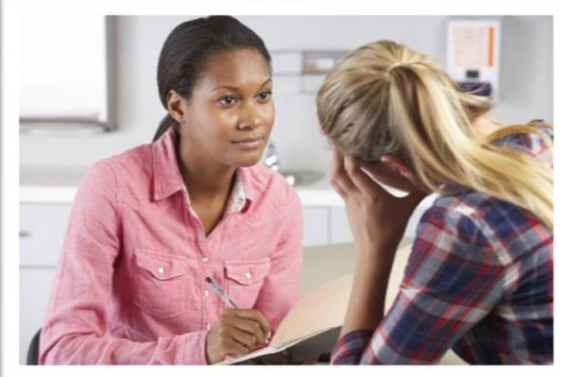




Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life



Mental Health Plan

July 2018

Mental Health Planning Committee

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Table of Contents

***Background*..... 4**

***Summary of Legislation*..... 4**

***Essential Requirements*..... 4**

***Data and Evidence Reviewed*..... 6**

***Process for Identifying and Delivering Evidence-Based Interventions*..... 6**

***Existing Referral Procedures for School-Based and Community-Based Services*. 7**

***Capacity and Credentials of Current Mental Health Providers*..... 8**

Psychological Services..... 8

School Counseling Services 8

School Health Services..... 9

School Social Work Services 9

***Plan for Delivery of Evidence-Based Mental Health Care Treatment*..... 9**

***Planned Expenditures*..... 10**

Estimated Total HCPS Allocation..... 10

Contracts:..... 10

Supervisor, Clinical Care: 10

District Clinicians: 10

Contingency:..... 11

Supervisor, Emotional Wellness 11

***Evidence-Based Programs and Services*..... 11**

Supervisor, Emotional Wellness: 11

Accountant 1:..... 12

Professional Development Activities: 12

Equipment and Supplies:..... 12

Vicinity Travel: These funds will be used to cover district wide travel. 12

***Description of Mental Health Services* 12**

***Threat Assessment Teams*..... 13**

***Partner Collaboration*..... 14**

***Evidence-Based Programs and Services*..... 15**

***Professional Development Needs* 16**

Background

During the 2018 session of the Florida Legislature, considerable attention was given to student safety and mental health as a result of the February 14, 2018 school shooting at Marjory Stoneman Douglas High School in Parkland, Florida. Details surrounding the school shooting brought to light the significant mental health history of the perpetrator, thus creating a sense of urgency about reinforcing the structural and physical safety of school buildings while also providing needed mental health supports for students.

Summary of Legislation

Following the shooting, in March 2018, Governor Rick Scott signed the Marjory Stoneman Douglas High School Public Safety Act (MSDHSPSA). The legislation addressed some concerns relative to the availability of firearms. Additionally, the legislation allocated \$97.5 million to add School Resource Deputies/School Resource Officers (SRDs/SROs) to more school campuses, about \$67 million to provide training for school staff members to become armed school “guardians”, and about \$69 million to provide additional mental health services to students. The legislation also requires that at least 90% of the funds in the Mental Health Assistance Allocation be expended to provide direct mental health services to students. The funds from the Mental Health Assistance Allocation cannot supplant existing funds already provided to support mental health efforts and must represent additional efforts to address student mental health issues.

Florida school districts are required to submit School Board approved plans to receive the distribution of the funds appropriated to the district for the Mental Health Assistance Allocation. The district is required to submit, with the district’s plan, the plans for the charter schools in the district. The charter school plans must be approved by their respective boards, but these plans are not subject to review by the school district or the District School Board. The charter schools are also required to submit their approved plans to receive the charter schools’ proportional share of these funds. Funds will be distributed when the Board approved plans are submitted to and received by the Department of Education.

