



## **STUDENT LEADERSHIP ACADEMY**

### **Mental Health Assistance Allocation Plan**

(s. 1011.62(16)(a) and (b), F.S.)

#### **How does SLA deliver evidence-based, mental health assessment, diagnosis, intervention, treatment and recovery, through a multi-tiered system of supports:**

Student Leadership Academy (SLA) strives to support our students and families through many different modes of support, including Tier I and Tier II Response to Intervention strategies (RTI) and a multi-tiered system of support (MTSS). Students of concern are referred to the School-wide Support Team (SWST), which meets twice a month to discuss students of concern and develop/implement academic and social-emotions interventions. The RTI process and interventions are managed by the student services department. In addition to managing SWST and RTI, SLA's student services department oversees the social emotional learning (SEL) curriculum ensuring that lessons focus on character building while also addressing mental health topics like self-harm, suicidal ideation, adolescent depression, negative and positive coping strategies, expressing feelings, and knowing who your resources are for help. We also collaborate with local organizations and bring in representatives to speak to our students about internet safety, bullying, dating violence, and positive relationships.

Additionally, we have contracted with licensed mental health counselors for students who are demonstrating a need for more intensive interventions and need a treatment plan that is managed by mental health professionals. Students who are referred for mental health services participate in a mental health comprehensive intake process, including parental/family involvement and participation, and possibly coordination with physicians, psychiatrists and other medical providers.

#### **How does SLA focus on evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses:**

Mental health screenings and assessments will take place when there is a report of self-injury, suicidal ideation, and potential threat assessments. Other scenarios include a student at risk of harming others, experiencing severe anger, hallucinating, and/or having a mental breakdown. Once a student of concern is identified, the school psychologist screens the student by using the "assessment worksheet." A parent is immediately contacted and a 'duty to inform' letter is completed with specific details of the incident and sent to the parent/guardian. If the scenario is considered "low risk," a safety plan is completed with the student and counselor. If the scenario is moderate to high risk, the police department is contacted. The police officer will determine whether the student needs to be placed under the Baker Act. If the student is placed under the Baker Act, the parent/guardian is notified of the events after the police assessment and determination.

In compliance with the Margorie Stoneham Douglas High School Public Safety Act, SLA has created a threat assessment team that will employ evaluations, assessments, and treatment for students that may be at risk or pose a threat to others. Individualized intervention, as part of the mental health treatment plan, created by the school psychologist or LCSW, will be employed following an evaluation within 24 hours of the threat. If the evaluation does not occur the day of the possible threat report, the student will be removed from the school until the evaluation takes place, within the 24-hour deadline. Law enforcement will be contacted, as appropriate.

The mental health evaluation and treatment plan will be placed in the student's education file and sent to the student's primary care provider and/or mental health provider, if they have one. If the student does not have a mental health provider, counseling services, as outlined in the mental health treatment plan, will be provided, at the school, with no cost for the family by the school psychologist. If more intense therapy is required, mental health services may be contracted through our LMHC (licensed mental health counselor) via Telement.

**Include direct employment of school-based mental health services providers (i.e., school psychologists, school social workers, school counselors and other licensed mental health professionals) to reduce staff-to-student ratios and meet student mental health assistance needs.**

