It is the mission of the Nassau County School District (NCSD) to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society. In order to achieve this mission, it is crucial to develop the student as a whole including their mental and behavioral wellness. Mental and behavioral wellness have been a formal priority of the NCSD for over three years. In January 2015 the NCSD implemented a district wide System of Care (SOC). This SOC is built on the belief that Nassau County students are best served through the implementation of a relationship based, whole-child centered model. The primary plan for the Mental Health Allocation is to improve and expand the current SOC. The SOC was developed on the foundation of two evidenced-based models. First the National Association of School Psychologists’ Framework for Safe and Successful Schools (Cowan et al., 2013). Second, the Whole School, Whole Community, Whole Child model put forth by The Association for Supervision and Curriculum Development (ASCD) and the Centers for Disease Control in 2014. These two models provide the structure for the SOC to efficiently and effectively provide services to all students, and to promote close school-community collaboration.

The purpose of the System of Care is to create a system that is built as a “safety net” for all students and their families. This system exists so that all students in need are identified and receive effective and timely services. This is accomplished by two collaborative teams; 1) the MTSS District Leadership Team and 2) the School Climate Transformation Team.

MTSS District Leadership Team. It is the mission of the MTSS District Leadership Team to deliver evidenced based mental health services to all students by fully integrating support services for learning (e.g., behavioral, mental health, and social services), instruction, and school management within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration. The MTSS District Leadership Team utilizes “Florida’s system of supports for school-based mental health services (Attachment A)” as the decision-making process for identifying and delivering evidence-based mental health interventions throughout the district. The team is comprised of district directors of instruction, exceptional education/student services, professional development, transportation, intervention/prevention, school climate transformation, and technology, school principals; the school district’s therapeutic/mental health and services provider; state liaisons for Positive Behavior Support and Problem Solving (PBIS)/Response to Intervention (Ps/Rti); and the School Safety Specialist. The MTSS District Leadership Team meets monthly and oversees the implementation of the process for identifying and delivering evidence-based mental health interventions that increase with intensity based on student need, including:

- **Awareness/prevention universal efforts (Tier I)** includes: Youth Mental Health First Aid (YMHFA), PREPaRE school crisis prevention and intervention curriculum, Lifeskills curriculum; parent workshops; Sanford Harmony social emotional development curriculum; Healthy Relationships domestic violence prevention curriculum; Problem Solving and Response to Intervention (Ps/Rti); Positive Behavior Interventions and Support Tier I practices and procedures in all schools and throughout transportation.

- **Targeted efforts (Tier II)** includes: Evidence-based mental health services for students at risk for one or more co-occurring mental health or substance abuse diagnoses including group instruction services including Check-In/Check-Out; Substance prevention specialists; Coping Cat; Skills Streaming; school Problem Solving and Response to Intervention (Ps/Rti); Positive Behavior Interventions and Support Tier II practices and procedures.

- **Intensive efforts (Tier III)** includes: Evidence-based mental health services for students with one or more co-occurring mental health or substance use diagnoses utilizing the University of South Florida Department of Education’s best practice recommendations; professionals with expertise in the individualized assessment, diagnosis/feedback, intervention, treatment, and relapse prevention (supervised by licensed psychologists proficient in diagnostic risk assessment and intervention); Modular Approach to Therapy for Children Anxiety, Depression, Trauma, or Conduct Problems (MATCH); Trauma Focused Cognitive Behavioral Therapy (TF-CBT); and Positive Behavior Interventions and Support Tier III processes and procedures; school Problem Solving and Response to Intervention (Ps/Rti); Positive Behavior Interventions and Support Tier II practices and procedures.
School Climate Transformation Team: The second team responsible for developing the vision of the SOC is the School Climate Transformation team. The mission of the School Climate Transformation Team is to implement the Whole School, Whole Community, Whole Child Model (WSCC; Attachment B) throughout Nassau County schools. The team is under the leadership of the Director of Exceptional Student Education/Student Services and is comprised of psychologists, social workers, behavior specialists, and mental health counselors. The School Climate Transformation Team oversees the integration of support across academic, behavioral, social emotional, physical and mental health through the Nassau County WSCC, including:

- **Nassau County Truancy Prevention Taskforce:** The NCSD understands early prevention is the key to success with truancy. Thus, the NCSD will begin implementing a structured truancy prevention screening measure with a student when they have five unexcused absences; a home visit when they have 10 unexcused absences; and a Truancy Prevention Taskforce staffing if they exceed 15 unexcused absences and do not respond to the district interventions. The Nassau County Truancy Prevention Taskforce is a collaboration between the school system, State Attorney's Office, law enforcement, Department of Juvenile Justice, and the Department of Children and Families to come together as a community once per month to support children and their families who are at the highest risk of truancy in the district.

