



The School District of Okeechobee County


**Mental Health Allocation Plan
2018-19**

This Mental Health Allocation Plan is an overview of the School District of Okeechobee's system designed to address the mental, social and emotional, and behavioral needs of all students. This plan was developed following the guidelines and statutory requirements outlined in Senate Bill 7026 which was signed in to law in March 2018. This plan provides a synopsis of many of the existing programs and services currently available. It also gives details for the expansion of those services using the Mental Health Services Allocation provided to school districts as part of SB 7026.

Our supports are delivered in a multi-tiered system based on the level of intervention needed for a specific student. These supports include curriculum, programs and services to address the needs of all students (Tier 1); students who have been identified through the early warning system or universal screening process and require a higher level of service (Tier 2); and students who need intensive intervention and services (Tier 3).

Mentally healthy children are more successful in school and life. Research shows students who receive social-emotional and mental health support achieve better academically (National Association of School Psychologists, 2016). The School District of Okeechobee supports and believes in the same goals promoted by the Florida AWARE project: Increase access to mental health services and supports within a multi-tiered framework; Increase implementation of evidenced-based culturally responsive mental health practices; and Increase awareness of mental health issues within our youth, families, schools and communities (Florida AWARE Program Model, 2017).

The School District of Okeechobee will continue to strengthen our continuum of evidence-based services, infrastructure, and quality services through the continuous improvement process to ensure improved outcomes for all students.



Mr. Ken Kenworthy, Superintendent
Mrs. Renee Geeting, Assistant Superintendent
Dr. Pat McCoy Assistant Superintendent
Mrs. Wendy Coker, Director of Exceptional Student Education
Mrs. Debra Sales, School Psychologist
Miss Laura Murray, School Psychologist
Mrs. Kathy Williams, Crisis Counselor
Mrs. Kathleen Baum, Crisis Counselor
Mrs. Pam Hancock, District Social Worker
Dr. Joseph Noel, Coordinator of Staff Development
Mrs. Lonnie Steiert, Director of Student Services
Corporal Cari Arnold, Okeechobee County Sheriff's Office
Sergeant Mark Roberts, Okeechobee County Sheriff's Office
Lieutenant Randy Thomas, Okeechobee County Sheriff's Office

Section I: Mental Health Assistance Allocation Plan (F.S. 1011.62 (16)(a) and (b))

Tier 1	Tier 2	Tier 3
<p>Who: All Students</p> <ul style="list-style-type: none"> ● School-wide PBIS Plan ● School-wide mental/behavioral health curriculum(evidence-based curriculum) <ul style="list-style-type: none"> ○ Second Steps ○ Cloud 9 ○ Child Safety Matters ○ Lauren’s Kids ○ Stranger Danger/Gun Safety ○ CyberSafety/Netsmartz ○ Bullying (Awareness) Education/Consequences ○ Know the Law ○ Safety Assessment & Intervention ○ Signs of Suicide ○ Say Something ○ Start With Hello ○ Crime Watch (SAVE) ○ D.A.R.E. ○ Elk’s Lodge Drug Prevention Program ● <u>EWS</u> in place at all schools <ul style="list-style-type: none"> ○ Elements- attendance, grades, referrals, suspensions, student/peer identified indicators ● Universal Screener- Teacher/Peer nomination form with progress monitoring ● Staff training- administrators, teachers/staff, students, parents 	<p>Who: Students identified from screening process</p> <ul style="list-style-type: none"> ● Small group counseling (evidence-based curriculum) focused on the students with needs indicated by data such as EWS, academic, staff/parent reports, climate surveys (goal is to promote self-efficacy) ● Curriculum: <ul style="list-style-type: none"> ○ Ripple Effects ● Check in and check out ● Behavior Intervention Plan/Behavior contract/ Individualized behavior chart ● Tiered mentoring like check in and check out ● Referral system to outside agencies ● Quality assurance process for outside providers (necessary to prove evidence based interventions for progress monitoring) ● <i>Universal Referral of System of Care</i> 	<p>Who: Students identified from screening or students who need more intense intervention (have been referred to counseling and/or crisis intervention, have moved into district with high level of support)</p> <ul style="list-style-type: none"> ● Threat assessment ● Guidance counselor follow up after every threat assessment ● Functional Behavior Assessment to BIP ● Safety plans <ul style="list-style-type: none"> ○ for students coming back into school after the Baker Act was instituted ● Guidance to face-to-face follow up with all threat assessment/crisis students the following day ● Referral system to outside agencies ● Referral through MTSS for mentor ● Quality assurance process for outside providers (necessary to prove evidence based interventions for progress monitoring) ● Substance abuse Interventions by community providers are offered or supplied to students at-risk ● Mentors for Tier Three Students