<b>Psychologist</b>	<b>SLA has one school-based and one contracted school psychologists to serve the school and its students in different capacities.</b>
<b>T I E R  1</b>	<ul style="list-style-type: none"> <li>• Participate in the design and implementation of behavior curricula</li> <li>• Lead teams in designing and implementing school-wide universal screening systems and using this data to guide core instruction and to help identify students at-risk</li> <li>• Collaborate with family members and other professionals who support students with academic and behavioral challenges</li> <li>• Advocate for the mental health needs of all students by leading efforts to incorporate regular instruction and progress monitoring (routine checks of student proficiency during the instructional year to verify growth)</li> <li>• Classroom observations</li> </ul>
<b>T I E R  2</b>	<ul style="list-style-type: none"> <li>• Assists teachers and school teams in selecting evidence-based interventions and progress monitoring tools matched to student behavioral and mental health needs</li> <li>• Supports regular progress monitoring and data reviews, including reviews of treatment integrity for behavior and mental health</li> <li>• Consults with teachers and other school staff to boost understanding and interpretation of progress data to determine if students are making adequate progress and whether intervention changes are needed</li> <li>• Leads small-group interventions to support students' social skills and mental health (NASP, 2015b)</li> <li>• Conducts threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources</li> </ul>
<b>T I E R  3</b>	<ul style="list-style-type: none"> <li>• Participates in functional behavior and academic assessments to customize individual plans for students' interfering behaviors and development of appropriate behaviors and academic skills</li> <li>• Assists school teams in selecting evidence-based interventions that align to the intensive needs of specific students</li> <li>• Examines the systems that influence the development of individual students to support better alignment with student development and needs</li> <li>• Provides individualized counseling and therapy for students with intensive mental health needs</li> <li>• Collaborates with parents and school teams as part of the frequent review and interpretation of Tier 3 data to determine whether a student should be referred for a comprehensive evaluation</li> <li>• Conduct threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources</li> </ul>

**Identify strategies to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).**

There are many ways to identify that students in need of mental health interventions are being identified quickly and serviced appropriately. The student services department gives each student a needs assessment in the beginning of the school year to guide grade-level topics for discussion. The SWST team will meet with 5th grade counselors to discuss “at-risk” students from the elementary school that will require targeted services when they enter our middle school. Lastly, at-risk students are referred to SWST by teachers, administrators, peers, parents, and concerned community members.

SWST will utilize several different evaluation tools to better understand the needs of referred students. Examples of these instruments include and may not be limited to: Comprehensive Health Assessment Tool (CHAT), Connor’s Rating Scales, the Behavioral Assessment Scale for Children (BASC), and the Adaptive Behavior Assessment System (ABAS). Results of these screenings are shared as part of the SWST planning and discussions.

**Include contracts or interagency agreements with local behavioral health providers or Community Action Team services to provide behavioral health services on or off the school campus (plan must specify the type of services that are provided in the agreement).**

Our school has community partnerships with the following resources to provide universal interventions:

- Jewish Family and Children Services (JFCS) for individual counseling
- YMCA for individual and group counseling
- Teen Court for individual and group counseling
- SPARCC (Safe Place and Rape Crisis Center) for universal prevention of unhealthy and abusive relationships. Topics include gender roles, social media, internet safety, bullying, bystanders, upstanders, and healthy self-image is presented
- Child Protection Center topics include gender roles, social media, internet safety, bullying, bystanders, upstanders, and healthy self-image
- National Alliance on Mental Illness (NAMI) for universal mental health awareness
- CRISIS TEXT LINE (741741) posters throughout the campus
- Fortify app to allow all students and teachers to report concerns

Our school has community partnerships with the following providers to provide faculty and staff with training and tools:

- Training for “Youth Mental Health First Aid” provided to all school staff
- “Kognito”, mental health awareness simulation training, provided to all school staff
- “Trauma Informed Care” professional development course offerings through Sarasota Schools
- School Psychologist receives training and ongoing support for “Gatekeeper Protocol” for self-harm and suicidal ideation
- Sandy Hook Threat Assessment and “See Something, Say Something” training provided to School Safety Officer, Threat Assessment Team, and Administrative Staff

**State how the plan will establish school board policies and procedures that ensure the following for all schools, including charter schools:**

**1. Students referred for a mental health screening are assessed within 15 days of referral**

All student referrals for screening come from the recommendation of school based SWST, including parent-based referrals, community-based referrals, and administrative-based referrals. Upon referral and recommendation for screening, the SWST facilitator works with the school psychologist or LMHC to ensure assessment for screening takes place within 15 days of referral; All referral and screening activity are documented in our student information system (SIS).

**2. School-based mental health services are initiated within 15 days of identification and assessment**

All student referrals for screening come from the recommendation of school based SWST, including parent-based referrals, community-based referrals, and administrative-based referrals. School referrals are then shared with our school psychologist for screening and assessment. All services for school-based mental health services are initiated within 15 days of identification and assessment; Activity is recorded in our SIS system.

