

**The School District of Okeechobee County**

**Mental Health Allocation Plan  
2019-20**

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.

#### **Safety and Mental Wellness Committee:**

Mr. Ken Kenworthy, Superintendent  
Mrs. Renee Geeting, Assistant Superintendent  
Mr. Dylan Tedders, 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. Kellie Chapman, Crisis Counselor  
Mrs. Pam Hancock, District Social Worker  
Mrs. Amanda Riedel, Board Member  
Andi Canady I, 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))**

<p><b>Tier 1</b> <b>Who: All Students</b></p> <ul style="list-style-type: none"> <li>• School-wide PBIS Plan</li> <li>• School-wide mental/behavioral health curriculum (evidence-based curriculum)</li> <li>• EWS in place at all schools             <ul style="list-style-type: none"> <li>○ Elements- attendance, grades, referrals, suspensions, student/peer identified indicators</li> </ul> </li> <li>• Universal Screener- Teacher/Peer nomination form with progress monitoring</li> <li>• Staff training- administrators, teachers/staff, students, parents</li> </ul>	<p><b>Tier 2</b> <b>Who: Students identified from screening process</b></p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Curriculum:             <ul style="list-style-type: none"> <li>○ Ripple Effects</li> </ul> </li> <li>• Check in and check out</li> <li>• Behavior Intervention Plan/Behavior contract/Individualized behavior chart</li> <li>• Tiered mentoring like check in and check out</li> <li>• Referral system to outside agencies</li> <li>• Quality assurance process for outside providers (necessary to prove evidence based interventions for progress monitoring)</li> <li>• <i>Universal Referral of System of Care</i></li> </ul>	<p><b>Tier 3</b> <b>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)</b></p> <ul style="list-style-type: none"> <li>• Threat assessment</li> <li>• School counselor follow up after every threat assessment</li> <li>• Functional Behavior Assessment to BIP</li> <li>• Safety plans             <ul style="list-style-type: none"> <li>○ For students coming back into school after the Baker Act was instituted</li> </ul> </li> <li>• Guidance to face-to-face follow up with all threat assessment/crisis students the following day</li> <li>• Referral system to outside agencies</li> <li>• Referral through MTSS for mentor</li> <li>• Quality assurance process for outside providers (necessary to prove evidence based interventions for progress monitoring)</li> <li>• Substance abuse interventions by community providers are offered or supplied to students at-risk</li> <li>• Mentors for Tier Three Students</li> </ul>
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## Required Mental Health Awareness and Assistance Instruction

Grade Level/Course	Instruction Delivered By	Material/Resources	Interval
K-5 ELA	Classroom Teacher	Second Steps	Weekly
6-8 Social Science	Classroom Teacher	Second Steps	Weekly
K-5 Special Area	Special Area Teacher	Cloud 9	Weekly
K-5	Child Safety Matters	School Counselor	Biannually
3-5	Sandy Hook Promise	Say Something	Annually
6-8	Sandy Hook Promise	Start With Hello	Annually
5 Math	School Resource Officer	D.A.R.E.	Weekly for 8 Weeks
	Computer-based Instruction Facilitated by an Administrator or Classroom Teacher	Ripple Effects	Based on Individual Needs
K-12			
6-8	Teen Safety Matters	School Counselors	Biannually
9-12 TBD	Classroom Teacher	Botvin Life Skills	Weekly for 8 weeks
9-12	School Administrator	TBD	Daily Announcements

## Required Safety Instruction/Program

Grade Level/Course	Instruction Delivered By	Material /Resources	Interval
4 Special Area	Special Area Teacher	CyberSafety	Annually
3 Social Studies, 6 Social Studies, 9 ELA	School Resource Officer	Netsmartz	Annually
K-12	Classroom Teacher	Emergency Procedures	Biannually
K-12	School Resource Officer	Crime Watch/SAVE	Weekly
K-5 ELA	Classroom Teacher	Second Step Bullying Prevention Unit	Annually
K-1 ELA	School Resource Officer	Stranger Danger	Annually
6-12 Extended Period	Classroom Teacher	PACERs All In (National Bullying Prevention Center)	Weekly

**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 Special Area teachers.
- 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 school counselors.
- Teen Safety Matters is a comprehensive, evidence-based prevention education program for middle school students in grades 6-8. The program educates and empowers teens and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, relationship abuse, sex trafficking, and digital dangers.
- 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.
- NetSmartz Kids (third graders), NSTeens (sixth graders), Advanced Online Safety (ninth graders) is a curriculum taught by the SRO department annually. It introduces the students to basic internet safety, , identification of potential dangers, good digital citizen, protecting personal information, cyberbullying, sexting, and how to report inappropriate behavior online.

