



Hernando County School District Mental Health Plan 2019-2020

The 2019 Florida Legislature Passed Senate Bill 7030, Implementation of Legislative Recommendation of the Marjory Stoneman Douglas High School Public Safety Commission was signed by Governor Ron DeSantis on May 8, 2019. Section 15 of SB7030 goes into effect July 1, 2019 and amends the Mental Health Assistance Allocation (MHAA) which provides funding to assist school districts in establishing or expanding school-based mental healthcare.

The Hernando County School District (HCSD) will maintain and continue to improve the quality and accessibility of mental health services through direct services and/or referral to outside providers.

SB7030 amended the MHAA, in part, to ensure that each Florida public school student has access to a mental health professional at school by the 2019-2020 school year by training educators and other school staff in mental health awareness and supports practices, connecting children, youth and families who experience behavioral health issues with appropriate services.

Each school district's MHAA Plan must include all district schools, including charter schools. Hernando County Schools includes two charter schools, BEST Academy and Gulf Coast Charter. Both charter schools have elected to follow the Hernando County Schools Mental Health Plan.

Mental Health Assistance Plan

HCSD has developed and modified a Mental Health/Substance Abuse Services Decision Chart (*Appendix A*) to be used by certified school counselors, social workers, school psychologists, school board nurses when determining next steps for a student. The Mental Health/Substance Abuse Decision Chart in conjunction with one or more of the Mental Health Screeners, will assist school district personnel and charter school personnel in determining the best evidence-based mental health service(s) to recommend for the student. When deemed appropriate for School Social Workers to provide direct services for the students, the professional(s) will conduct an evidence-based assessment in order to identify characteristics of a mental health challenge, develop a support plan and recommend appropriate interventions in order to ensure a recovery-based model of care within a 15 day timeline. When a referral to an outside provider is more appropriate, the outside provider is responsible for a psychosocial assessment in order to diagnose, identify treatment needs, and appropriate interventions in order to ensure a recovery-based model of care within a 30 day timeline.

The HCSD implements a multi-tiered system of supports process to deliver or refer evidence based mental health care assessment, identify characteristics of a mental health challenge, recommend interventions, development of a support plan and recovery services to students with one or more co-occurring substance abuse diagnoses or referral and to students at high risk of such mental health challenges. The provision of these services must be coordinated with a student’s primary mental health care provider and with other mental health providers involved in the student’s care.

The purpose of this multi-tiered system of supports includes:

- Strategies to increase the amount of time that school-based student services personnel spend providing direct services to students
- Strategies or programs to reduce the likelihood of at-risk students developing social, emotional or behavioral health problems, depression, anxiety disorders, suicidal tendencies or substance abuse disorders.
- Strategies to improve the early identification of social, emotional, or behavioral problems or substance abuse disorders to improve the provision of early intervention to assist students in dealing with trauma and violence

TIER 1: Universal strategies- focus on promoting social and emotional well-being and development of all students through the following:

- Youth and Mental Health First Aid training
- Kognito on-line training for mental health awareness
- Florida Positive Behavior Support (PBS)
 - School wide behavior expectations
 - Restorative practices
- Sandy Hook Signs of Suicide (SOS) Program and Start with Hello Programs
- School-wide Social Emotional Learning (evidence-based)
- Substance Abuse Prevention Education
- Suicide Prevention Awareness training
- School based Threat Assessment Teams
- District CARE Team
- Review of early warning indicator data (attendance, grades, disciplines).

Mental Health Role	Staff to student ratio	Responsibilities
Certified School Counselors	Elem-1-2: 700 Middle-2-3: 900 High:4 counselors at every high school with a 1:400	School-based counselors have received training in the area of mental health topics such as suicide prevention and. Youth Mental Health First Aid (YMHFA) The school counselor provides Tier 1 services working proactively with students through classroom intervention supports, and works collaboratively with school administration and parents. School Counselors are members of the school based threat assessment team.

Medically Fragile Nurses	2:23,000	The District currently employs 2(two) school board registered nurses to provide training and consultation when needed.
School Social Workers	1:1533	HCSD employs 15 school based social workers. Seven (7) are paid through MHAA. All Social workers job descriptions (<i>Appendix D</i>) were updated in the 2018-2019 school year to align with the MHAA responsibilities to expand mental health services. School Social Workers participate on the School based Threat Assessment Teams and Multidisciplinary teams.
School Psychologists	1:2300	HCSD currently has 10 allocations for school psychologists that are assigned to our schools to provide academic and behavioral support by participating on each schools multi-tiered system of supports (MTSS) team. School psychologists are responsible for any evaluations that are referred, and reevaluations requested
Substance Abuse Counselors	1:1150	HCSD currently employs two (2) substance abuse prevention counselors. They provide Substance Abuse awareness training to staff and are available for consultation when requested.
Behavior Specialist/Analyst	1:3833	HCSD currently employs one (1) Board Certified Behavior Analyst and one (1) Florida Certified Behavior Analyst and four (4) behavior specialists. This group provides school wide support to each school for their Positive Behavior Supports (PBS) projects.