**3. Community-based mental health services for students are initiated within 30 days of referral**

All student referrals for screening come from the recommendation of school based SWST, including parent-based referrals, community-based referrals, and administrative-based referrals. When a need for community-based mental health services are determined, the school psychologist is responsible for ensuring initiation of services within 30 days of referral. Documentation is maintained in the SWST notes and maintained by the SWST facilitator.

**Describe process for coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in the student's care.**

SLA follows district policy and asks all enrolling families to indicate if their student has any mental health concerns or conditions. The information is reviewed by administration and the school psychologist, who reach out to the family to further understand student need. Based on the information received, the SWST team determines needs of the student and works with all applicable parties to monitor the student and create, implement, and monitor interventions when necessary.

**Identify strategies or programs to reduce the likelihood of at-risk students developing social, emotional or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorders.**

- *Social Decision-Making* curriculum (6-8th grade) - teaches children the social and decision-making skills they need to be able to make sound decisions, pursue healthy life choices, and avoid the serious social problems of our day such as bullying, substance abuse, violence, and academic failure. Recognized by Collaborative for Academic, Social and Emotional Learning (CASEL).
- *Second Step* curriculum (Tier 1 and Tier 2) - Second Step Middle School edition (Grades 6-8) bundled with the Principal Toolkit allows educators to reinforce social-emotional skills school-wide in the classroom and when remote learning is necessary. With the Principal Toolkit, social-emotional learning moves beyond the classroom as staff use assembly and announcement scripts,

staff meeting agendas, and other tools to reinforce skills and encourage positive behavior. Back in the classroom, the evidence based Second Step lessons promote self-regulation, emotion management, problem solving, and responsible decision-making. This bundle contains one classroom kit for each classroom, plus one copy of the Principal Toolkit. Recognized by Collaborative for Academic, Social, and Emotional Learning (CASEL).

- Prevention programs - curriculum imbedded in the Civil Air Patrol program, Operation Prevention (a comprehensive, science-based program for ages 8-18). We also collaborate with local organizations and bring in representatives to speak to our students about internet safety, bullying, dating violence, and positive relationships.
- Additional district resources include those offered through: Civility Squad; Imagine Neighborhood; Sanford Harmony; Inner Explorer; Teaching Tolerance; Restorative Strategies.
- Incoming sixth grade students will participate in a weekly club aimed to assist them with the transition to middle school. Students who are determined to be in need of additional support may be referred to individual counseling with the school-based school psychologist or our contracted LMHC.

**Describe the process for coordinating mental health services for students at charter schools that are part of the school district's plan.**

Per Sarasota County School "When a charter school wants to access the proportionate share of the mental health grant allocation, the school is required to use the FL DOE template and complete the required components of the plan. Upon completion of the plan, the charter school must submit the plan to the Executive Director of Pupil Support Services for review. Each charter school mental health plan will be submitted to FL DOE along with the school district plan. The Pupil Support Services Department works collaboratively with the Sarasota County School Choice Department to ensure that charter schools are invited to participate in all professional learning opportunities. The mental health checklist was completed for charter school submitting a mental health plan."

Each charter school makes their own individual plans; there is no coordination or sharing of services or providers with the district.

<b>Identify strategies to:</b>	
<b>Improve the early identification of social, emotional or behavioral problems or substance abuse disorders;</b>	<ul style="list-style-type: none"> <li>● Fortify app to allow all students and teachers to report concerns</li> <li>● Observations</li> <li>● Parent/Teacher Conferences</li> <li>● YMHFA Training - Teaching staff to identify signs</li> <li>● Teacher, staff, parent, student, and community member referrals to SWST</li> <li>● Crisis Text Line</li> <li>● Small Group or Individual Counseling</li> </ul>
<b>Improve the provision of early intervention services:</b>	<ul style="list-style-type: none"> <li>● Fortify app to allow all students and teachers to report concerns</li> <li>● School-based School Psychologist</li> <li>● Contracted LMHC</li> </ul>