Focuses on delivering evidence-based mental health services.

● ***What awareness prevention efforts are provided that address mental health issues at tier one?***

○ **Mental Health Issues:**

The Okeechobee County School District offers curriculums that facilitate positive mental health. These curriculums are:

- School-wide PBIS plan is available to all students Pre-K through Grade 12. The goal of this approach is to establish behavioral, social, and emotional supports necessary to facilitate academic, social, and emotional success.
- Second Steps is an elementary program which focuses on healthy social and emotional learning, bullying prevention, and child protection. It integrates social emotional learning into the classroom. It is presented to all Kindergarten through 5th grade students in the district and is administered by the classroom teachers.
- *****Cloud 9** (elementary) is an elementary program designed for character building and self-efficacy traits. It is presented by the guidance counselors.
- Child Safety Matters is a research-based curriculum for elementary and middle school students. It teaches students to prevent, recognize, and respond appropriately to bullying and cyberbullying. This program also encompasses all types of abuse, relationship abuse, human trafficking, digital abuse, and other digital dangers. It is presented twice per year for elementary students and three times per year for middle school students. It is presented by the guidance counselors.
- Lauren's Kids is a sexual abuse prevention curriculum. The Mission Statement of Lauren's Kids is "to prevent sexual abuse through education and awareness, and to help survivors heal with guidance and support." This curriculum is offered across all grade levels (Pre-Kindergarten through grade 12) and is administered by the classroom and/or specials teachers.
- Stranger Danger is a curriculum that is taught to younger elementary students (mostly Kindergarten) by the Okeechobee County Sheriff's Department. Its premise is that all strangers can be potentially dangerous. The school's assigned school resource officer (SRO) teaches this curriculum. This curriculum also includes a gun safety component.
- Cyber Safety/NetSmartz is a curriculum taught to all third graders by the SRO department. It introduces the children to basic internet safety with the goals of safety and identification of potential dangers.
- Bullying (Awareness) Education/Consequences is a curriculum designed and taught by the SRO department. It is taught to all fourth grade students.
- Know the Law is taught to tenth graders by the SRO department. It teaches common offenses committed by youth on a regular basis such as sexting, traffic law violations, narcotics, computer crimes, and property crimes.
- Safety Assessment & Intervention is a program offered by Sandy Hook Promise. The safety team of each school in the district (at minimum principal, assistant principal, guidance counselors, and dean as well as the entire SRO staff) will be trained on how to identify, assess, and respond to threats of violence or at-risk behavior. This is designed to be a prevention program. The

school's safety team will then train the school staff who will then educate the students.

- Signs of Suicide is a program designed to teach staff and students about the warning signs of depression and suicide. It also teaches action steps to be taken to get help when there is concern about oneself or another person (or friend) before a tragedy occurs. Sandy Hook Promise will train the safety teams of each school and then the teams will train school staff and students.
- Say Something is a program offered by Sandy Hook Promise. The safety teams at each school will be trained on how to teach youth to recognize warning signs and signals, especially within social media, from individuals who could be potential threats to themselves or others. The idea is to "Say Something" to a trusted adult before a tragedy occurs.
- Start With Hello is a program offered by Sandy Hook Promise. The safety teams at each school will be trained to help youth create a "community" that reaches out and connects with at-risk individuals (or potential at-risk individuals) who may feel isolated or rejected before a tragedy occurs.
- Crime Watch through the SAVE (Students Against Violence Everywhere) Promise Club partnered with Sandy Hook Promise in 2017. SAVE Promise Clubs are clubs established and led by students to promote leadership and motivation against gun violence before a tragedy occurs. Schools choose a staff member to promote the clubs.