Essential Requirements

The legislation itself requires students to disclose any referrals to mental health services at the time of initial registration in a public school district. Furthermore, the legislation also authorizes the district to refer certain students for mental health services. Students who must be referred for mental health services include:

- Students who are chronically violent or disruptive,
- Students expelled due to possession of a firearm, and
- Students who have made threats against the school

To ensure coordination of effort within and across school districts, principals are also expected to complete the Florida Safe Schools Assessment Tool (FSSAT) and submit this assessment to the state. Schools must also have Threat Assessment Teams in place at the start of the 2018-2019 school year, ensure that staff members are trained to respond to active shooter situations, and regularly conduct safety drills.

Additionally, the Florida Department of Education (FLDOE) tasked districts with developing a plan for the use of the Mental Health Assistance Allocation. The state guidance received from FLDOE in early June 2018 also established that district implementation plans would first need local School Board approval and then would be due to the FLDOE by August 1, 2018 for the district to be eligible to receive the distribution of the appropriated funds.

All plans will provide mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses; and, coordinate such services with a student's primary care provider and any other mental health providers who may be working with the student.

To meet the state deadline, a team of Hillsborough County Public Schools (HCPS) employees met to outline the elements of the plan and assign related responsibilities for those staff members who will implement the plan. Knowing that a collaborative and coordinated effort across divisions and departments would ensure the best quality for students, a multi-disciplinary team was established. The team included members of Student Services (i.e., school counseling, school health, school social work, and school psychology), and experts in student behavior management systems, social and emotional learning, school administration, and discipline. Additionally, safety and security leaders, finance representatives, principal coaches, Exceptional Student Education (ESE) professionals, and professional development staff members were asked to participate.

Following the state training and review of requirements related to this legislation, the elements of the plan were identified by the group. The recommended plan was developed in two phases. First, a detailed needs assessment related to student mental health and current capacity informed these recommendations. Following this, elements of the plan and specific partnerships and service delivery models were identified. The second phase of this work involved a concerted effort to identify the resources and costs associated with implementation. This phase included identification of human resources, material resources, and financial resources needed to implement the plan with fidelity. In sum, the district planning process sought first to identify what was needed and how it could best be provided. Following this, resources were aligned with the plan to support successful implementation and monitoring.

Coupled with the task of meeting achievement goals, districts around the country have been faced with unprecedented public attention and scrutiny surrounding the increased frequency of acts of violence inflicted on students by perpetrators in schools at every level, from elementary school to universities. The mental health landscape has significantly changed, as there is growing concern over the number of children and adolescents who experience difficulties facing mental health challenges and who succumb to the adverse effects of emotional or behavioral disturbances.

Despite continuing and in-depth efforts to thwart and eliminate bullying, extensive access to electronic devices and social media have provided an unrelenting stream of

opportunities for bullies to victimize children. The adverse effects of that bullying have increased the incidence of depression and other mental health issues among children and have driven some victims to act out violently.

This concern has drawn national attention and has uncovered the need for a local response to address the mental health issues students experience and bring with them to school. The proposed interventions are intended to help prevent further acts of violence, as well as to address the existing mental health needs of Hillsborough County public school students to help them succeed in school and life. The district is fully committed to continuing to build upon the already positioned groundwork, the programs that are in place, and the significant investments being made with district operating dollars. The district will expand its role as an even more proactive facilitator of services and programs, support inclusionary environments that eliminate the stigma associated with mental health issues, and provide safe and supportive learning environments necessary to protect students.