	<ul style="list-style-type: none"> <li>• Counseling for at-risk students</li> <li>• Intake on parent registration form of mental health concerns</li> </ul>
<b>Assist students dealing with trauma and violence: trauma informed care:</b>	<ul style="list-style-type: none"> <li>• Help children manage their feelings by teaching and modeling effective coping strategies</li> <li>• Answer children's questions related to the traumatic event(s) in honest, developmentally appropriate language and terms</li> <li>• Create clear and concrete safety plans with the child</li> <li>• Engage them in activities that stimulate the mind and body</li> <li>• Maintain usual routines</li> <li>• Watch for changes in behaviors and report to a SWST for monitoring/intervention</li> <li>• Allow children to tell the story of the trauma they experienced, as they see it</li> <li>• Respond calmly and compassionately, but without displaying shock or judgment</li> <li>• Set boundaries and limits with consistency and patience</li> <li>• Give them choices to regain a sense of control</li> <li>• Provide children who are acting out with opportunities to redirect their energy in a helpful way such as giving them additional responsibilities or leadership roles</li> <li>• Refer family to community resources for support and positive parenting strategies</li> </ul>
<b>School-based professionals can assist students dealing with trauma and violence by:</b>	<ul style="list-style-type: none"> <li>• Follow the school's reporting procedures if there is suspected abuse</li> <li>• If the child is not eligible for special education, consider making individualized accommodations to academic work until the trauma has been sufficiently addressed (might consider including these in a 504 plan).</li> <li>• School staff utilizing strategies learned through "Trauma Informed Care" training</li> </ul>

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

School Psychologist employed by SLA:

Kimberly LaCivita, Psy.D.

*(Supervised by Dr. Stacie Herrera while she completes the certification and licensure requirements)*

School Psychology contract services provided by:

Stacie M. Herrera, Psy.D., PLLC

Florida License #SS 1255

LMHC Telehealth (virtual therapy) contract services provided by:

Telement

2143 S. Tamiami Trail

Osprey, FL 34229

### **Expenditure Assurances (s. 1011.62(16), F.S.)**

One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services. Allocation also provides for BASC-3, SEL curriculum, prevention materials, and contracted school psychology and behavioral services.

SLA will maintain fidelity to the Mental Health Plan and Assistance Allocation funding rules. The Mental Health Assistance Allocation does not supplant other funding sources, nor does it increase salaries or provide bonuses.

**Describes how district will maximize use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).**

Other funding sources include, but are not limited to General Revenue finds, Title IV, Title I, and the Individuals with Disabilities Act (IDEA) grant. In addition, the school will seek out grant funding when appropriate and available. Medicaid reimbursement will be sought when available to charter schools. Grants will be pursued to purchase SEL curriculum and prevention materials.

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

**Identify the number and ratios of FDOE-certified or licensed, school-based mental health services providers employed (i.e., school psychologists, school social workers, school counselors and other mental health services providers by licensure type)**

<b>Certification/License</b>	<b>Number</b>	<b>Ratio</b>
School Psychologist	2	1:280

**Include the system for tracking the number of students at high risk for mental health or co-occurring substance abuse disorders who received mental health screenings or assessments; number of students referred to school-based mental health services providers; number of students referred to community-based mental health services providers; number of students who received school-based interventions, services or assistance; and number of students who received community-based interventions, services or assistance**

Data collection, monitoring, and tracking are part of the SWST process. Data collection is implemented via SWST notes, which are completed for students discussed and referred for socio emotional needs. In addition, Duty to Warn and Threat Assessments are documents in the Student Information System (SIS). Spreadsheets are maintained for students referred for Mental Health Counseling and all students receiving in-house mental health services. Any full psychological evaluations completed by the School Psychologist will be placed in the student's cumulative file and a copy will be provided to the parent/guardian.

The School Psychologist is responsible for:

- The number of students referred to school-based mental health services
- The number of students referred to community based mental health service providers
- The number of students who receive school-based interventions, services, and assistance
- The number of students who received community- based interventions, services or assistance

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

Local school board approved the district plan. Date of Approval: July 21, 2020

Approved plan was submitted to the Commissioner of Education by August 1, 2020 (attached).