- All In (PACERs National Bullying Prevention Center) is a year-long curriculum of 32 lessons which creates environments in which every student is included, involved, and invested in preventing and addressing bullying through instruction, engagement, and peer interaction. Instruction will be presented weekly by classroom teachers to students in grades 6-12.
- 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.

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.

○ **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.

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

Partnership with Southeast Florida Behavioral Health Network (SEFBHN) has allowed for the development of the local System of Care (SOC). SEFBHN provides funding for the coordinator of SOC, youth coordinator, and parent/family coordinator. SEFBHN also provides

funding for services for students who are uninsured or underinsured. SEFBHN also provides services for our most difficult service cases through a licensed professional manager.

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 school counselor(s) will nominate the students and school and district based mental health professionals will facilitate interventions. See Appendix A for procedures and screen form.

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 mental health professionals employed at the district level on crisis and threat assessment policies and procedures.
- 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, school 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.
- Anti-bias/ Prejudice Awareness Training will be presented by Equality Florida. This training is designed to help all staff recognize and work to eliminate bias and prejudice in our school communities.



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- Safety for LGBTQ Students will be offered to new teachers and administrators. This training was offered in SY2017-18 by Equality Florida to provide staff with knowledge and resources to support LGBTQ students.

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, school 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, school 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 tier two will be assessed by the MTSS team to determine appropriate interventions. Interventions could include, but not be limited to small



groups, check in and check out, Ripple Effects, behavior contract, individualized behavior chart, etc.) Referral to outside counseling agencies is determined for the student on a case by case basis.

- The district Social Worker will track and maintain all Universal *Referral of System of Care* referrals. 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 three licensed mental health counselors. These counselors are included in the threat assessment team. The other team members include a representative of the school administration, school 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 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. The safety team must meet within three days of the student's return to school. The district safety plan (form #) will be used to develop the plan. The safety team members include at a minimum the school principal or assistant principal, school counselor, district crisis counselor involved in the school threat assessment (if Baker Act is instituted from school grounds), parent or guardian, SRO, and a teacher with an established, positive relationship with the student. Additional members of the team will be determined on a case by case basis and may include but not limited to the resource specialist, school nurse, and district social worker. As with other meetings, the parents/guardians also have the right to invite people who have knowledge of the child that can help in the development of the plan such as the child's mental health counselor, case manager, etc.
- 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 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.

Mentors - The SOC youth coordinator 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](http://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 assessed with the Universal Screening tool. Upon evaluation of the screening (triage) , the students who score in the moderate range will be identified as tier two and students who score in the high range will be identified as tier three and will be placed or referred for further intervention/ 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, and staff, peer and/or parent reports.. 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 district social worker will enter into Skyward the following data for students identified as needing tier 2 or 3 services: school year, screening date, screening name, referral date, referred to, referred by, referral reason by risk code, parent notification, parent response, and if a safety plan is in place. When students are referred for community health services, , the district social worker will request additional information for quality assurance monitoring including the dates and times

students were seen/served by the agency.. The three district crisis counselors will keep a log of each student they refer to counseling. This referral is sent to the district social worker. The crisis counselors and district social worker will communicate monthly about the progress of the student's counseling. The district social worker will communicate each nine weeks 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 and district level mental health professionals will assist with the coordination of classroom interventions.

- In situations where the Baker Act is instituted, district level mental health professionals will attempt to receive release of information forms from the parent/guardian in order to obtain medical and mental health records from the receiving mental health facility. Within three days of the student's returns to school, safety plans will be developed by the student's safety team. The safety team members will include at a minimum the school principal or assistant principal, school counselor, district crisis counselor involved in the school threat assessment (if Baker Act is instituted from school grounds), parent or guardian, the SRO and a teacher with an established, positive relationship with the student. Additional members of the team will be determined on a case by case basis and may include but not limited to the resource specialist, school nurse, and district social worker. As with other meetings, the parents/guardians also have the right to invite people who have knowledge of the child that can help in the development of the plan such as the child's mental health counselor, case manager, etc.
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**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 assessed using the Universal Screening tool. Upon evaluation of the screening (triage), the students who score in the moderate range will be identified as tier two and students who score in the high range will be identified as tier three and will be placed or referred for further intervention / treatment. In addition to the results from the Universal Screener, students will be