Data and Evidence Reviewed

Multiple data sources were reviewed by the Mental Health Planning Committee to identify the profound mental health needs among the student population, and multiple data sources were considered. These include survey data, student discipline referrals, and change of placement data from the last three years. Upon review, the committee agreed that these data illustrate a clear need for programmatic enhancements, direct access to care, and increased awareness of mental health service availability. Data sources reviewed include:

- Annual School Climate and Perception Survey for Parents
- Annual School Climate and Perception Survey for Students
- Annual School Health Report
- Annual Teaching, Empowering, Leading, and Learning (TELL) Survey for Site-Based Instructional, Professional, and Administrative Staff
- Local Youth Risk Behavior Survey (2016)
- Safe & Sound Hillsborough Survey (2015)
- School Environmental Safety Incident Report (SESIR) Data
- Student Change of Placement Data

Process for Identifying and Delivering Evidence-Based Interventions

The district relies on processes and teams already embedded in the schools to ensure that interventions are evidence-based. Specifically, Problem Solving Leadership Teams (PSLTs) meet at all school sites, in some cases weekly and at least monthly, to analyze both school and individual data using Response to Intervention (RtI) and Multi-Tiered System of Supports (MTSS) framework to approach problem solving.

These practices and supporting teams use a consistent problem-solving model: problem identification; problem analysis and barrier identification; action plan and implementation; and progress monitoring and evaluation to address concerns. These

PSLTs are led by school administrators, and include classroom teachers, student services staff, and exceptional student educators to systematically consider school, small group, and individual issues. Parent involvement is actively sought and is an essential part of all of these processes.

The MTSS approach to problem solving is amenable to the mental health and student safety issues currently facing schools. This approach begins with universal screening and provides tiered interventions matched to available data as an evidence-based framework for problem solving. School-based student services personnel (i.e., school counselors, school health staff, school psychologists, and school social workers) meet with students and parents or guardians to develop and implement behavior support plans while providing necessary assistance in learning appropriate behavior and developing self-management skills. Currently, referrals to both internal and external service providers for academic and other wraparound services are available to students through recommendations by student services personnel.

These recommendations result in specific efforts to differentiate and personalize supports and to establish systems that will enhance the identification and delivery of student interventions along the spectrum of available services. At this time, an initial request for services occurs when a student is referred to Student Services for assistance. The district is in the process of developing a tool that will automate and streamline elements of this process. The tool will be accessible to educational professionals to allow for synthesis of information about existing interventions, including student intervention history, regardless of student mobility between sites. This tool will allow for monitoring and more intentional focus on usage, frequency, and outcomes.

Existing Referral Procedures for School-Based and Community-Based Services

Upon receiving referrals, Student Services personnel assess the student's case, and coordinate service delivery. All service referrals comply with the Family Educational Rights and Privacy Act (FERPA) protections of student privacy as well as the Health Insurance Portability and Accountability Act (HIPAA) requirements for medical information.

Current processes allow for referral or service delivery through the following mechanisms:

- On site by student services personnel,
- On site by community agencies through partnerships outlined in Memoranda of Agreement (MOA),
- Via community referrals created by district personnel to receive services in the community, and
- Via agency access letters allowing for private providers to initiate and deliver student care on school campuses.

Capacity and Credentials of Current Mental Health Providers

Current HCPS mental health providers are typically referred to as student services personnel. These personnel include school psychologists, school counselors, school health staff, and school social workers.

Psychological Services

The Department of Psychological Services is comprised of over 200 school psychologists and clinical psychologists who help students succeed academically, socially, and emotionally. School psychologists collaborate with parents, educators, and other professionals to create safe, healthy, and supportive learning environments. Practitioners are employees of the district. They have earned graduate degrees and are certified by the Florida Department of Education and/or licensed by the Florida Department of Health. Many school psychologists also possess credentials such as certification by the National School Psychology Certification Board or by the Behavior Analyst Certification Board.

