  
 Youth Mental Health First Aid, Student Peer Mediation, Referral Forms, Restorative Justice, Student Success Skills  
 Tier 3: Tough Kid Toolkit, Full Service Schools treatment referral, Meaningful Work, Intensive Long Term Instructional Support, Individual instruction, Functional Behavior Assessment, Behavior Plan, Mentoring, Motivational Coach, Achievers for Life Mentoring



**Treatment:** Cognitive behavioral therapy (CBT) will be utilized as the treatment technique. CBT is a short-term form of behavioral treatment. It allows students to problem-solve, as well as, reveal the relationship between beliefs, thoughts, and feelings, and the behaviors that follow. Through CBT, students learn that their perceptions directly influence how they respond to specific situations. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) will also be utilized as the treatment technique. TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. Therapeutic services for clients are implemented for up to 6 months.

**Recovery:** As a result of the evidence based mental health practices the treatment outcomes are as follows:

- Academic improvement
- Positive behavioral changes
- Decreased disciplinary referrals
- Improved coping skills
- Improved relationships and rapport building

**Identifies evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses.**

Students that have one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses will be referred to our Gateway Community Services substance abuse partner for treatment. Adolescents who meet the criteria for treatment are offered a well-designed program, individually customized to address his or her specific needs. The substance abuse treatment available are: Intervention Services, In-Home/On-Site Services, Traditional Outpatient Services and Residential Substance Abuse Treatment. After the student receives a full assessment, the Gateway staff will work to determine the best type of treatment for the student.

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Another resource for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses is the Night-Time Substance Use Prevention Counseling Education Program. The Night-Time program is the district’s program for students who have been charged with committing an alcohol, drug, possession of prohibited substance, or drug/alcohol paraphernalia infraction against the *Code of Student Conduct*. The Night-Time program may also be a counseling referral for use, possession, distribution, or sale of tobacco; or distribution, possession, sale or purchase of drug facsimile products. Classes for the Night-Time program are year-round. Referrals remaining from the end of last year and any that occurred during the summer will be processed with the students being enrolled immediately upon intake.

An additional resource for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses is the River Oak Center. The River Oak Center offers students an opportunity to grow (academically, emotionally, socially, and spiritually) by integrating the principles of recovery into daily education. The Center integrates a high school academic curriculum with the development of supportive life skills necessary for students in recovery from alcohol and substance use. All program staff are certified educators and specialists who are responsible for providing appropriate academic programming and oversight both in and outside of school. Students are referred by schools, family members, courts, state agencies, drug/ alcohol treatment facilities, community based youth programs, and residential programs. Prospective students must interview with the River Oak team prior to admission. In addition, students must achieve sobriety prior to attending River Oak and must consent to participate in random drug testing while enrolled. Students must also be committed to working an outside plan of recovery and demonstrate a commitment to academic achievement in pursuit of a high school diploma.

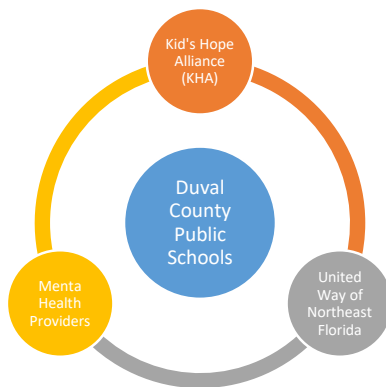
**Describes the collaborative partnerships with community providers and agencies.**

The collaborative partnerships with Full Service Schools community providers and agencies that ensures the implementation of mental health services is as follows:

***Kid’s Hope Alliance (KHA)*** - a community organization serving the needs of children and their families throughout Jacksonville. KHA provides funding to mental health providers to ensure mental health services are delivered within schools.

***United Way of Northeast Florida*** - provides leadership and resources to change lives in the community by creating sustainable improvements in education, income and health. UW provides coordination and oversight of the Full Service Schools Initiative.

***Mental Health Providers*** – Mental Health providers are selected based on a competitive RFP process. The Mental Health providers identify, consult, treat, triage and manage students with emotional/behavioral health needs to improve their ability to function in school.



