

MENTAL HEALTH ASSISTANCE ALLOCATION PLAN

School Name: Key West Collegiate Academy

MSID: 0382

Principal: Thomas Rompella

Governing Board Chair: Todd German

Program Description

As an approach to building safe and successful schools, the intent of the Mental Health Assistance Allocation Plan is to:

- Improve the efficiency and effectiveness of mental health services in schools
- Establish collaborative community-based partnerships with mental health agencies to better serve students and communities
- Improve the school's system of early detection and intervention to ultimately create safe school climates

Mental Health Assistance Allocation Plans must focus on delivering evidence-based mental health services to students. Each plan shall include, but is not limited to, the following information:

1) School Safety Summary

The School Summary should provide a concise overview of the school's Mental Health Assistance Allocation Plan, inclusive the statutory justification. Guiding questions may include:

- a) What is the rationale for developing, enhancing and/or implementing a Mental Health Assistance Allocation Plan?
- b) Are there any guiding principles, shared beliefs and/or values that will be incorporated through the implementation of this Plan?
- c) How does the school deliver mental health services and/or support to students?

Key West Collegiate Academy contracts individual health service counselors. Key West Collegiate Academy is working with local charter schools to find counselors to contract to the school alongside MCSD.

2) Program Design

a) Staffing

- i) Provide a staffing plan that includes personnel who will support the school's Mental Health Assistance Allocation Plan. Identify the staff member(s) responsible for coordination of mental health services at your school campus. Include a job description, area of certification, employee number, credentials, and a brief summary of responsibilities.

Employee Name	Employee ID	Area of Certification / Credentials	Summary of Responsibilities
Thomas Rompella		Educational Leadership	School Principal

b) Referral Eligibility

- (1) Identify the criteria which will trigger referral of a student for mental health services.

Mood changes, behavioral changes, difficulty concentrating, overwhelming fears, physical harm and substance abuse, eating disorders.

(2) List procedures for identifying students in need of mental health interventions and treatment.

- 1) All faculty and staff will be trained on how to identify warning signs and the School's referral procedures during the Opening of Schools Meeting.
- 2) Referrals will be made from teachers and other school personnel to the DMHE.
- 3) Additional information/referrals may be taken from other mental health professionals (outside agencies) and/or parent reports.
- 4) The DMHE will complete a screening to determine risk assessment and level of intervention needed.

(3) List specific behaviors / actions which will result in a referral for mental health assessment.

Talks of suicide, extreme withdrawals, self-mutilations, hyperactivity, impulsive behavior, extreme sadness, mood swings, drop in academics, excessive absences, and/or difficulty concentrating.

(a) Describe how the behavior will be documented (example: SCM, FortifyFL report).

The appropriate codes will be documented and inputted into MCSD FOCUS.

c) Services

Describe the strategies that will be utilized to provide mental health assessment, diagnosis, intervention, treatment, and coordination of care.

Provide Mental Health Assessment – DMHE will complete a mental health assessment
Diagnosis – Student will be referred to a medical doctor/primary care provider for diagnosis (if needed)
Intervention – School will hold a SST meeting to determine eligibility for a Section 504 Plan or an IEP. The consideration of a FAB and a BIP will be discussed. If student does not meet eligibility, the DMHE will schedule interventions such as individual or group counseling.
Treatment – Non-medical treatment as in school counseling will be provided by the DMHE.
Coordination of Care – The DMHE will obtain a signed Consent Form for Mutual Exchange of Information (FM 2128) and meet with any outside agency providing services to the student. A log of visits from the Outside Agency personnel will be kept and treatment plans will be provided to the School for the cumulative file folders.

i) **ASSESSMENT:**

(1) Describe the Mental Health Assessment process. Include how the school will ensure compliance and documentation procedures.

The School will implement the Multi-Tiered Systems of Support (M-TSS) that encompasses prevention, wellness promotion, & interventions that increase intensity based on student need.
The School Site Administration will ensure compliance that the DMHE is submitting the SCMS and inputting by the end of the school day. The School Site Administration will meet with the DMHE and the Student Services Department on a monthly basis to track referrals and caseloads. The School Site Administration will provide the documents requested by MCSD in order to comply with their documentation procedures.

(2) What indicators will be used to determine

(a) If a student is at high risk of substance abuse

Truancy and tardies, inappropriate behavior, significant drop in grades, physical symptoms (red eyes), lethargy, smell of drugs on body, needle marks on arms.

(b) If a student has one or more mental health issues

Truancy and tardies, inappropriate behavior, significant drop in grades, unexplained weight loss, physical

harm, depression.