School Counseling Services

School counselors are certified/licensed educators with a minimum of a master's degree in school counseling, making them uniquely qualified to address all students' academic, career and social/emotional development needs by designing, implementing, evaluating and enhancing a comprehensive school counseling program that promotes and enhances student success. Through leadership, advocacy and collaboration, school counselors promote equity and access to rigorous educational experiences for all students. School Counselors support students and also work together with parents, teachers, administrators, and outside agencies in order to provide the best educational environment and opportunities for all children. Hillsborough County Public Schools employs 186 elementary school counselors, 112 middle school counselors, and 134 high school and career center counselors. In addition to these personnel, there are 27 College and Career Counselors (CCCs) serving district high schools and 20 of these CCCs are certified school counselors. Beyond traditional sites, there are school counselors serving the district virtual franchises, hospitalized or homebound students, incarcerated students, students in alternative education programs, students with disabilities in exceptional student education centers, students in foster care, homeless students, teen parents, and adult students. These include some counselors who have already obtained or are in the process of obtaining Licensed Mental Health Counselor (LMHC) certification:

Sites	School Counselors	LMHC School Counselors*
Elementary School	186	9
Middle School	112	7
High School	134	
College and Career	27	
Hillsborough Virtual	3	
Hospital Homebound	2	

Department of Juvenile Justice	2	
Alternative Education Programs	2	
Exceptional Student Education Centers	1	
Foster Care	3	2
Homeless	2	
Teen Parent	1	
Adult Education	2	
TOTAL	477	18

*Three of the nine Elementary School Counselors are currently pursuing LMHC credentials. Two of the seven Middle School Counselors are currently pursuing LMHC credentials.

School Health Services

School Health Services Staff are an integral part of the school, ensuring the mental, physical and emotional health and safety of students and staff. HCPS employs school health employees with varying credentials. These include Health Assistants (HAs), Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Advanced Registered Nurse Practitioners (ARNPs), and a Physician (MD). These employees support the student clinics in each school and provide a range of health services to students. Currently, the district employs:

School Health Staff	Number
Health Assistants	51
Licensed Practical Nurses	115
Registered Nurses	84
Advanced Registered Nurse Practitioners	7
Physician	1
TOTAL	258

School Social Work Services

School Social Work is a specialized area of practice within the field of the social work. School Social Workers bring unique knowledge and skills to the school setting. School Social Workers in the district have a Masters of Social Work (MSW) from a graduate institution accredited by the Council on Social Work Education. School Social Workers are certified by the FLDOE. At this time, the Department of School Social Work Services includes 211 School Social Workers. Approximately 80 School Social Workers in the department are also Licensed Clinical Social Workers (LCSW).

Plan for Delivery of Evidence-Based Mental Health Care Treatment

Upon School Board approval and receipt by the FLDOE, the district will release an Intent to Negotiate (ITN) to identify providers who meet the needs of students and can perform as part of a contract-based collaborative effort. HCPS seeks to partner with one or more local community mental health providers to deliver evidenced-based mental health services to children that will include:

- Mental Health Assessments
- Mental Health and Co-Occurring Diagnoses
- Mental Health Interventions (including transport to crisis care as needed)
- Mental Health Treatments
- Mental Health Transition/Recovery Supports

The direct mental health services for students will be delivered via student services staff, primary providers, contracted partners, and other community agencies. It is not the intention for the district to employ an extensive network of internal mental health practitioners.

Planned Expenditures

As established in the FLDOE memorandum regarding the Mental Health Assistance Allocation, HCPS offers assurance that these funds will not supplant other funding sources, be used to increase salaries, or be used to provide bonuses.

Eligible charter schools will receive a proportionate share of the district’s allocation according to FLDOE criteria. (Please note that all expenditures are estimates, and subject to change.)