○ **Substance Abuse Issues:**

The Okeechobee County School District offers curriculums that are designed to address and prevent substance abuse. These curriculums are:

- Drug Abuse Resistance Education (D.A.R.E.) is a substance abuse prevention program taught to the district's fifth graders by the Okeechobee Sheriff's Department.
- Elk's Lodge Drug Prevention Program is offered through the Elk's Lodge across all grade levels to promote drug prevention and specific drug education.

The Okeechobee County School District has other methods of support in place to help meet the needs of our students such as:

Early Warning System (EWS) is in place at all schools in the district. It monitors the elements of attendance, grades, referrals, suspensions and other student/peer identified indicators such as individual plans and monitoring that has been initiated.

Universal Screener - This will be a teacher/peer nomination form supported by the Positive Behavioral Interventions and Supports (PBIS) system. This nomination form will be used to help teachers and peers nominate students based on the prevalence of both externalizing and

internalizing behaviors. The form will be available for all students; however, the district will adopt a triage approach where the students with the highest scores will be nominated for immediate tier two or tier three supports. This nomination process will happen up to three times per school year. The school based teachers and guidance counselor(s) will nominate the students and school and district based mental health professionals will facilitate interventions.

Staff Training - The entire district will have *Mental Health First Aid* trainers in place at all schools. These trainers will be trained and will oversee the training of school staff on identifying students in crisis and/or mental distress. When identified, these students will receive immediate intervention. School staff will also be trained by mental health professionals employed at the district level on crisis and threat assessment policies and procedures.



Parent Training Component - The district's System of Care Site Coordinator will oversee parent trainings on recognizing warning signs of students in crisis and/or mental distress.

- ***What evidenced based targeted mental health interventions are available to address mental health needs at tier two?***
 - After students are nominated by the Universal Screener, small group counseling groups will be facilitated by the crisis counselors, guidance counselors, assistant principals, youth coordinator, family coordinator, System of Care site coordinator, resource specialists, the primary care provider, and/or outside contracted agencies (i.e. New Horizons of the Treasure Coast, Tykes and Teens, Hibiscus Children's Center)
 - For small groups facilitated by the outside agencies, per contract guidelines, the agencies will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals, and negative discipline occurrences.
 - In addition to the results from the Universal Screener, students will be nominated for tier two small group counseling groups from data collected from the EWS, academic records, staff and parent reports, and school climate surveys.
 - Students will be asked to self-monitor through the small group process. This will help build awareness and self-efficacy.
 - Ripple Effects is a learner-directed, trauma-informed curriculum that encourages and facilitates individualized social-emotional learning through computer based module learning. The school administration and mental health professionals monitor the student's needs based on the modules chosen for learning and the student performance within those modules. Students nominated from the Universal Screening tool can be motivated by the tools incorporated in this curriculum.
 - A check-in and check-out system is currently in place and will continue to be set up for students recognized as needing tier two intervention. These students will "check in" daily with a specified teacher, guidance counselor, dean, and/or administrator upon arrival to school; set goals for the day; and will "check out" before leaving for

the day. At check out, students will review goals and discuss barriers to attaining those goals and celebrate success.