(c) If a student has co-occurring substance abuse diagnosis?

Truancy and tardies, irritable behavior, significant drop in grades, physical symptoms (red eyes), lethargy, smell of drugs on body, lack of hygiene, and needle marks on arms.

ii) DIAGNOSIS

(1) Describe how the school will ensure compliance with the Diagnosis requirements of students referred for mental health services. Include how the school will document any findings from the mental health professional / agencies.

Diagnosing mental illness in children can be difficult because young children often have trouble expressing their feelings, and normal development varies from child to child. Despite these challenges, a proper diagnosis is an essential part of guiding treatment. A child's doctor or mental health provider will also look for other possible causes for the child's behavior, such as a history of medical condition or trauma. He/She might ask parents questions about their child's development, how long their child has been behaving this way, teachers' or caregivers' perceptions of the problem, and any family history of mental health conditions.

iii) INTERVENTION

(1) Describe the process for identifying the delivery of Mental Health services.

The DMHE will determine if services can be provided at the school or be referred to an outside agency. The DMHE will complete a screening to determine risk assessment and level of intervention needed.

(2) How will services be delivered within a Multi-Tiered System of Supports?

Please see Attachment #1 (The Continuum of School Mental Health Services).

(a) How will intervention services be delivered? Include a rationale for the provider:

The intervention services will be delivered based on the BIP, Section 504 Plan, or the IEP. The DMHE will provide the services delineated in those plans and track and monitor the progress. For example: Social Skills training once a week.

For students whom do not qualify for related services, the counselor will address needs in the areas of:

- Listening to students' concerns about academic, emotional or social problems
- Helping students process their problems and plan goals and action
- Mediating conflict between students and teachers
- Improving parent/teacher relationships
- Facilitating drug and alcohol prevention programs
- Organizing peer counseling programs

(i) School based

1. What evidence-based research supports utilization of school-based mental health services?
2. Identify the types of school-based mental health services available.
3. What will be the process for referral from the school site to an outside agency?

1. (Evidence-based)

Currently, there are legal mandates requiring mental health services for students diagnosed with special education needs. In addition, educators have long recognized that social, emotional, and physical health problems and other major barriers to learning must be addressed so that schools function satisfactorily and students learn and perform effectively (Adelman & Taylor, 1999). Brenner and colleagues (2007)

stated that one in five children and adolescents have emotional or behavioral problems significant to warrant a mental health diagnosis. Because emotional, behavioral, and psychosocial problems can disrupt function at home, in school, and in the community, mental health has become an important health concern (Brenner et al., 2007).

There is an abundance of evidence that most children in need of mental health services do not receive them, and those that do, receive them, for the most part through the school system (Kutash et al., 2006). Schools have a long history of providing mental health and support services to children and provide convenient access for most children (Kutash et al., 2006). School-based mental health services refer to any mental health service delivered within a school setting, which can include neighborhood schools, school-administered programs in hospitals, and special education programs (Whitman et al., 2008). Also, the term “school-based mental health” has become a commonly used phrase. The term has generally come to be understood as “any mental health service delivered in a school setting” (Kutash et al., 2006). One advantage of the familiar setting of school for mental health services is that students and families avoid the stigma and intimidation they may feel when they go to an unfamiliar and perhaps less culturally compatible mental health settings (US Department of Health and Human Services, 2000). In addition to eliminating barriers to access to care, school-based mental health services offer the potential to improve accuracy of diagnosis as well as assessment process (US Department of Health and Human Services, 2000).

Adelman, H.S. & Taylor, L. (1999). Mental health in schools and system restructuring. *Clinical Psychology Review*. 19(2), 137-163.

Brener, N., Weist, M., Adelman, H., Taylor, L., & Vernon-Smiley, M. (2007). Mental health and social services: Results from the school health policies and programs study 2006. *Journal of School Health*. 77(8), 486-499.

Kutash, K., Duchnowski, A., & Lynn, N. (2006). School-based mental health: An empirical guide for decision-makers. *The Future of Children*, 2, 19-31. United States Department of Health and Human Services. (2000).

Whitman, C., Aldinger, C., Zhang, X., & Magner, E. (2008). Strategies to address mental health through schools with examples from China. *International Review of Psychiatry*. 20(3), 237-249.

2. (school-based mental health services)

Positive Behavior Interventions and Supports (PBIS) — focuses on positive social culture and behavioral support for all students. PBIS is not a specific curriculum, but an approach that emphasizes the use of the most effective and most positive approach to address even severe problem behaviors.