Description	Quantity	Estimated Cost
<u>Estimated Total HCPS Allocation</u>		\$4,855,610.00
Estimated Charter School Share of Allocation (determined in accordance with the FLDOE memorandum explaining the FTE-based calculation and share computation for 27,999 projected charter students)		\$591,733.48
District Allocation After Charter Allocation		\$4,263,876.52
Demonstrated 90% Expenditure for Direct Services		\$3,837,488.87
<u>Contracts:</u> Identify at least two community agencies/providers through an ITN process for direct provision of mental health services to students	≥2	\$2,048,676.70
<u>Supervisor, Clinical Care:</u> A mental health professional who will oversee the contracting and coordination of care between students and providers (including the student’s primary care provider and any other providers working with the student). In addition, this person will: <ul style="list-style-type: none"> • provide oversight and follow-up with community agencies • collaborate with the School Threat Assessment Teams (S-TAT) and the District Threat Assessment Team (D-TAT) in performing necessary duties related to MSDHSPSA • work closely with the Emotional Wellness Supervisor and clinicians to perform data entry, compliance monitoring, and program evaluation duties • (see job description) 	1	\$101,190.19
<u>District Clinicians:</u> Seven dedicated clinicians functioning	7	\$586,421.00

Description	Quantity	Estimated Cost
<p>as part of an interdisciplinary team that will serve students in need across the district's more than 220 sites. Seven Mental Health Clinicians will:</p> <ul style="list-style-type: none"> • assist school-based personnel with initial referrals for internal assessment and service delivery to students • serve as members of the district Crisis Intervention Team • monitor and report data related to their respective cases to ensure compliance with the language of MSDHSPSA and its annual reporting requirements • actively plan, create and implement appropriate professional development for all stakeholders • (see job description) 		
<p>Contingency: Funds from this allocation will be set aside for use in the event of an emergency or if any of the originally negotiated contracts result in default or need to be increased due to demand for services. The contingency will only be expended to provide direct services to students.</p>		\$50,605.89
<p>Supervisor, Emotional Wellness (.5 FTE, Direct Services) One supervisory professional with expertise in student behavior management/policies, social and emotional learning, and both staff and student learning. Given the size of the district, the compliance mandates included within the legislation, and the need for ongoing professional development and reporting, this position is necessary to support the fidelity of implementation and scope of the work required. This person will:</p> <ul style="list-style-type: none"> • create, plan, and disseminate all professional development materials • collaborate with the District Threat Assessment Team, (D-TAT) • work closely with the Clinical Supervisor to perform duties related to data entry, compliance monitoring, and program evaluation • (see job description) 	.5	\$50,595.09
<p><u>Evidence-Based Programs and Services</u></p> <p>The Student Services leadership will explore and purchase evidence-based screening tools and evidenced based programs to be used when providing direct services to students. These supplemental resources will be utilized by Student Services staff and teachers to meet the identified needs of students. Based on students' needs a plan of care will be developed and implemented through the MTSS process. Evidenced based interventions will be identified from current research and implemented with fidelity. Student progress will be monitored and interventions adjusted as needed.</p>		\$1,000,000.00
<p>Remaining 10% Expenditure of Allocation</p>		\$426,387.65
<p>Supervisor, Emotional Wellness:</p>	.5	\$50,595.09

Description	Quantity	Estimated Cost
<p>(.5 FTE) One supervisory professional with expertise in student behavior management/policies, social and emotional learning, and both staff and student learning. Given the size of the district, the compliance mandates included within the legislation, and the need for ongoing professional development and reporting, this position is necessary to support the fidelity of implementation and scope of the work required. This person will:</p> <ul style="list-style-type: none"> • create, plan and disseminate all professional development materials • collaborate with the District Threat Assessment Team • work closely with the Clinical Supervisor to perform duties related to data entry, compliance monitoring, and program evaluation • (see job description) 		
<p>Accountant 1: This position is needed to assist with the various communication, planning, accounting, documentation, and monitoring functions included in MSDHSPSA.</p>	1	\$57,474.73
<p>Professional Development Activities: These funds are to be used for expenses related to the development of trainings/curriculum, stipends for; writers, trainers and participants; printing, and distribution of professional development materials. Additionally, these funds will be used to contract with experts for the development and delivery of content specifically related to mental health assessment, diagnosis, interventions, treatment, and recovery as listed below.</p>		\$210,512.83
<p>Equipment and Supplies: These funds have been designated to support the purchase of additional technology, software, and materials needed to support the data capture, reporting, and communication required by the MSDHSPSA.</p>		\$101,757.00
<p>Vicinity Travel: These funds will be used to cover district wide travel.</p>		\$6,048.00