Tier 2: Targeted strategies to support students at risk of, or with, low level mental health challenges. Tier 2 strategies include but are not limited to:

- check in/check out
- social skills groups
- social emotional learning
- evidence-based screeners for identification of necessary intervention
- small group session
- monitoring of intervention fidelity and the student
- referrals to community providers when appropriate

Hernando County has two (2) school-based mental health programs that serve students with DSMV diagnosis or characteristics. Project STARFISH for grades K-5 and Project SEAHORSE for grades 6-12. These programs are funded through Medicaid. Hernando County’s community mental health provider, Baycare, provides therapeutic services for these programs. In addition, the PACE Center

for Girls (Department of Juvenile Justice (DJJ) contract) offers mental health counseling service in two (2) Hernando County schools: Challenger K8 and Explorer K8. These schools were selected to receive the “REACH” program based on HCSD at-risk data.

Mental Health Role	Responsibilities
Certified School Counselors	Provides small group instruction such as anti-bullying /harassment at the elementary level, anger management, conflict resolution, and progress monitoring of interventions. Counselors provide small group intervention such as coping skills, anger management, check-in/ check-out monitoring, etc.
School Social Workers	Provides evidence based small group instruction to students referred during MTSS team meetings or from Social Worker/MH referrals, within 15 days of screening/assessment that has identified needs. Participate on initial review FBA/BIP, 504, and problem solving committees to provide mental health related recommendations for accommodations, interventions, and supports. Maintain progress monitoring for all Tier 2 interventions provided by School social workers.
School Psychologists	May provide small group instruction once students have been referred/identified by MTSS team process. Small group instruction consists of evidence based curriculums such as Zones of Regulation, conflict resolution, anger management, and Second Step. This also includes progress monitoring of Tier 2 interventions.
Substance Abuse Counselors	Provides Tier 2 small group classes addressing positive behavior, (anti bullying for grades 6-12), anger management, substance abuse, and sexual harassment.
Behavior Specialist/Analyst	Provides Tier 2 small group support and may provide direct services for small group evidence-based curriculums such as Zones of Regulation. The Behavior Specialist will also be responsible for progress monitoring of Tier 2 interventions utilizing RtIB.

TIER 3: Intensive, ongoing strategies to support those with significant mental health needs such as:

- individualized counseling
- transition support may be provided for students re-entering from short term hospitalization
- transition support may be provided for students returning from residential treatment/DJJ,
- REACH program provides individualized counseling at two (2) school sites via the agreement between HCSD and the PACE program.
- referrals to community providers when appropriate

Mental Health Role	Responsibilities
Certified School Counselor	Provides individualized counseling to students in need of mental health support or follow referral process to school social workers or community
School Board Nurses	Provides individualized medical support as it relates to mental health and communicates with school social workers, counselors, parents, and administrators.
School Social Workers	Provides individualized counseling within 15 days of qualifying assessment, using evidence-based interventions to students identified for assessment through the MTSS process, a direct referral, or individual crisis; collaborate with primary/community care providers for continuum of care. Support guardians with community resource information, including mental health care providers, psychoeducational materials and resources. Multi-disciplinary team meeting referrals/participation, and student/guardian re-entry support after hospitalization for mental health concerns. Participate on school Threat Assessment Teams to assist with development and implementation of individual support plans. Maintain progress monitoring for all Tier 3 interventions provided by School Social Workers.
School Psychologists	Provides individualized counseling when deemed appropriate, facilitates the development of individualized behavior intervention plans, and progress monitoring of Tier 3 interventions. School Psychologists are responsible for completion of recommended evaluations and reevaluations.
Substance Abuse Counselors	Provides individualized substance abuse assessment and counseling based on referrals and requests when deemed appropriate.
Behavior Specialist/Analyst	Provides individualized behavior intervention support, progress monitoring of the behavior intervention plan, and provides crisis intervention.

HCSO has Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide a behavioral health staff presence and services at district schools. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth.

- HCSO has a contract with our community behavioral health agency, Baycare, to provide two (2) therapists for Project STARFISH and Project SEAHORSE, our school-based mental health programs.
- Baycare (community behavioral health agency) currently provides (5) community mental health personnel that provides prevention and Tier 2 services to HCSO middle schools.

- HCSD has a Memorandum of Understanding (MOU) with the Mobile Response Team and with the Community Action Team to provide crisis and community services for individuals and families. Social Workers can refer to the community action team for those students that meet the criteria.
- HCSD has interagency agreements between Florida Department of Children and Families, Kids Central Inc. (including The Centers, Inc., Youth and Family Alternatives, and LifeStream Behavioral Center), Florida Department of Juvenile Justice, and Florida Agency for Persons with Disabilities to coordinate services for children served by the Florida Child Welfare System.
- HCSD has Memorandum of Understanding (MOU) with PACE Outreach for Girls and the REACH program.