- Each student in the tier two level will be made part of a behavior intervention plan (could include but not be limited to small groups, check in and check out, Ripple Effects, etc.) as well as a behavior contract (designed by a school designee as assigned by a representative of the school administration). In some instances, depending on the situation and student, an individualized behavior chart as designed by the school staff may be used for the student.
 - Referral to outside counseling agencies is determined for the student on a case by case basis.
 - The district System of Care site coordinator will track and maintain the *Universal Referral of System of Care* referrals received from outside sources such as primary care providers and law enforcement. These students will be placed in tier two interventions such as a small group, check-in check-out, behavior contracts, Ripple Effects, and/or referred to contracted outside agencies for counseling services.
- ***What intensive evidenced based targeted mental health interventions are available to address mental health needs at tier three?***
 - Students making a threat to self or others will be referred for a school-based threat assessment/crisis intervention performed by district employed crisis counselors who are licensed mental health counselors. The district has two licensed mental health counselors. These counselors are included in the threat assessment team. The other team members include a representative of the school administration, guidance counselor or dean, and the SRO. The team assesses the risk and determines immediate action for the student. The student's parent or guardian is contacted immediately and made aware of the situation and threat assessment outcome.
 - Following any threat assessment, unless the Baker Act is instituted, the school guidance counselor performs a face to face follow up with the crisis student the following day.
 - For students in which the Baker Act is instituted, safety plans are developed by the student's safety team before the student returns to school. The district will implement a district-wide safety plan form that all schools use. The safety team members include at a minimum the school principal, guidance counselor, district crisis counselor involved in the school threat assessment (if Baker Act is instituted from school grounds), parent or guardian and the SRO.
 - Substance abuse interventions are offered or supplied by community providers to at-risk students or to students who have received disciplinary referrals based on drug or alcohol abuse.
 - Functional Behavioral Assessments (FBA) will be performed on all students referred to tier three, and Behavior Intervention Plans (BIP) will be created for students at tier two on a case by case basis.

- Students in tier three will be referred to outside agencies for mental health counseling, psychiatric care, and/or targeted case management. As mentioned above, the outside agencies, per contract guidelines, will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences. In addition, for the tier two students, therapeutic progress will also be monitored.



- **Mentors** - The mentor coordinator/advocate will recruit mentors from school and district based staff as well as from community partners (Kiwanis, Rotary, etc.). Mentoring, at its core, guarantees young people that there is someone who cares about them, assures them they are not alone in dealing with day-to-day challenges, and makes them feel like they matter. Research confirms that quality mentoring relationships have powerful positive effects on young people in a variety of personal, academic, and professional situations. Ultimately, mentoring connects a young person to personal growth and development, and social and economic opportunity. Yet one in three young people will grow up without this critical asset (www.mentoring.org).

Mentoring has significant positive effects on two early warning indicators that a student may be falling off-track:

- High levels of absenteeism (Kennelly & Monrad, 2007)
 - **Students who meet regularly with their mentors are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class.** (Public/Private Ventures Study of Big Brothers Big Sisters)
- Recurring behavior problems (Thurlow, Sinclair & Johnson, 2002)
 - **Young adults who face an opportunity gap but have a mentor are 55% more likely to be enrolled in college than those who did not have a mentor.** (The Mentoring Effect, 2014)
- In addition to better school attendance and a better chance of going on to higher education, mentored youth maintain better attitudes toward school. (The Role of Risk, 2013)
- By being a consistent adult presence in a young person's life, mentors can offer advice, share life their experiences, and help a young person navigate challenges.
- Youth who meet regularly with their mentors are:
 - **46% less likely than their peers to start using illegal drugs and 27% less likely to start drinking.** (Public/Private Ventures study of Big Brothers Big Sisters)
- Young adults who face an opportunity gap but have a mentor are:
 - **81% more likely to participate regularly in sports or extracurricular activities than those who do not.** (The Mentoring Effect, 2014)

- **A study showed that the strongest benefit from mentoring, and most consistent across risk groups, was a reduction in depressive symptoms — particularly noteworthy given that almost one in four youth reported worrisome levels of these symptoms at baseline.** (The Role of Risk, 2013)
- Mentoring promotes positive social attitudes and relationships. Mentored youth tend to trust their parents more and communicate better with them. (The Role of Risk, 2013)

Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).