FRIENDS – focuses on reducing anxiety and teaching skills for managing emotions and coping with stress among students, parents and teachers. It addresses six core topic areas, including identifying feelings, understanding one’s physical responses, learning to relax, linking thoughts and feelings, developing plans for coping and practicing emotion management.

Positive Action (PA) – focuses on self-management skills, social skills, character building and mental health. It has six primary units encouraging positive actions such as getting along with others and actions for improving oneself.

Promoting Alternative Thinking Strategies (PATHS) – focuses on self-control, emotional understanding, positive self-esteem, relationships and interpersonal problem-solving skills. The PATHS curriculum also seeks to reduce problem behaviors and it uses role playing and storytelling lesson activities.

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) – focuses on reducing trauma symptoms among at-risk primary school children (for example children exposed to violence or natural disasters). The intervention is provided by mental health professionals.

3. (process for referral from the school site to an outside agency)

1. The DMHE will receive a referral from the faculty/staff.

2. The DMHE will complete a screening to determine risk assessment and level of intervention needed.

3. The DMHE will identify whether the student’s need is an emergency. Emergency need is universally defined as “being an immediate danger to himself/herself or others.” Practically, this means the student may possibly require hospitalization (e.g., he/she is exhibiting suicidal/homicidal ideation). If this is the

case, the School's Emergency Protocols are utilized. Emergency Protocols are discussed in the School's Parent and Student Handbook.

4. Families will be brought on board right away when a referral is made. The DMHE will determine if services can be provided at the school or be referred to an outside agency. The School will conduct a parent conference and will work with the family and the school team to engage the process selected.. Decision possibilities may include: development of an in-school plan (behavioral plan, Tier 2 or Tier 3 strategy, etc.), a referral (with family) to an external mental health partner (Community Mental Health Center, private mental health provider), referral/involvement of other appropriate professionals or informal supports (physician, CPS, juvenile justice, etc.), or any of a number of other interventions that may be appropriate and responsive to the individual child and family's need.

(ii) Outside Community Health Agencies/Providers

1. What evidence-based research supports utilization of outside agency/provider mental health services?
2. What criteria and selection process will be utilized to identify outside agencies?
3. Describe the arrangement(s) that will be developed with these agencies (contracted, collaboration, partnership).
4. Identify the types of mental health services that will be available from these entities?
5. What will be the process for referral and follow up? Be specific about the process flow, from agency to the school site.

1.

Mental health services embedded within school systems can create a continuum of integrative care that improves both mental health and educational attainment for children. To strengthen this continuum, and for optimum child development, a reconfiguration of education and mental health systems to aid implementation of evidence-based practice might be needed. Integrative strategies that combine classroom-level and student-level interventions have much potential. An agenda is needed that focuses on system-level implementation and maintenance of interventions over time. Both ethical and scientific justifications exist for integration of mental health and education: integration democratizes access to services and, if coupled with use of evidence-based practices, can promote the healthy development of children.

National Adolescent and Young Adult Health Information Center (2014). A Guide to Evidence-Based Programs for Adolescent Health: Programs, Tools, and More. San Francisco: University of California, San Francisco.

2.

While screening outside agencies/mental health providers, the School shall screen the organization prior to their exposure to students. These include:

- a) The appropriate level of screening and fingerprinting requirements for any individual entering the School site or potentially coming into contact with the student.
- b) The provider shall follow all of the guidelines outlined in Every Student Succeeds Act (ESSA), Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPPA) and the American Counseling Association (ACA).
- c) The provider may provide to the School the appropriate Evidence Based Programs (EBP) and the subsequent professional development programs to layer the educational process and the schools curricula. Specific lessons can be applied throughout the school day to address the entire student body.
- d) The provider may provide a detailed list of communication protocols that involve all members of the School's stakeholders.
- e) The provider shall be able to connect outside services for the entire family. In the event the student and/or the family necessitates additional resources, the provider shall need to connect additional resources (i.e.: Homeless Trust, Medicaid, Medicare, Social Services, Child Protective Services, etc.)

Brener, N., & Demissie, Z. (2018). Counseling, psychological, and social services staffing: policies in US school districts. *American journal of preventive medicine*, 54(6), S215-S219.

Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., & Erkanli, A. (1995). Children's mental health service use across service sectors. *Health affairs*, 14(3), 147-159.

Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American psychologist*, 58(6-7), 466.

3.

The School will contract on a yearly basis with these organizations. The School may actively pursue collaborations and partnerships as well with non-profit agencies that focus on the mental health of school-aged children.