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	<p>In addition to the above collaborative partnerships, during the month of May (Mental Health Awareness Month) additional providers and agencies are called upon to advocate and promote mental wellness. The following events and activities have occurred:</p> <ul style="list-style-type: none"> <li>• Mental Health Awareness Video PSA/Poster Contest created by students</li> <li>• Employees and students sign the “Pledge to See Something/Say Something”</li> <li>• Mental health facts shared daily in schools and district offices via district news and social media</li> <li>• Mindfulness resources and green ribbons distributed support Mental Health Awareness</li> <li>• Mental Health Proclamation read at DCPS School Board Meeting and City Council meeting</li> <li>• Mental Health Awareness Resource Table in local community events</li> <li>• Wear green on National Children’s Mental Health Awareness day</li> <li>• Districtwide Student Mental Health Conference</li> <li>• Mental Health Awareness Resource Fair</li> </ul> <p>Duval County Public Schools collaborates with Child Guidance Rapid Response Team (RRT), if a student threatens/attempts to harm him/herself or someone else. The process is as follows:</p> <ul style="list-style-type: none"> <li>• School contact’s the district crisis hotline if a student threatens/attempts to harm him/herself or someone else</li> <li>• The district crisis advisor receives an assessment of the presenting problem and contacts the Rapid Response Team</li> <li>• The LMHC on the RRT goes to the school to assess the student for a Baker Act <ul style="list-style-type: none"> <li>○ If the students meet the criteria for a Baker Act they are transported to the Baker Act receiving facility-</li> <li>○ If the students does not meet the criteria for a Baker Act the RRT LMHC provides the family with resources for therapeutic follow up</li> </ul> </li> </ul>
	<p><b>Describes process for coordinating mental health services with a student’s primary care provider and other mental health providers, including procedures for information sharing.</b></p> <p>The process by which coordination of mental health services with a student’s primary care provider and other mental health providers, begin at intake when an initial assessment is conducted to determine the needs of the student. If mental health services are recommended and services are consented to, the mental health provider conducts an assessment/brief to determine a diagnosis. Depending upon the specific diagnosis, the student’s parent is then referred to their primary care provider. If a student is in need of psychiatric services (including medication) they are referred to internal providers or external mental health providers. A Data Sharing MOU, as well as, parental consent is required (through a Consent Agreement to Participate in School Based Behavioral Health Service) for such service in accordance with FERPA and HIPAA guidelines.</p>
<b>Yes</b>	<b>Program Implementation and Outcomes (s. 1011.62 (16) (d), F.S.)</b>
	<p><b>Identifies how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community).</b></p> <p>The Behavior Intervention Monitoring Assessment System (BIMAS-2) is a measure of social, emotional and behavioral functioning in children and adolescents ages 5 to 18 years. The BIMAS Standard Form includes 34 change-sensitive items that are used for universal screening of behavior concerns and for assessing and monitoring the progress of behavior and mental health related interventions. The BIMAS is a brief, repeatable multi-informant (teachers, parents, clinicians, self) measure that is useful for behavioral universal screening, progress monitoring, outcome assessment, and program evaluation. It offers an online Data Management System with dynamic analysis, graphing and reporting options. This</p>

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allows assessors to manipulate data in a variety of ways in real time to assist in evidence-based decision-making within a Response to Intervention (RtI) or Multi-Tier System of Supports (MTSS) framework.

**THE BIMAS MAIN OBJECTIVES/FUNCTIONS**

Universal Screening – By comparing each student’s scores on the BIMAS to a nationally representative normative group, the BIMAS Standard can be employed as a brief screening device to detect students in need of further assessment and to identify their respective areas of need.

Student Monitoring – To provide feedback about the progress of the individual student or groups in intervention programs.

Program Evaluation – To assess changes in behavioral, emotional concerns and adaptive skills in a group of students receiving psychosocial interventions (e.g. school-based mental health and special education programs provided on an individual or group basis) and well as monitoring the effectiveness of Tier I universal prevention efforts.

**THE BIMAS SCALES**

Behavioral Concern Scales - Identify Risks

Conduct - anger management, bullying behaviors, substance abuse, deviance

Negative Affect - anxiety, depression

Cognitive/Attention - attention, focus, organization, planning, memory.

Adaptive Scales - Identify Strengths and Areas of Improvement

Social functioning - friendship maintenance, communication

Academic Functioning - academic performance, attendance, ability to follow directions

The BIMAS2 will be administered in the fall and spring of each academic year to all 3<sup>rd</sup>, 6<sup>th</sup> and 9<sup>th</sup> grade students, as well as, any students that have been charged with a violent code of conduct violation. If a student’s scores at-risk on the screener, he/she will be referred for mental health services.