- ***Does your plan include mental health screening and assessment procedures for determining which students need mental health interventions and treatment?***
 - All students (tier one) will be eligible for the Universal Screening tool. Upon evaluation of the screening (triage) and nomination, the students will be placed in either tier two or tier three for further intervention and treatment. In addition to the results from the Universal Screener, students will be nominated for tier two and/or tier three intervention (as mentioned above) from data collected from the EWS, academic records, staff, peer and/or parent reports, and school climate surveys. Recommendations from community health services will also be acknowledged through the *Universal Referral of System of Care*. When this referral is received, school and/or district based mental health professionals will facilitate the tier two or three interventions that will best fit the individual needs of the student.
- ***Does your plan include coordination and supports for students who received intensive community health services?***
 - Each student referred out for community health services will be monitored and tracked by the school district. Community agency representatives sign in/out of each school in which they visit for client interaction. These logs are kept and reviewed by school staff. The System of Care site coordinator and the school social worker will keep a log of students referred to agencies by the school district. In addition, a log will be kept of students who are referred to the district for services from community health partners from the *Universal Referral of System of Care*. When students are referred to an outside agency/community health partner, treatment plans, including dates and times of students seen will be provided by the agency and given to the MTSS team leader of each school. This information will be placed in the student's MTSS file. This information will also be duplicated by the agency and given to the district's school social worker.
 - The two district crisis counselors will keep a log of each student they refer to counseling. This referral is sent to the school social worker. The crisis counselor and school social worker will communicate monthly about the progress of the student's counseling. The school social worker will communicate monthly with the community mental health partners. The agencies/community health partners will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences as well as monitored mental health progress. The school safety team

and teachers of the students will be informed by the school and district level mental health professionals to coordinate classroom interventions using the student's treatment plan created by the community health agency.

- In situations where the Baker Act is instituted, district level mental health professionals will attempt to remain in contact with the receiving facility with the goal of receiving release of information forms from the parent/guardian to receive medical and mental health records. Before the student returns to school, safety plans will be developed by the student's safety team. The district will implement a district-wide safety plan form that all schools use. The safety team members will include at a minimum the school principal, guidance counselor, district crisis counselor involved in the school threat assessment (if Baker Act is instituted from school grounds), parent or guardian and the SRO.

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 diagnosis.

- ***Does your plan include a process for identifying and delivering evidence-based mental health interventions?***
- ***Does your plan include a process for identifying and delivering evidence-based substance abuse interventions?***
 - All students (tier one) will be eligible for the Universal Screening tool. Upon evaluation of the screening (triage) and nomination, the students will be placed in either tier two or tier three for further intervention and treatment. In addition to the results from the Universal Screener, students will be nominated for tier two and/or tier three intervention (as mentioned above) from data collected from the EWS, academic records, staff, peer and/or parent reports, and school climate surveys. Recommendations from community health services will also be acknowledged through the *Universal Referral of System of Care*. When this referral is received, school and/or district based mental health professionals will facilitate the tier two or three interventions that will best fit the individual needs of the student.

Describes the collaborative partnerships with community providers and agencies.

- ***Does your plan include detailed procedures for referring students to school-based mental health interventions and community based mental health providers for treatment?***
- ***Does your plan include detailed procedures for referring students to community based substance abuse treatment?***
 - All students (tier one) will be eligible for the Universal Screening tool. Upon evaluation of the screening (triage) and nomination, the students will be placed in either tier two or tier three for further intervention and treatment. In addition to the results from the Universal Screener, students will be nominated for tier two and/or tier three intervention (as mentioned above) from data collected from the EWS, academic records, staff, peer and/or parent reports, and school climate surveys. Recommendations from community health services will also be acknowledged through the *Universal Referral of System of Care*. When this

referral is received, school and/or district based mental health professionals will facilitate the tier two or three interventions that will best fit the individual needs of the student.