- **Electronic SOC Referral and Case Management System:** The electronic SOC is a referral process and case management system which is embedded in the student information system (i.e., FOCUS). The SOC allows for two types of referrals; subjective and objective. Subjective referrals enable all district and school staff to “see something, do something” through a guided referral process. Examples of subjective referrals include concerns related to mental health symptoms, bullying, and environment. The objective referral capability of the electronic SOC allows for referrals to be made based on early warning indicators (e.g., attendance, course performance, and behavior) as well as screening data. The electronic SOC will also be the primary process for coordinating mental health services with a student’s primary care provider and other mental health providers, including procedures for information sharing.

- **First Responder System of Care Line:** This secure line serves as a communication and information sharing tool with first responders, including: law enforcement officers, Department Juvenile Justice, Department of Children and Families; and community-based care organizations. The first responders are provided with a card (Attachment C) that describes what information is needed. The secure line is monitored each morning and entered into the electronic SOC for appropriate action and follow-up.

- **School Level “A-Teams”:** The School Climate Transformation Team collaborates with the Safety Specialist to ensure implementation, training, and technical assistance for each of the 16 schools in Nassau to have an “A-Team.” The A-Team is comprised of a mental health professional, instructional staff member, law enforcement officer, safety specialist designee, school administrator, and other expert personnel selected by the school. In an effort to reduce multiple teams and initiatives, this team will comprise the appropriate staff and expertise to serve as the school’s crisis team, threat assessment team, and mobile response team. A critical part of this team is to provide immediate assistance when a student is in crisis (e.g., suicide prevention). In July 2018, the District approved an Involuntary Examination (Baker Act) policy. The policy provides step by step instruction for school personnel to follow when a student has been identified as “suspected need for an involuntary examination,” for posing harm to themselves or others. A-Team members will be the first contacted to ensure the safety of the student and follow the proper protocol. The A-Team will also play a critical role in promoting restorative justice practices. For example, the A-Team will establish collaborative partnerships with Department of Juvenile Justice (DJJ) and Baker Act receiving facilities at the school level. The aim of this collaboration is to ensure DJJ and receiving facility personnel notify the A-Team when a student is to return. A member of the A-Team will then meet with the student to assess their needs and track that all services for the student’s success are being implemented.

- **Collaboration with School Safety Specialist:** A key function of the School Climate Transformation Team will be to collaborate with the newly developed School Safety Specialist position to ensure evidence-based standards for district-level policies to promote effective school discipline and positive behavior. Moreover, the policy should ensure school discipline (a) functions in concert with efforts to address school safety and climate (i.e., relevant to the school context); (b) is not simply punitive (e.g., zero tolerance), but rather is aligned with restorative justice practices; (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors. The top priority for the collaboration between School Climate Transformation Team and Safety Specialist is the implementation of a sustainable crisis and emergency preparedness, response, and recovery plan. According to the Framework for Safe and Successful Schools, this plan should prioritize the balance between physical and psychological safety to avoid overly restrictive measures that can undermine the learning environment and instead combine
reasonable physical security measures (e.g., locked doors and monitored public spaces) with efforts to enhance school climate (e.g., trainings and workshops for school staff, PBIS, etc.), build trusting relationships (A-Teams), and encourage students and adults to report potential threats (e.g., First Responder Line and School Tip Line). In addition, they will establish policies and procedures for the prevention of violence on school grounds, including the assessment of and intervention with individuals whose behavior poses a threat to the safety of the school community (e.g., PREPaRe Crisis Training).

Collaborative community partnerships are vital to the success of the multitiered system of support in Nassau County Schools. These partnerships include community boards, mental health treatment organizations, and social services organizations. The established partnerships include: student advisory boards, parent advisory boards; school advisory boards; Communities in Schools; Department of Children and Families; Department of Juvenile Justice, Family Services Planning Team (FSPT); Fernandina Beach Police Department; Florida Institute for Small and Rural Districts; Florida Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET); Florida Positive Behavior Support; Florida PS/RTI; Florida Psychological Associates; Micah’s Place; Nassau Alcohol Crime Drug Abatement Coalition; Nassau County Community in Schools; Nassau County Department of Health; Nassau County Education Foundation; Nassau County Sheriff’s Office; Northeast Florida Educational Consortium; Starting Point Behavioral Health; State Attorney's Office; Youth Crisis Center; and local business partners supporting community-wide expectations and incentives.