Number of students that are <i>screened/assessed</i> .	Source of Data:	FOCUS database of School enrollment and BIMAS; Full Service Schools data system
	Number:	Report EOY 2018-19
Number of students who are <i>referred</i> for school-based mental health services.	Source of Data:	Full Service Schools data system
	Number:	Report EOY 2018-19
Number of students who <i>received</i> school-based mental health services.	Source of Data:	Full Service Schools data system
	Number:	Report EOY 2018-19

Other outcome data sources will be used to evaluate the effectiveness of the Full Service Schools collaborative services such as:

- Youth Risk Behavior Survey
- School Climate Survey
- Early Warning System Indicators: academics, attendance, discipline
- Children’s Functional Assessment Rating Scale (Post)



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	<p><b>Identifies number and credentials of mental health services providers employed by the district.</b></p> <table border="1" data-bbox="240 268 1356 459"> <tr> <td data-bbox="240 268 618 401"></td> <td data-bbox="618 268 1356 331"> <p align="center"><b>Employed by Duval County Public Schools</b></p> </td> </tr> <tr> <td data-bbox="240 331 618 401"></td> <td data-bbox="618 331 1356 401"> <p align="center">#</p> </td> </tr> <tr> <td data-bbox="240 401 618 459"> <p>NA</p> </td> <td data-bbox="618 401 1356 459"> <p>NA</p> </td> </tr> </table>		<p align="center"><b>Employed by Duval County Public Schools</b></p>		<p align="center">#</p>	<p>NA</p>	<p>NA</p>
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	<p align="center">#</p>						
<p>NA</p>	<p>NA</p>						
	<p><b>Identifies number and credentials of mental health services providers contracted by the district.</b></p> <table border="1" data-bbox="240 527 1356 793"> <tr> <td data-bbox="240 527 618 667"></td> <td data-bbox="618 527 1356 615"> <p align="center"><b>Employed by Contracted Mental Health Service Provider</b></p> </td> </tr> <tr> <td data-bbox="240 667 618 793"> <p>Full Service Schools Therapists</p> </td> <td data-bbox="618 667 1356 793"> <p align="center">#</p> <p>36 Licensed Mental Health Counselors, Master’s Level Mental Health Counselors, Licensed Clinical Social Workers and Master’s Level Social Workers</p> </td> </tr> </table>		<p align="center"><b>Employed by Contracted Mental Health Service Provider</b></p>	<p>Full Service Schools Therapists</p>	<p align="center">#</p> <p>36 Licensed Mental Health Counselors, Master’s Level Mental Health Counselors, Licensed Clinical Social Workers and Master’s Level Social Workers</p>		
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<p>Full Service Schools Therapists</p>	<p align="center">#</p> <p>36 Licensed Mental Health Counselors, Master’s Level Mental Health Counselors, Licensed Clinical Social Workers and Master’s Level Social Workers</p>						
<p><b>Yes</b></p>	<p align="center"><b>Expenditures (s. 1011.62 (16), F.S.)</b></p>						
	<p><b>Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers.</b></p> <p>The Mental Health Allocation funds of 2.6 million will be used to expand mental health services into 36 additional schools through the Full Service Schools collaborative.</p>						
	<p><b>Includes assurances that Mental Health Assistance Allocation does not supplant other funding sources OR increase salaries or provide staff bonuses.</b></p> <p>Duval County Public Schools will not supplant other funding sources, increase salaries, or provide staff bonuses with the Mental Health Allocation funds. DCPS will utilize the 2.6 million in Mental Health Allocation funds to build upon the existing district’s mental health infrastructure. Since 1991, Full Service Schools (partnership with United Way, Kids Hope Alliance and Duval County Public Schools) has provided mental health services in 87 of our 160 comprehensive schools (38 therapists). Kid’s Hope Alliance provide DCPS with 28 additional therapists to provide access to 31 schools. The 2.6 million in Mental Health Allocation funding will allow the district to build upon its existing collaborative infrastructure to hire 36 additional therapists to provide mental health access to the remaining Duval County Public Schools. This will also allow DCPS to provide mental health training to school personnel in elementary, middle and high schools and provide universal screening to 3<sup>rd</sup>, 6<sup>th</sup> and 9<sup>th</sup> grade students and students who have been charged with a violent school of conduct code violation.</p>						
	<p><b>Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g., Medicaid reimbursement, 3rd party payments, grants).</b></p> <p>Duval County Public Schools will maximize use of other sources of funding to provide school-based mental health services by collaborating with Kid’s Hope Alliance who currently contributes 1.7 million to mental health services and United Way who contributes \$270,000. Due to the resent events in Parkland, Kid’s Hope Alliance is considering allocating an additional 1.7 million dollars to support the Full Service School initiative. The additional funds provided my KHA will allow for enhance mental health services to be delivered to Duval County Public School students.</p>						