4.

The types of mental health services that will be available from the contracted agencies will include guidance, educational, substance abuse, or Applied Behavior Analysis (ABA) in an individual or group setting.

5.

The referral and follow up process integrates and layers the multiple School Based Mental Health providers. These steps include:

Step 1: Student/Parent/Caregiver/School staff member completes School-Based Mental Health Referral Form and submits to the DMHE.

Step 2: The DMHE who received the referral will make contact with the family and student to gather additional information, better understand the urgency, and any special considerations regarding parent/family/student interest/motivation for services.

Step 3: The DMHE will contact the provider to ensure there is no duplication of services and to consider what interventions are already in place (ensure this process does not hold up scheduling intakes with families/moving forward with care).

Step 4: Relevant data will be collected (including Special Education Services, academic and behavioral indicators, social emotional functioning) based on referral and data. The decision will be made regarding provision of care and services.

Step 5: The provider will create a Treatment Plan. The provider will meet with family, obtain consent to treatment, and work with the DMHE on how to integrate other school staff and interventions as appropriate. As appropriate – the provider may bring the treatment plan process and progress to the School to inform, integrate, and consult with them on care.

(iii) Primary Care Physician

1. How will the school coordinate services with a student's primary care provider and other mental health providers caring for the student?

Step 1: The DMHE will obtain a signed copy of the Consent for Mutual Exchange of Information Form (FM #2128E) to coordinate services with the student's Primary Care Provider (PCP) and mental health providers caring for the student.

Step 2: The DMHE will offer information to the treating doctors on the student's behavior and progress to assist the doctor with coordination of services on an agreed upon schedule (every 4-6 weeks).

Step 3: The DMHE will review progress with the School Administration on a monthly basis to review the progress the PCP or mental health provider they will need in order to cease, maintain, or increase the level of services.

iv) TREATMENT and RECOVERY SERVICES

- (1) How will the school ensure compliance with recommended services and treatment/recovery services?

The School will offer information to the treating doctors on the student's behavior and progress to assist the doctor with his interventions.

(2) Describe what actions the school will take as a result of parent/student refusal of treatment

The School will hold a Parent Conference to discuss the benefits of the treatment on the overall academic and behavioral wellbeing for their child.

If the School suspects child abuse, abandonment or neglect, according to Florida Statutes (section 39.201(1)(a), F.S., "Mandatory reports of child abuse, abandonment or neglect") require that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare must report such knowledge or suspicion to the Florida Abuse Hotline.

(3) Outline how the school will document all *delivered* services

The appropriate codes will be documented in MCSD FOCUS.

(4) Identify the procedures for the collection and maintenance of data relating to all Mental Health Services provided for the school year.

The School will create a spreadsheet with the sections and components listed on the Mental Health Assistance Allocation Plan Outcome and Expenditures Report Checklist (Attachment #2) and the DMHE will complete the totals on a monthly basis.

v) COORDINATION OF SERVICES

(1) How will the school ensure follow-through with recommended treatment/recovery services?

The School will offer information to the treating doctors on the student's behavior and progress to assist the doctor with his interventions.

(2) What is the protocol for communicating with:

- (a) Parents
- (b) Students
- (c) Appropriate staff
- (d) Primary Care Provider / Mental Health Services providers

(a) Parents: The School will contact parents any time it deems necessary. The School welcomes the opportunity to have parents call or email about concerns. The School faculty/staff is very communicative. The expectation is that they will return emails and phone calls within 48 hours (on school days) in hopes that the School and the family can work together in a timely manner. The School will approach the issue in an objective, methodical manner. The School will engage in fact-finding and listen to and reflect on all sides of the story before reaching a conclusion. The School will abide by FERPA expectations and regulations.

(b) Students: The School will create an environment where students feel free to communicate with their teachers, counselors, and all other School personnel. Students will be empowered and encouraged to advocate for themselves by talking directly to School personnel. The School will abide by FERPA expectations and regulations.

(c) Appropriate staff: The School will inform the appropriate faculty/staff on the related services being provided to students. The School will provide a copy of the BIP, Section 504, or IEP to ensure teachers understand the role they need to play in the coordinating of services.

Mental Health Plan Allocation

Somerset Island Prep estimates an allocation of \$1388.90 for Mental Health Assistance, according to the Monroe County School District. The funds are allocated in our budget to contract a Mental Health Counselor to meet the social, academic, and mental wellness of Somerset Island Prep students. Somerset Island Prep will seek services from WestCare and the Guidance Care Center.