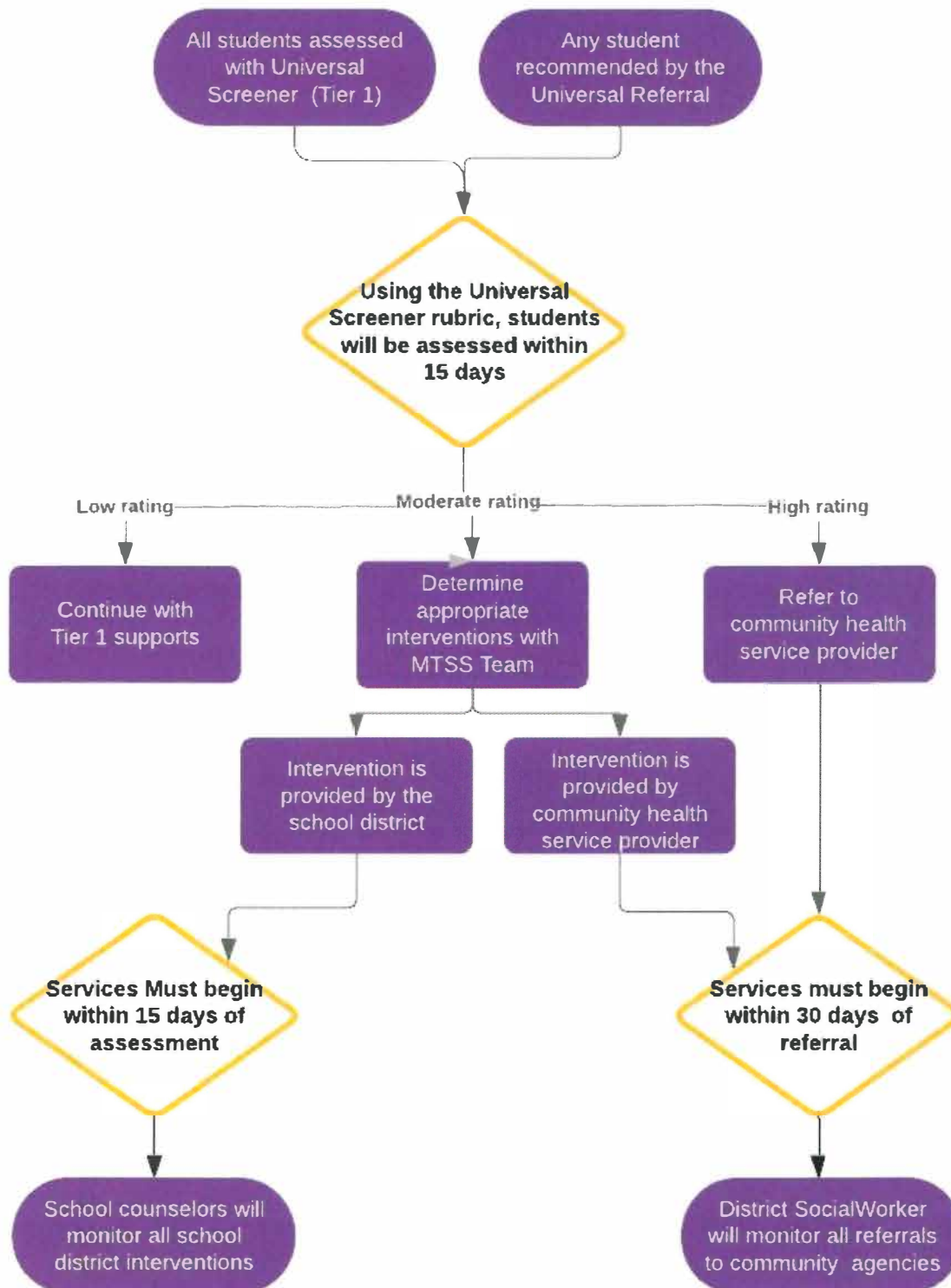
identified for tier two and/or tier three intervention (as mentioned above) from data collected from the EWS, academic records, and staff, peer and/or parent reports. Recommendations from community health services will also be acknowledged through the *Universal Referral of System of Care*. When this 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?***

# Mental Health Screening and Assessment Procedures

Referral process begins with:



**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 social worker 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 three district crisis counselors will keep a log of each student they refer to counseling. This referral is sent to the district social worker. The crisis counselor and district social worker will communicate monthly about the progress of the student's counseling. The district social worker will communicate each nine weeks 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 and district level mental health professionals will assist with the coordination of classroom interventions.
  - In situations where the Baker Act is instituted on a student, district level mental health professionals will attempt to receive information forms from the parent/guardian in order to obtain medical and mental health records. Within three days of the student's return to school, safety plans will be developed by the student's safety team.. The safety team members will include at a minimum the school principal or assistant principal, school counselor, district crisis counselor involved in the school threat assessment (if Baker Act was instituted from school grounds), parent or guardian, the SRO and a teacher with an established, positive relationship with the student. Additional members of the team will be determined on a case by case basis and may include but not limited to the resource specialist, school nurse, and district social worker. As with other meetings, the

parents/guardians also have the right to invite people who have knowledge of the child that can help in the development of the plan such as the child's mental health counselor, case manager, etc.