Program Implementation and Outcomes

The number and ratios of Florida Department of Education-certified or licensed school-based mental health services providers employed by the district is listed in the MTSS Tiered interventions tables and the expenditures table. In addition, a Compliance Monitor of Mental Health Services and Threat Assessments (*job description Appendix E*) and a Confidential Secretary III (*job description Appendix F*) have been allocated utilizing MHAA funds to track the following:

- number of students screened/assessed
- number of students referred to either school-based or community-based providers for services or assistance
- number of students received school-based or community-based interventions, services or assistance
- school-based and community-based mental health providers, including licensure type, paid for from funds provided through the allocation
- contract based collaborative efforts or partnerships with community mental health programs, agencies or providers.
- Mental Health/Substance Abuse Decision Chart (Appendix A) has been updated and will be implemented and reflects the 15 day required timeline for assessing and initiating school based mental health services and the 30 day required timeline for community based initiation of mental health services providers.
- A social worker referral form and link has been developed for all stakeholders (*Appendix B*). This link will automatically notify the social worker of a social worker referral as well as create a mental health tracking database and to meet the required 15 day timeline.
- A list of free screeners is provided for trained staff to select from based on the referring concern. (*Appendix C*).
- School counselors and school social workers will complete the “Hernando County School District Social Worker Referral link (*Appendix B*) when referring to an outside mental health agency. These forms will be tracked on the Social Worker

Database and required data will be shared with the Compliance Monitor of Mental Health Services and Threat Assessments who will coordinate data collection and reporting.

- School-based personnel (school counselors and school social workers) who complete Tier 2 and Tier 3 mental health screenings keep and provide a log of these screenings and report monthly to the Compliance Monitor of Mental Health Services and Threat Assessments.
- HCSD benefits from support for mental health from our discretionary projects such as Severely Emotionally Disturbed Network (SEDNET), Florida Diagnostic Learning Resource Systems (FDLRS), and Project 10.

Expenditures and Assurances

HCSD will use 100% of the Mental Health Assistance Allocation (MHAA) to provide support for direct mental health services by increasing the number of mental health care providers available to students and training. Trainings for school-based mental health staff which will include, but not be limited to, attendance at state and national mental health /social worker conferences and trainings, Baker Act, LGBTQ, Cognitive Behavioral Therapy (CBT), and Cognitive Behavioral Intervention for Trauma in Schools (CBITS).

These funds do not supplant other funding sources, increase salaries, or provide staff bonuses.

Estimated Total Allocation Funds	\$640,033.00
Compliance Monitor of Mental Health Services and Threat Assessments	\$78,000.00
Confidential Secretary III	\$39,000.00
7 School Social Workers	\$435,000.00
Plus 1 additional for 2019-2020 school year	\$62,000.00
*There are an additional 6 School Social Workers that provide mental health services (funded through HCSD general revenue approximately \$372,000)	
Mental Health Trainings and Conferences	\$26,033.00
Community-based mental health providers (2) *(1 counselor funded through Medicaid funds and 1 counselor is funded through BAYCARE \$60,100.00	\$0.00
School district expenditures for services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers (funded through Medicaid dollars, grants and no cost programs)	\$0.00

**=indicates other funding sources*

Note: Funding totals are approximate and funds may be adjusted between the earmarked categories as determined by the mental health committee.

The 2019-2020 annual Mental Health Assistance Allocation Plan is hereby approved by the School Board of Hernando County.

Dated this: 30th day of July, 2019.

Attest:



Mr. John Stratton
Superintendent of School Board of Hernando County

7/30/19

Date



Ms. Susan Duval
Board Chairperson

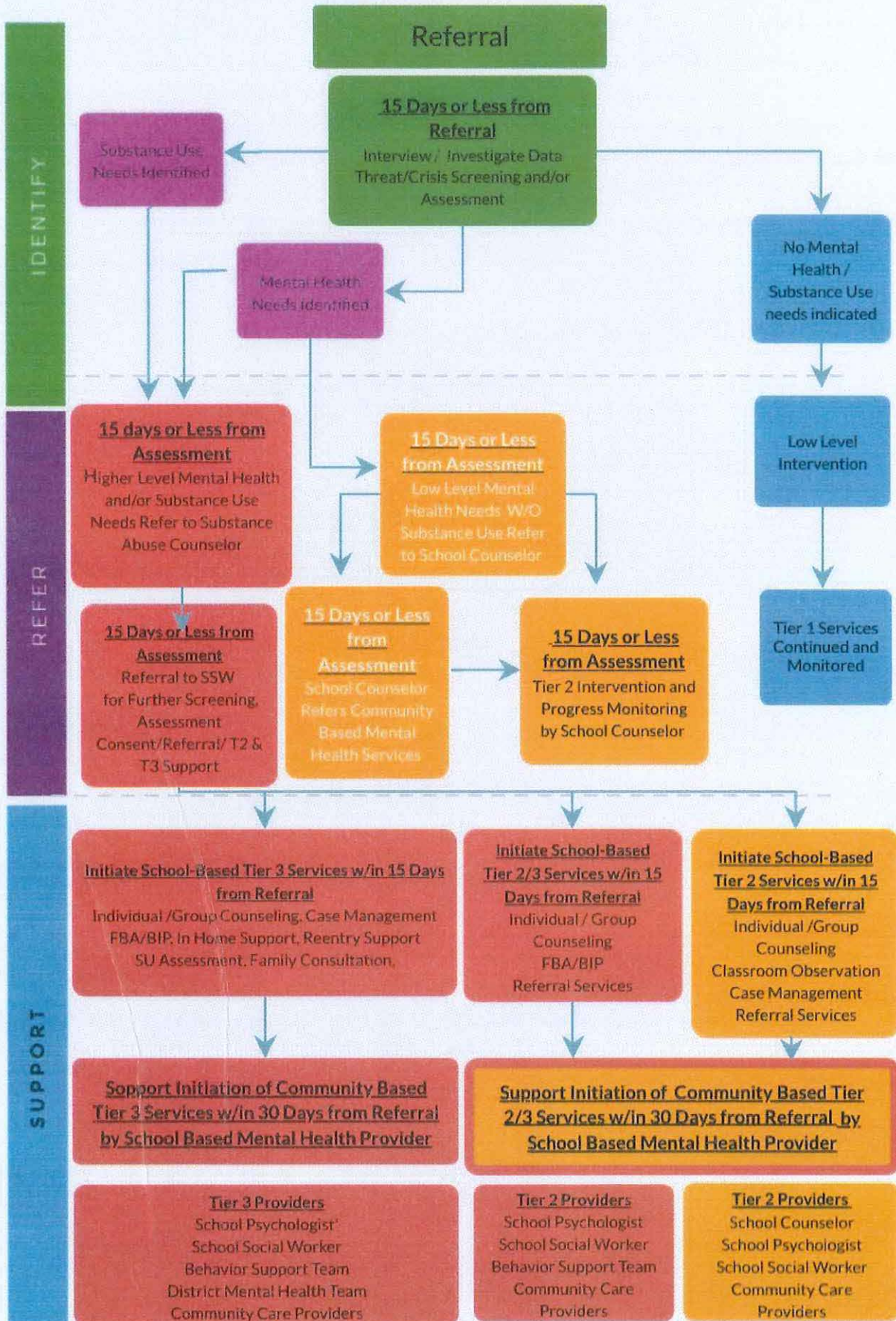
7/30/19

Date

Hernando County School District

School-Based and Community Mental Health Referral Process

HCSO Mental Health Committee



APPENDIX B



School Social Work Referral

* Required

Email address *

Your email

Student Name *

Your answer

Student ID *

Your answer

Grade *

Your answer



Presenting Concern: *

- Behavioral
- Safety
- Social
- Medical
- Truant
- Material

Current/Previous Interventions *

- Caregiver Teacher Conference
- Administrator / Parent Contact
- Problem Solving Meeting
- T2 Behavior
- T2 Academic
- T3 Behavior
- T3 Academic
- CST
- NONE



Caregiver Contact *

Attempted

Not Attempted

Yes

Caregiver Response *

Your answer

Referred By: *

Your answer

Relationship to Student *

Choose 

Impact on Student *

Your answer

Student Strengths and Previous Outcomes *

Your answer

A copy of your responses will be emailed to the address you provided.

SUBMIT

Never submit passwords through Google Forms.



APPENDIX C

Hernando Schools Mental Health Screening /Assessment Tools

CLINICAL MEASURES – GLOBAL

The following measures are designed to assess an array of target problems, including internalizing and externalizing disorders.

Copies of these instruments can be found here:

<https://drive.google.com/folderview?usp=sharing&id=0B0GTQg4639jjVGMyd3RaOHhCQXc&ddrp=1#>

Youth Top Problems (YTP) YTP is simply a structured way of assessing client and/or parent report of primary concerns to be addressed in treatment. However, the way you use this into your own practice can be somewhat flexible. According to John Weisz and colleagues' paper on Top Problems (published in 2011), TP could support clinical practice in several ways: (a) adding specificity to problems that other scales ask about too generally or would miss; (b) identifying specific client priorities within a large array of problems (d) giving clients a voice in shaping the agenda and goals of treatment; (e) enhancing rapport and alliance between clients and clinicians; (f) providing a way to monitor progress of treatment by tracking ratings on these TP; (g) informing decisions about when to end treatment, and (h) using an approach that can fit into everyday practice because it builds on an already widely used procedure—that is, identifying client concerns at the beginning of treatment.