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In addition to the above, Duval County Public Schools will maximize use of other sources of funding to provide school-based mental health services by;

**Maximizing Enrollment of Medicaid Eligible Children**

According to [www.healthykids.org/data](http://www.healthykids.org/data): 10,448 children/youth remain uninsured in Duval County. We will maximize use of the Medicaid funding source by:

- Hosting School-based enrollment, re-enrollment strategies and campaigns;
- Enrolling all students in child welfare, juvenile justice service systems;
- Ensuring that all schools, providers can access Medicaid training, protocol.
- Require all mental health providers to bill Medicaid when applicable.

**Expanding Covered Services and Supports via Florida’s New State Plan Amendment**

- Florida Medicaid certified school match program allows school districts, charter and private schools to receive reimbursement under the Florida Medicaid program for **therapy services, behavioral health services, and nursing services furnished in a school setting.**
- Who Can Receive: Florida Medicaid recipients under the age of 21 years requiring medically necessary therapy, behavioral and/or nursing services in a school setting.
- State Plan Amendment 2016-031, Approved by CMS 10/02/17 – effective 10/28/16 (i.e. retroactive).

**Influencing State Plan Amendment Implementation to Fully Support EPSDT Benefit**

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** is an entitled benefit for all children enrolled in Medicaid, birth to 21 years old.

- Designed to cover all medically necessary care for children, in recognition of their unique needs.
- States must fully cover preventive and primary care, including dental, hearing, vision care and all “acute care” services. Florida uses a rigorous schedule for periodic check-ups/exams (Bright Futures by AAP: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)).
- Mental/behavioral health services are “acute care” EPSDT services. School-based services can be covered by the student’s EPSDT benefit. EPSDT also addresses long-term care needs associated with children with special healthcare needs (including therapies, medical equipment, and other support services).

**Maximizing Medicaid Administrative Claiming**

Administrative Claiming is a distinct form of Medicaid reimbursement available to schools. Through administrative claiming, schools can get reimbursed for work related to the provision of direct services, such as providing referrals and case management. Fortunately, Medicaid Administrative Claiming requires less detailed documentation of costs than reimbursing the direct costs for providing services does. Administrative claiming can cover large amounts of work done by local agency staff. By using a formula to arrive at the amount of time spent, given the number of students involved, schools can calculate reimbursable costs quickly. Florida’s Administration for Health Care Administration has a specific unit and system in place to manage and support this claiming by school districts.

State education agencies can access Medicaid administrative funds to support delivery of covered services. You can review the claiming guide determine administrative activities that can qualify. For example, CMS policy permits reimbursement at the standard 50% federal matching rate for translation and interpretation activities that are claimed as an administrative expense, so long as they are not included and paid for as part of the rate for direct services.

**Optimizing Federal Education Funding to Support DCPS School MH Services**



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**K-12 Education Funding Comes from:**

Florida Public Schools: (*FL Dept. of Education, <http://www.fl DOE.org/core/fileparse.php/7507/urlt/Fefpdist.pdf>*)

- State Funds: 40.39%
- Local Revenues: 48%
- Federal Funding Streams: 11.61%

Nationally (*US Dept. of Education, <http://www2.ed.gov/about/overview/fed/role.html>*)

- State Funds: 44%
- Local Revenues: 35%
- Federal Funding Streams: 11%
- Private Sources (*e.g. tuition*): 9%

**Federal Education Funding in Florida**

- Federal K-12 funding to Florida K-12 from US Department of Education (ED) and other agencies (*e.g. DHHS – Head Start; USDA – School Lunch program*)  Duval Co. Public Schools = 6<sup>th</sup> largest school district in FL  Allocations from ED to Florida for SFY 2017-18:  IDEA, Part B (K-12): \$654.6-million
  - IDEA, Part C (pre-school): 17.89-million
  - ESSA, Title I: \$825-million
  - ESSA, Title IV-A SSAE\*: \$21.57-million
  - Other federal programs (workforce development, research and demonstration) and discretionary grant opportunities.