## **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 district social worker will enter into Skyward the following data for students identified as needing tier 2 or 3 services: school year, screening date, screening name, referral date, referred to, referred by, referral reason by risk code, parent notification, parent response, and if a safety plan is in place. When students are referred for community health services, the district social worker will request additional information for quality assurance monitoring including the dates and times students were seen/served by the agency.
  - The three district crisis counselors will keep a log of each student they refer to counseling. This referral is sent to the district social worker. The crisis counselors and district social worker will communicate monthly about the progress of the student's counseling. The district social worker will communicate each nine weeks 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 and district level mental health professionals will assist with the coordination of classroom interventions.
  - 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.**

- Three (3) - Licensed Mental Health Counselors
- Three (3)- School Psychologists
- One (1) –District Social Worker
- Ratio: 1:857

**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	6	1	1		2	5		1
Targeted Case Manager-TCM				1		2		1
Licensed Social Worker/Licensed Social Worker Intern-LSW/LSWI or Master’s Level Clinician	5	2	2	2	3	3		2

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

Mental Health Allocation			
Expense	Rationale	Cost	Total
<b>Personnel</b>			
Director- 249 Days	Director @ 50% To support instructional, non-instructional, and administrative personnel in promoting optimal learning outcomes for all students by utilizing skills in problem solving, data collection and data analysis, social/emotional/behavioral intervention, consultation and collaboration, staff training, and crisis management. Directly supervise the district social worker, crisis counselors, behavior interventionist, and system of care staff. Responsible for developing, leading, implementing, monitoring, and collaborating with other educators in the districtwide integration of MTSS. Provide knowledge, guidance, and support to building level administrators, general education teachers and Student Support Services staff for students with academic and behavioral challenges, positive school culture, and social emotional learning in the area of professional development, programming, and resources to increase student achievement and well-being.	\$37,962.50	
			<b>\$48,376.35</b>
Social Security Medicare	The current rate for Social Security/Medicare is 7.65%	\$2,904.13	
Retirement	The current rate for this position is 8.47%	\$3,215.42	
BC/BS/Fringe	Health and Ancillary Insurance costs per employee covered by the School Board @ 50%	4,093.10	
Worker's Comp	The current rate for Worker's Compensation is .53%	201.20	
Salary Crisis Counselor - 206 Days	To continue to provide efficient and effective response to crisis calls and threat assessment. In SY 18-19, 507 crisis calls/ threat assessments were conducted by three crisis counselors. This position also allows the crisis counselors to conduct group interventions throughout the district.	\$ 47,506.22	<b>\$ 66,240.61</b>

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	
Social Security Medicare for Crisis Counselor	The current rate for Social Security/Medicare is 7.65%	3,817.83	
Retirement of Crisis Counselor	The current retirement rate for this position is 8.47%	\$ 4,227.06	
BC/BS/Fringe for Crisis Counselor	Health and Ancillary Insurance costs per employee covered by the School Board	\$ 8,025	
Worker's Comp for Crisis Counselor	The current rate for Worker's Compensation is .53%	\$264.50	
Salary Behavior Interventionist @63% - Days	To promote positive behavior and provide social-emotional interventions so that students can fully participate in school and attain academic and social success. To analyze and assess behavior, monitor the implementation of behavior plans to assist students and teachers to develop appropriate behavioral patterns.	\$ 26,750.57	
Supplement Behavior Interventionist	The minimum qualification for this job description includes a Master's Degree. This degree is awarded \$2,400 as a supplement.	\$ 1,512.00	\$ 38,104.04
Social Security Medicare for Behavior Interventionist	The current rate for Social Security/Medicare is 7.65%	\$ 2,162.09	
Retirement of Behavior Interventionist	The current retirement rate for this position is 8.47%	\$ 2,393.84	
BC/BS/Fringe for Behavior Interventionist	Health and Ancillary Insurance costs per employee covered by the School Board @63%	\$ 5,135.75	
Worker's Comp for Behavior Interventionist	The current rate for Worker's Compensation is .53%	\$ 149.79	
<b>Curriculum</b>			
Ripple Effect	15 Licenses for each of our ten schools to be used as an intervention and supplement for Tier 2 & 3 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.(See Required Instruction chart)	\$ 57,649	\$ 97,649
Tier I Curriculum		\$ 40,000.00	
<b>Travel</b>			
Mileage and Hotel	Travel and hotel for a minimum of two potential trainers @1,000 each	\$ 2,000	\$ 2,000
<b>Materials and Supplies</b>			
Materials and Supplies	Supplies for two new staff members. Supplemental supplies and materials to effectively use curriculum.	\$ 3,000	\$ 3,000
		<b>Total</b>	<b>255,370</b>