Brief Problem Checklist (BPC) The BPC is a fifteen item measure of internalizing and externalizing problems among youth ages seven to adolescence. It is designed for repeated periodic assessments of clinical progress among children with a wide variety of problems. There are both child and parent versions of the measure. The measures can be accessed at: Child version

<http://www.childfirst.ucla.edu/Brief%20Problem%20Checklist%20-%20Child.pdf> Parent Version

<http://www.childfirst.ucla.edu/Brief%20Problem%20Checklist%20-%20Parent.pdf>

Strength and Difficulties Questionnaire (SDQ) The SDQ is a brief behavioral screening questionnaire for children and adolescents ages 3-16. There are several versions of the SDQ including a parent form, a teacher form, a modified form for parents and teachers of nursery school children, and a self-report form for youth aged 11-17. Each form is comprised of 25 items that assess the following 5 domains: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behavior. There is an impact supplement that can also be added to the measures that includes questions about whether the respondent thinks the child has a problem and, if so, inquires further about the chronicity, distress, social impairment and burden to others caused by this problem. These measures can be accessed at: [http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz\(USA\)](http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(USA))

Impairment Rating Scale (Narrative Description of Child's Impairment – Home and School Versions)*

This measure asks parents and teachers to describe the child's primary problem and how this problem has affected functioning with peers, relationship with parents/teacher, academic progress, self-esteem and overall family/classroom functioning. Both the home and school versions can be accessed at: http://ccf.buffalo.edu/pdf/Impairment_scale.pdf

Pediatric Symptom Checklist (PSC and Y-PSC)* This psychosocial screen is designed to aid in the recognition of cognitive, behavioral and emotional problems in children ages 3-16 so that appropriate interventions can be delivered as early as possible. Though this measure cannot be used in making a specific diagnosis, it can serve as a useful first step. Thirty-five item parent and youth (for adolescents age 11 and up) versions of the measure are available in several languages. A shorter 17-item version of the measure and a pictorial version are also available. All forms can be found at: http://www.massgeneral.org/psychiatry/services/psc_forms.aspx

Peabody Treatment Progress Battery (PTPB) The PTPB is a set of 11 measures assessing mental health outcomes and clinical processes for youth ages 11-18. The PTPB collects information from youth, caregivers, and clinicians. All measures associated with the PTPB are appropriate to use as screening tools and/or to monitor symptom changes over time. All measures within the PTPB are brief (2-26 items) and can be administered in five to eight minutes. The first six measures assess treatment outcome whereas the latter five measures focus on treatment processes (e.g., therapeutic alliance, treatment expectation). The first six measures are sensitive to symptom change as a result of treatment. Access the PTPB at: http://peabody.vanderbilt.edu/research/center-evaluation-programimprovement-cepi/reg/ptpb_2nd_ed_downloads.php

Columbia Impairment Scale (CIS) The CIS is a 13-item parent or youth report utilized for rating problem behaviors, providing a global measure of impairment. The self-report version is appropriate for children age 9-17 years, while the parent version is appropriate for children age 6-17 years. Administration time is approximately 3 minutes. Areas of functioning assessed include interpersonal relations, broad psychopathological domains, functioning in job or schoolwork, and use of leisure time. CIS scores range from 0 to 52, with higher scores indicating a greater level of impairment; a score of 15 or higher is considered clinically impaired.

Parent-version:

https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/Columbia/CIS-Parent%20web%20system%20version%20w%20instructions_1.pdf

Youth-version:

https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/Columbia/CIS-Y%20youth%20web%20system%20version%20w%20instructions_1.pdf

CLINICAL MEASURES – PROBLEM AREA SPECIFIC

The following measures are designed to assess a cluster of difficulties (e.g., internalizing problems) or specific disorder (e.g., OCD).

Disruptive Behaviors

Parent/Teacher Disruptive Behavior Disorder Rating Scale (DBD-RS) The Parent/Teacher DBD is a 45-item scale that assesses symptoms associated with ADHD, oppositional defiant disorder and conduct disorder. It is designed to be filled out by parents or teachers. The scale can be accessed at: http://ccf.buffalo.edu/pdf/DBD_rating_scale.pdf.

NICHQ Vanderbilt Assessment Scales (ADHD) The Vanderbilt Assessment Scale is a 55-item measure that can be completed by parents and teachers to assess for high frequencies of symptoms associated with ADHD. The scale also includes screening questions for commonly coexisting conditions, including oppositional defiant disorder, conduct disorder and anxiety disorders. The target population for this measure is children ages 6 to 12.

Parent Measure : <http://www.multicare-assoc.com/pdfs/NICHQVanderbiltParent.pdf>

Parent Follow-Up:

<http://www.uwmedicine.org/neighborhoodclinics/Documents/05VanFollowUp%20Parent%20Infor.pdf>

Teacher Measure:

http://www.jeffersandmann.com/client_files/file/JMA_Vanderbilt-Teacher-Informant.pdf

Teacher Follow Up:

http://www.jeffersandmann.com/client_files/file/JMA_Vanderbilt-Teacher-Informant-Followup.pdf

Scoring Instructions: <http://www.pedstest.com/Portals/0/TheBook/VanderbiltScoring.pdf>

Child and Adolescent Disruptive Behavior Inventory (CADBI) Screener The CADBI Screener is a brief parent- or teacher-report measure consisting of 25 items and 3 subscales: Opposition directed towards adults (items 1-8) and towards peers (items 9-16), and hyperactivity/impulsivity (items 7-25). This measure was used in validation studies in youth 3- 18 years old. It can be used as a screening and diagnostic tool.