Outcome data is essential to the evaluation and continuous improvement of this plan. Outcome data monitored by the MTSS District Leadership Team and School Climate Transformation Team to evaluate the effectiveness of services includes: Number of schools implementing PBIS with fidelity; Early warning indicators (e.g., attendance, course performance, and behavior); Percentage of students in Tiers I, II, and III; Youth Risk Behavior Survey; School Climate/Student Engagement Survey; Florida Youth Substance Abuse Survey; Parent School Safety Survey; Number of A-Team members trained as YMHFA trainers; implementation of opt-out universal screening for mental health needs; number of students screened/assessed, number of students referred for services, number of students who receive services/assistance (school-based and community); number of staff trained in YMHFA.

Program Implementation and Outcomes (s. 1011.62 (16)(d), F.S.)

As previously described in detail, the vision of the SOC is to achieve mental health and behavioral wellness through a system that is built as a “safety net” for all students and their families. This SOC exists so that all students in need are identified and receive effective and timely services. In order to achieve this vision, the NCSD identified the need for an innovative collaboration with technology to create a sustainable mental health referral system that can manage the potential large volume of referrals and physical distance between schools. This collaboration has led to the planned implementation of the electronic System of Care in the 2018-2019 school year. This electronic referral and case management system will easily and efficiently report how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community) throughout the school year. It has the capacity to allow for efficient and secure referral to school-based mental health interventions and community-based mental health providers for treatment. Security is of the upmost importance for the success of this system, thus the system will be held in the secured student information software and only accessible by necessary school and/or district personnel. This system will allow for subjective referrals (e.g., teacher, guidance counselor, school administrator, community provider within the school) as well as objective referrals (e.g., early warning sign indicators, universal screening results).

As part of the SOC, it is imperative to broadly assess students for mental health needs. Similarly, to the academic process of universally screening for need to receive additional academic supports, best practice recommendations include a screening process to identify what students need additional mental health support. In order to implement the legislative requirements regarding mental health screening and assessment procedures for determining which students are in need of mental health intervention, policies should reflect the use of “opt out” universal consent (attachment D). The current “opt-in” policies are extremely restrictive and defy best practice in identifying students in need of additional services. Similarly, to the process for identifying students for physical needs (e.g., hearing and vision screening); best practice mental health and behavioral wellness requires a universal process to screen students in need of follow-up with a mental health professional. Moreover, the “opt-out” policy will improve efficiency in conducting threat prevention assessments.
The SOC is enhanced by experts from multiple disciplines. The proposed mental health assistance allocation plan improves access to school-based mental health supports and improves the staffing levels in terms of school-employed mental health professionals. The vision for these professionals is that they receive ongoing training and technical support to allow them to infuse prevention and intervention services into the learning process and to help integrate services provided through school–community partnerships into existing school initiatives.

The district plan includes the following mental health services providers employed by the district:

- School Psychologists: 7 (plus an additional 6 with proposed mental health allocation)
- Social Workers: 6
- Certified School Guidance Counselors: 28
- Behavior Specialists: 4
- Behavior Technicians: 1

The district plan includes the following mental health services providers contracted by the district:

- Psychiatrist: 1
- School Psychologists: 2
- Clinical Psychologists: 2
- Cognitive Psychologist: 1
- Social Workers: 3
- Mental Health Counselors: 8

The additional staff supported by the proposed mental health allocation will improve staffing ratios to allow for the delivery of a full range of services and effective school community partnerships. The additional 6 staff will allow for a minimum of one full time mental health professional to serve on the school’s A-Team. Through this role they will collaborate with other A-Team members to conduct threat assessments; crisis intervention; and individualized student support. In addition, the mental health professional will provide comprehensive services to students at their school including individualized assessment, diagnosis/feedback, intervention, treatment, and relapse prevention.

**Expenditures (s. 1011.62 (16), F.S.)**

The Nassau County School Board Mental Health Assistance Allocation Plan is committing 100% of expenditures of $348,000 to direct mental health services via the hire and professional development of 6 school psychologists. These positions will allow for a mental health professional to be accessible full time at every school. This allocation does not supplant other funding sources OR increase salaries or provide staff bonuses. The Nassau County School District will maximize use of other sources of funding to provide school-based mental health services, where appropriate. The district is committed to support blended flexible use of funding streams in education and mental health services including the Medicaid reimbursement allowable under the state legislation for school districts. In addition, district leadership plans to work with 3rd party payors (e.g., Lutheran Services of Florida and Florida Multiagency Network for Students with Emotional/Behavioral Disabilities) as well as grant funding to support services for students who do not have insurance as well as services that are not covered by insurance.

**Plan Approval and Submission (s. 1011.62 (16)(c), F.S.)**

The Nassau County School Board Mental Health Assistance Allocation Plan expands the current school-based mental health care through the expansion of the Nassau County System of Care. It is scheduled to be approved by the Nassau County School Board on July 26, 2018, and submitted to the Commissioner of Education on July 27, 2018.