- Each student referred out for community health services will be monitored and tracked by the school district. Community agency representatives sign in/out of each school in which they visit for client interaction. These logs are kept and reviewed by school staff. The System of Care site coordinator and the school social worker will keep a log of students referred to agencies by the school district. In addition, a log will be kept of students who are referred to the district for services from community health partners from the *Universal Referral of System of Care*. When students are referred to an outside agency/community health partner, treatment plans, including dates and times of students seen will be provided by the agency and given to the MTSS team leader of each school. This information will be placed in the student's MTSS file. This information will also be duplicated by the agency and given to the district's school social worker.
- The two district crisis counselors will keep a log of each student they refer to counseling. This referral is sent to the school social worker. The crisis counselor and school social worker will communicate monthly about the progress of the student's counseling. The school social worker will communicate monthly with the community mental health partners. The agencies/community health partners will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences as well as monitored mental health progress. The school safety team and teachers of the students will be informed by the school and district level mental health professionals to coordinate classroom interventions using the student's treatment plan created by the community health agency.
- In situations where the Baker Act is instituted on a student, district level mental health professionals will attempt to remain in contact with the receiving facility with the goal of receiving release of information forms from the parent/guardian to receive medical and mental health records. Before the student returns to school, safety plans will be developed by the student's safety team. The district will implement a district-wide safety plan form that all schools use. The safety team members will include at a minimum the school principal, guidance counselor, district crisis counselor involved in the school threat assessment (if Baker Act was instituted from school grounds), parent or guardian, and the SRO.

Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.

- ***Does your plan include a process to coordinate mental health services with a student's primary care provider or other mental health providers?***
- ***Does your plan include procedures for information sharing?***

- The district System of Care site coordinator will track and maintain the *Universal Referral of System of Care* referrals received from outside sources such as primary care providers and law enforcement. These students will be placed in tier three interventions such as a small group, check-in check-out, behavior contracts, Ripple Effects, and/or with contracted outside agencies for counseling services.
- Parental consent forms will be attached to the *Universal Referral of System of Care* referrals. In this way, the school district can directly contact and collaborate with the student's primary care provider and/or other mental health providers. School based interventions as well as physician and therapist directed interventions will be combined and used in tandem to facilitate positive student healing and improvement.
- The two district crisis counselors will keep a log of each student they refer to counseling. This referral is sent to the school social worker. The crisis counselor and school social worker will communicate monthly about the progress of the student's counseling. The school social worker will communicate monthly with the community mental health partners. The agencies/community health partners will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences as well as monitored mental health progress. The school safety team and teachers of the students will be informed by the school and district level mental health professionals to coordinate classroom interventions using the student's treatment plan created by the community health agency.
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Section II: Program Implementation and Outcomes (F.S. 1011.62 (16)(d))

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).

- ***Describe how you will document how many students are referred for services and how many students receive school based and community services.***
 - Each student referred out for community health services will be monitored and tracked by the school district. Community agency representatives sign in/out of each school in which they visit for client interaction. These logs are kept and

- reviewed by school staff. The coordinator of system of care and the school social worker will keep a log of students referred to agencies by the school district. In addition, a log will be kept of students who are referred to the district for services from community health partners from the *Universal Referral of System of Care*. When students are referred to an outside agency/community health partner, treatment plans, including dates and times of students seen will be provided by the agency and given to the MTSS team leader of each school. This information will be placed in the student's MTSS file. This information will also be duplicated by the agency and given to the district's school social worker.
- The two district crisis counselors will keep a log of each student they refer to counseling. This referral is sent to the school social worker. The crisis counselor and school social worker will communicate monthly about the progress of the student's counseling. The school social worker will communicate monthly with the community mental health partners. The agencies/community health partners will participate in a quality assurance review (which includes tracking and monitoring information) for the school district's compliance with progress monitoring. This process will help the district track the targeted student's growth (or lack thereof) in attendance, positive grade trending, decreased office discipline referrals and negative discipline occurrences as well as monitored mental health progress. The school safety team and teachers of the students will be informed by the school and district level mental health professionals to coordinate classroom interventions using the student's treatment plan created by the community health agency.
 - Students in tier three (and sometimes tier two on a case by case basis) will be referred to outside agencies for mental health counseling, psychiatric care, and/or targeted case management. In addition, for the tier three students, therapeutic progress will also be monitored through the quality assurance process.
- ***Describe other outcome data that will be used to evaluate effectiveness of services (e.g., Early Warning System indicators, Youth Risk Behavior Survey data, and school climate/student engagement data).***
 - Early warning system indicators
 - School climate survey data
 - Universal screener (teacher/peer nomination forms)
 - Module test scores from curriculum such as Ripple Effects
 - Quality assurance process from outside health providers and/or agencies
 - Threat assessment outcomes
 - Check-in, check-out data
 - Behavior Intervention notes and plans
 - Teacher/administrative/guidance data from meetings with students and parents