Depression

Center for Epidemiological Studies Depression Scale for Children (CES-DC) This is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Higher CES-DC scores indicate increasing levels of depression. Scores over 15 can be indicative of significant levels of depressive symptoms. The CES-DC can be used with children and adolescents ages 6-17. It can be accessed at:
http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

Depression Self-Rating Scale for Children (DSRS) The DSRS is an 18-item self-report depression screening tool for youth ages 8 to 14 years . It should take 5 to 10 minutes to complete this tool. Children who score 15 and over on the DSRS are significantly more likely to have a depressive diagnosis. This measure can be accessed at:
<http://www.scalesandmeasures.net/files/files/Birleson%20SelfRating%20Scale%20for%20Child%20Depressive%20Disorder.pdf>

Patient Health Questionnaire – 9 (PHQ-9) The PHQ-9 is a 9-item measure developed for assessing and monitoring depression severity. Items are self-administered and can be utilized in youth 13 years and older. Scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe, and severe depression, respectively. This measure has been field-tested in office practice. The screener is quick and user-friendly, improving the recognition rate of depression and facilitating diagnosis and treatment. Available at: <http://www.phqscreeners.com/>

Other Mood/Mania

Yale-Brown Obsessive Compulsive Scale (CY-BOCS) for Children The Y-BOCS is a 40-item measure used by clinicians to assess obsessive-compulsive symptoms in adolescents ages 15 and over. The Y-BOCS rating scale is a graduated scale to measure the severity of OCD symptoms, and can be repeated to measure treatments and interventions. A version of the Y-BOCS is available at:
<http://home.cogeco.ca/~ocdniagara/files/ybocs.pdf>

Child Mania Rating Scale-Parent Version (CMRS-P) The CMRS-P is 21-item parent-report measure designed to assess mania in youths ages 5-17. The CMRS-P is appropriate to use as a screening or diagnostic tool, and to monitor symptom changes over time. A total score of 20 is recommended to best differentiate between youth with pediatric bipolar disorder, youth with ADHD, and healthy controls, and also to indicate remission from mania symptoms. Available at:
<http://www.dbsalliance.org/pdfs/ChildManiaSurvey.pdf>

Child Dissociative Checklist (CDC) Version 3* The CDC is a 20-item parent/adult observer report measure of dissociative behaviors for children ages 5 to 12. A score of more than 12 warrants additional evaluation. The measure can be accessed at:
https://secure.ce-credit.com/articles/102019/Session_2_Provided-Articles-1of2.pdf

Anxiety

Revised Children's Anxiety and Depression Scale (RCADS) The RCADS is a 47-item designed to assess depression and anxiety in youth from grades 3 to 12. The subscales of the measure include: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder. Both youth and parent versions of the measure are available in several languages. The measures can be accessed at:

User Guide: <http://www.childfirst.ucla.edu/RCADSGuide20110202.pdf>

Child Version: <http://www.childfirst.ucla.edu/RCADS%202009.pdf>

Parent Version: <http://www.childfirst.ucla.edu/RCADS-P%202009.pdf>

Self-Report for Childhood Anxiety Related Disorders (SCARED) This measure is designed to screen for anxiety disorders in children ages eight and above. It consists of 41 items that measure general anxiety, separation anxiety, social phobia, school phobia, and physical symptoms of anxiety. Both child self-report and parent report versions of SCARED are available.

Child Form:

<http://psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Child.pdf>

Parent Form:

<http://www.psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Parent.pdf>

Spence Children's Anxiety Scale (SCAS) The SCAS is a self-report measure of anxiety for children and adolescents. Normative data is available separately for boys and girls between the ages of 7 and 18. The SCAS consists of 45 items (38 assessing anxiety, 7 items assessing social desirability). The subscales include: panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, fear of physical injury, and obsessions/compulsions,.

It can be accessed at: http://www.scaswebsite.com/index.php?p=1_6

Penn State Worry Questionnaire for Children (PSWQ-C) The PSWQ-C is a 14-item self-report questionnaire designed to assess worry in children and adolescents aged seven to seventeen. The PSWQ-C can be used as a screening tool. Responses are scored on a 4-point Likert scale from 0 (never) to 3 (always). Items 2, 7, and 9 are reversescored from 0 (always) to 3 (never), with greater scores indicating less worry rather than greater worry. Subsequently, item scores are summed to yield a total score. Total scores range from 0 to 42, with higher scores indicating greater tendency to worry. Available at: <http://www.childfirst.ucla.edu/resources.html>

Generalized Anxiety Disorder – 7 (GAD-7) The GAD-7 is a 7-item anxiety measure developed after the PHQ. Items are self-administered and can be utilized in youth 13 years and older. Cutpoints of 5, 10, and 15 represent mild, moderate, and severe levels of anxiety. Though designed primarily as a screening and severity (CSMH, August 2015) 7 measure for generalized anxiety disorder, the GAD-7 also has moderate sensitivity for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for anxiety disorders, a recommended cutpoint for further evaluation is a score of 10 or greater. This measure has been field-tested in office practice. The screener is quick and user-friendly, improving the recognition rate of anxiety and facilitating diagnosis and treatment. Available at: <http://www.phqscreeners.com/>