\* ESSA Section 4108: *Can support evidence-based MH awareness training programs, school-based counseling and MH programs.*

DCPS should prioritize funding to support enhancement to its FSS and FSS PLUS school mental health program within its application for Title IV, Part A funds.

**Optimizing Private Insurance**

Invest in DCPS/FSS mechanisms and procedures to apply commercial insurance to pay for school-based MH services:

- Employer-based, Individual marketplace, and ACA subsidized Qualified Health Plans: MH, Substance use disorder services as *essential health benefits*)
- Cover young adults to age 26 on parents’ plans  Approved preventive services (*no out-of-pocket cost*)  Examples:
  - Pennsylvania – functional behavior assessments (autism spectrum)
  - New York – tele-medicine coverage required in private health plans
- Don’t be reticent about asking families to access their insurance to address health and mental health needs of their children. School districts that have made specific efforts to optimize private insurance resources have consistently reported that about nine in ten families asked have willingly agreed to apply their insurance to support school-based service delivery.

**Maintaining Strong Grantsmanship**

Grants come in several types:

- Private (philanthropic, business)
- Formula grants (*e.g. ESSA Titles, OJDDP*)
- Block grants (*e.g. Title XX Social Services block grant, Preventive Health and Health Services block grant, Maternal and Child Health block grant, SAMHSA MH and SUD*)

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	<p><i>Prevention block grants; Community Development</i>) <input type="checkbox"/> Discretionary/Project Grants.  <i>Examples:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Project Aware and Project Prevent (SAMHSA)</i></li> <li>▪ <i>Safe and Supportive Schools (U.S. Department of Education)</i></li> <li>▪ <i>Garrett Lee Smith Suicide Prevention (SAMHSA)</i></li> <li>▪ <i>School Climate Transformation (U.S. Department of Education)</i></li> </ul> <p>Discretionary grants are awarded through a competitive process to fund discrete projects over a specified period of time. Several have a portion of funds that can be allocated for advancing school behavioral health.</p> <p><u>Best uses of discretionary grants include:</u></p> <ul style="list-style-type: none"> <li>▪ Venture capital to launch innovations <input type="checkbox"/> Small-scale demonstrations of “a better way”</li> <li>▪ A way to shift to a <i>new</i> “business as usual”</li> <li>▪ Time-limited bridge to sustainable funding streams</li> </ul> <p><b>Foundations and Philanthropy:</b>  <u>Top giving foundations in Duval County</u></p> <ul style="list-style-type: none"> <li>➤ <i>Community Foundation for Northeast Florida</i></li> <li>➤ <i>Publix Supermarket Charities</i></li> <li>➤ <i>Jessie Ball DuPont Fund</i></li> <li>➤ <i>Chartrand Foundation</i></li> <li>➤ <i>Lucy Gooding Foundation</i></li> </ul>
<b>Yes</b>	<b>Plan Approval and Submission (s. 1011.62 (16) (c), F.S.)</b>
X	Local school board approved the district plan. <span style="float: right;">Date of Approval July 9, 2018</span>
X	Charter school governing body(ies) approved plan(s), when applicable.
X	Approved plan(s) was submitted to the Commissioner of Education by August 1, 2018 (attached).
X	Plan(s) establishes or expands school-based mental health care.
<p><b>Best Practice Considerations (optional for inclusion in Mental Health Assistance Allocation Plan):</b></p> <ul style="list-style-type: none"> <li>• Describe awareness/prevention efforts that address mental health issues.</li> <li>• Describe the mental health screening and assessment procedures for determining which students need mental health interventions and treatment.</li> <li>• Describe process for identifying and delivering evidence-based mental health interventions.</li> <li>• Describe procedures for referring students to school-based mental health interventions and community-based mental health providers for treatment.</li> <li>• Describe other outcome data that will be used to evaluate effectiveness of services (e.g., Early Warning System indicators, Youth Risk Behavior Survey data, school climate/student engagement data).</li> <li>• Describe how services will be delivered within a multi-tiered system of supports (universal/prevention, targeted, and intensive).</li> </ul>	