Identifies number and credentials of mental health services providers employed by the district.

- 2 - Licensed Mental Health Counselors

Identifies number and credentials of mental health service providers contracted by the district.

Agency	Suncoast	Changing Tree	Hibiscus	HPS	Tykes/Teens	Legacy	New Horizons	Sequel Care
Licensed Mental Health Counselor-LMHC	4	1	2		3	5		1
Targeted Case Manager-TCM				1		2		1
Licensed Social Worker/Licensed Social Worker Intern-LSW/LSWI or Master's Level Clinician		3	2	2	3	3		

Section III: Expenditures (F.S. 1011.62 (16))

Mental Health Allocation

Expense	Rationale	Cost	Total
Personnel			
Salary Crisis Counselor - 206 Days	Currently, the district employs two crisis counselors. Last school year they conducted 443 crisis calls/threat assessments. This was 105 more than the previous year. The addition of a crisis counselor will not only ease the case load but will allow them to focus more on prevention. They will also become trainers for programs such as MHFA.	\$ 46,769.50	
Supplement Crisis Counselor	The minimum qualification for this job description includes a Master's Degree. This degree is awarded \$2,400 as a supplement.	\$ 2,400.00	\$ 65,282
Social Security Medicare for Crisis Counselor	The current rate for Social Security/Medicare is 7.65%	\$ 3,761.47	
Retirement of Crisis Counselor	The current retirement rate for this position is 8.26%	\$ 4,061.40	
BC/BS/Fringe for Crisis Counselor	Health and Ancillary Insurance costs per employee covered by the School Board	\$ 8,000.00	
Worker's Comp for Crisis Counselor	The current rate for Worker's Compensation is .59%	\$290.10	
Salary Mentor Coordinator/Advocate - 213 Days	The purpose of this position is to organize a mentor program for students, specifically those in Tier 3. This individual will also be responsible for curriculum delivery and training.	\$ 28,968.00	\$ 42,913
Supplement Mentor/Advocate	This individual could earn an additional \$1,000 supplement if he/she has a Bachelor's Degree	\$ 1,000.00	

Social Security Medicare for Mentor/Advocate	The current rate for Social Security/Medicare is 7.65%	\$ 2,292.55	
Retirement of Mentor/Advocate	The current retirement rate for this position is 8.26%	\$ 2,475.36	
BC/BS/Fringe for Mentor/Advocate	Health and Ancillary Insurance costs per employee covered by the School Board	\$ 8,000.00	
Worker's Comp for Mentor/Advocate	The current rate for Worker's Compensation is .59%	\$ 176.81	
Curriculum			
Ripple Effect	15 Licenses for each of our ten schools to be used as an intervention and supplement for Tier 2 & 3	\$ 82,000.00	
Tier I Curriculum	To Be Selected - Core prevention curriculum that will be taught district wide at specific grade levels. A committee will make the determination as to which evidence based curriculum will be used.	\$ 40,000.00	\$ 122,000
Travel			
Mileage and Hotel	Travel and hotel for a minimum of four potential trainers @1,000 each	\$ 4,000.00	\$ 4,000
Materials and Supplies			
Materials and Supplies	Supplies for two new staff members. Supplemental supplies and materials to effectively use curriculum.	\$ 5,694.81	\$ 5,695
		Total	239,890