Trauma

Childhood PTSD Symptom Scale (CPSS) The CPSS is a 26-item self-report measure that assesses PTSD diagnostic criteria and symptom severity in children ages 8 to 18. It includes 2 event items, 17 symptom items, and 7 functional impairment items. Symptom items are rated on a 4-point frequency scale (0 = “not at all” to 3 = “5 or more times a week”). Functional impairment items are scored as 0 = “absent” or 1 = “present”. The CPSS yields a total symptom severity scale score (ranging from 0 to 51) and a total severity-of-impairment score (ranging from 0 to 7). Scores can also be calculated for each of the 3 PTSD symptom clusters (i.e., B, C, and D).

https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/misc/child_ptsd

Trauma Exposure Checklist and PTSD Screener The Trauma Exposure Checklist and PTSD Screener is a 34-item self-report measure designed to screen youths ages 2-10 for emotional distress following a traumatic event.

Substance Use

CAGE Interviewing Technique (CAGE) Four clinical interview questions, the CAGE questions, have proved useful to quickly screen for problem drinking. The questions focus on Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers. The acronym "CAGE" helps the provider to recall the questions (used most often with physicians in brief alcohol screening). The 4 simple questions are "Have you ever: (1) felt the need to cut down your drinking; (2) felt annoyed by criticism of your drinking; (3) had guilty feelings about drinking; and (4) taken a morning eye opener? A cutoff of one or more positive response indicates problem drinking.

http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%2

Two-Item Conjoint Screen (TICS) The TICS includes 2 questions derived from the CAGE to screen for alcohol and other drug abuse or dependence. A positive response to one or both questions is considered a "positive screen" and warrants further assessment to delineate the severity or risk of the problem. The questions are: 1) In the last year, have you ever drunk or used drugs more than you meant to? & 2) Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

CRAFFT CRAFFT is a brief alcohol and drug screening test developed by Center for Adolescent Substance Abuse Research at Children's Hospital Boston. The test is comprised of six questions and is designed specifically for use with adolescents. The CRAFFT questions can be accessed at:

<http://www.ceasar-boston.org/CRAFFT/index.php>

**Information accessed from Centers for School Mental Health

*** List is not exhaustive

APPENDIX D
Hernando County School Board
Florida

FLSA: Exempt, Union

SCHOOL SOCIAL WORKER

Required Qualifications:

- Master's Degree in Social Work
- Florida certification in school social work

Desired Qualifications:

- Ability and desire to work with students, families and school personnel
- Successful experience as a school social worker
- Previous counseling experience
- Specific knowledge and expertise in the areas of personality theory, counseling theory/practices/individual/group theory/practices, federal/state/local laws regarding school practices, and mental health/agency experience with children

Performance Responsibilities:

- Engage in appropriate assessment activities within the framework of MTSS that result in the identification of the mental health and/or substance abuse needs of individual students to include screening instruments, interviews, observations and/or home assessments and collaboration/coordination with student primary care providers, such as physicians and community mental health professionals
- Assist school teams in determinations of eligibility for specific programs such as protection under Section 504, Individuals with Disabilities Education Act (IDEA) and manifestation determinations, or referral to community mental health or substance abuse providers
- Act as liaison with schools and families to increase understanding of students' needs and appropriate interventions
- Plan and conduct appropriate mental health interventions to include short term solution focused individual and small group counseling services for students to assist in facilitating personal, social, emotional and academic growth
- Perform crisis intervention services as part of both school-based and district Crisis Support Team and/or conduct short-term crisis counseling, staff support and parent education activities
- Serve on the Truancy Case Staffing Committee and assist in facilitating interventions to manage and improve student attendance including CINS/FINS and court petitions
- Serve as a consultant and contribute specialized knowledge to interdisciplinary school-based and community-based teams and staffing committees in resolving the learning, behavioral and mental health concerns of students. This may include school wide and district program development and planning

- Maintain appropriate, accurate documentation as indicated by the Director of Student Services and/or designee
- Assist in developing policies and procedures in response to district-wide needs
- Provide professional expertise regarding assessment, mental health, consultation, case management, parent involvement and staff development to address such special needs areas as child abuse, services for the homeless, teen pregnancy, cultural awareness (ESOL) and accessing and collaborating with community resources
- Assist in development and delivery of school-based and district training initiatives in mental health, suicide prevention, and other concerns as identified by the Director of Student Services and/or designee
- Abide by the code of ethics established by the National Association of Social Workers (NASW) “Professional standard for Social Work Services in Schools”, and standards of practice established by the School Social Work Association of America (SSWAA) and the Florida Association of School Social Workers (FASSW)
- Perform other duties as assigned by the Director of Student Services and/or designee

Physical Demands:

Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force regularly or as needed to move objects

Reports to:

Reports directly to the Director of Student Services and/or designee

Evaluation:

Annual evaluation done by the Director of Student Services and/or designee

Terms of Employment:

10-month employment

Salary:

Salary based upon approved salary schedule - Instructional

Job Code:

61131

Board Approved: 10/20/92

Revised: 04/04/00, 01/20/09, 05/17/11, 06/10/14, 06/26/19

APPENDIX E

**Hernando County School Board
Florida**

FLSA: Exempt, Non-Union

COMPLIANCE MONITOR OF MENTAL HEALTH SERVICES AND THREAT ASSESSMENTS
Required Qualifications:

- Master's degree in Social Work, Guidance, or related Health Services
- Minimum of three (3) years of experience in Social Work, Guidance or Health Services
- Knowledge of Federal, State and District initiatives, policies, and procedures for providing services to students in the area of Mental Health
- Ability and desire to work with all school personnel
- Ability to provide guidance for school staff
- Skill in handling constituents' problems, concerns, and emotional distress with sensitivity and tact

Performance Responsibilities:

- Responsible for collecting data regarding the following: number of students screened/assessed, number of students referred for internal mental health services with the School Social Workers, and number of students referred to an outside mental health provider
- Responsible for maintaining a confidential database identifying mental health providers, with credentials, employed by the district
- Responsible for maintaining records of the number and credentials of mental health providers contracted by the district
- Responsible for monitoring the provision of direct services to students in need of mental health support
- Monitor the coordination of such services with a student's primary care provider and the student's other mental health providers
- Participate and assist with organization on the district Threat Assessment Team
- Monitor documentation of school-based Threat Assessment Team Meetings and the provision of identified services for student who received behavioral threat assessments
- Develops, promotes, evaluates and communicates on a regular basis, progress toward student mental health development
- Collaborates with schools and community partners in establishing and expanding mental health services
- Develops and maintains partnerships with social work related community organizations
- Facilitates the execution of contracts with community agencies and organizations
- Consults with staff regarding individual case situations when appropriate
- Develops and executes department policies and procedures
- Sustain focus and attention to detail
- Perform other duties as assigned by the Director of Safe Schools and/or designee

Physical Demands:

Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force regularly or as needed to move objects.

Physical Demands:

Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force regularly or as needed to move objects.

Reports to:

Reports directly to the Director of Safe Schools and /or designee

Evaluation:

Annual evaluation done by the Director of Safe Schools and/or designee

Terms of Employment:

12-month employee

Salary:

Salary based upon approved salary schedule - Professional/Technical/Supervisory Category F

Job Code:

72008

Board Approved: 07/24/18

Revised:

ITEM 6.i: Compliance Monitor_strikethrough (3836 : Review of Job Description Changes Related to Safety & Safe Schools)

APPENDIX F

**Hernando County School Board
Florida**

FLSA: Non-Exempt, Union*

SECRETARY III

Required Qualifications:

- High school diploma or General Education Diploma (GED)
- Ability to handle several job responsibilities simultaneously and meet deadlines
- Ability to pass typing test of 50 words per minute
- Knowledge of office practices, procedures and equipment
- Ability to use independent judgment in performing a variety of assignments and tasks
- Ability to record and transcribe minutes
- Computer knowledge and skills
- Ability to compile data and prepare records and reports

Desired Qualifications

- Minimum of two (2) years of prior office experience
- Advanced experience in accounting and bookkeeping procedures

Performance Responsibilities:

- Type and compose correspondence, forms, reports, manuals, contracts, confidential information, etc.
- Open, sort, date and distribute pony and mail
- Screen and direct phone calls to appropriate personnel
- Copy and distribute materials and information
- Maintain effective filing system for correspondence, records, etc.
- Maintain appointment calendar for supervisor
- Schedule meetings and secure locations as needed
- Prepare and maintain purchase orders, requisitions and work orders
- Maintain property inventory and prepare property inventory transfers
- Receive and check-in materials, supplies and equipment and approve for payment
- Contact vendors regarding prices, quotes, missing items, etc.
- Assist with budget preparations
- Transfer funds to and within accounts
- Work with the Finance Department to ensure accuracy of accounts
- Maintain service contracts on equipment and contact vendors for service
- Maintain petty cash fund
- Prepare payroll and all corresponding forms
- Prepare leave forms and travel reimbursement request forms
- Compile reports for federal government, Department of Education and various other departments
- Input and maintain various records on personal computer and mainframe

- Create and maintain spreadsheets and databases
- Attend meetings as required, and record and transcribe minutes
- Perform other duties as assigned by the site administrator and/or designee

Physical Demands:

Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force regularly or as needed to move objects

Reports to:

Reports directly to the site administrator and/or designee

Evaluation:

Annual evaluation done by site administrator and/or administrative designee

Terms of Employment:

12-month employment

*If designated as a confidential clerical position at site, non-union

Salary:

Salary based upon approved salary schedule - Noninstructional Level K

If designated as a confidential clerical position at site, salary schedule - Confidential Level D

Job Code:

Depends on location

Board Approved: 08/18/98
Revised: 01/20/09, 05/17/11