Description of Mental Health Services

The Emotional Wellness Supervisor’s job responsibilities will be split to include direct services to schools and administrative oversight of professional development initiatives. This division of duties will allow the Emotional Wellness Supervisor to collaborate directly with schools on student behavior management and social and emotional learning while also expanding the expertise of school staff who directly work with students. It will also allow for direct support to the school and district threat assessment teams.

The addition of the Clinical Care Supervisor and the Emotional Wellness Supervisor will allow for oversight of both individual student case management and referrals as well as coordination of effort with internal and external service providers. Additionally, these individuals will collaborate with divisional staff and experts on the creation of professional development resources, such as evidenced-based Social and Emotional Learning (SEL)

curriculum, and universal screening protocols. Duties will also include the monitoring and data reporting mechanisms required for students referred for care.

The addition of seven District Clinicians will form the basis of an interdisciplinary team that will work with existing Student Services personnel on specific case-management and student referral needs. These individuals will be the primary point of contact for the provider contracts and will serve as a liaison between the district and mental health providers with whom the district contracts, in compliance with FERPA and HIPPA. These individuals will have specific responsibility for monitoring implementation of evidence-based practices including but not limited to:

- Communicate with parents, guardians, and school staff about student case details
- Collaborate with site-based student services staff to support use of formal/informal universal screening methods
- Document screenings, threat assessments, referrals, and care delivery
- Assist with suicide and threat assessments as necessary
- Serve as consultants to school-based personnel regarding potential implementation of the Baker Act
- Refer and coordinate services with primary care and contracted providers
- Serve as a liaison among partners, agencies and staff
- Collaborate with School Security to refine procedures and safety/security awareness protocols
- Participate in Problem Solving Leadership Teams (PSLTs) at alternative educational programs, as needed
- Train stakeholders in the areas of mental health, crisis response, and evidence-based programs
- Support site-based student services staff with planning and facilitating group counseling treatment for targeted students
- Support the process used by site-based staff for student return-to-school transition after inpatient treatment
- Maintain resource listings that can be shared with all stakeholders
- Monitor compliance and data entry among schools and providers

Threat Assessment Teams

Threat assessment protocols are specifically addressed in the MSDHSPSA. While these activities are primarily considered to be part of the enhancements to physical security, there is a clear linkage between protocols to support mental health treatment for students in need and the safety and security of students in school buildings. To the extent that untreated mental illness may jeopardize the safety of students in the district, there is a need for Threat Assessment Teams to consider practices and procedures that reflect a concern for student mental health as well as student safety.

In the context of mental health, School Threat Assessment Teams (S-TAT) will look different than the District Threat Assessment Team (D-TAT). At the school site, these

teams will include administrators, at least one classroom teacher, student services staff, an ESE liaison, the School Resource Deputies/School Resource Officer (SRD/SRO) or designee, and the school registered nurse.

The S-TAT is expected to meet monthly during the school year to ensure coordination of resources, assessments, and interventions for students. Interventions will be aligned with the existing Behavior Matrix, Code of Student Conduct, as well as all relevant policy and statute. Reporting protocols for S-TAT actions will include notification to D-TAT and other relevant groups (e.g., parents, guardians, law enforcement).

D-TAT will provide oversight, monitoring, and compliance functions for each S-TAT. The D-TAT will include a designee for the Superintendent, School Security, Exceptional Student Education, Administration, Teaching and Learning and Operations, as well as the Director of Student Services, supervisors for Psychological Services, School Social Work, School Health, School Counseling, and the newly established district Mental Health Team.

The D-TAT will hold regular meetings at least quarterly, or more often if needed. The D-TAT will review procedures and protocols related to screening, threat assessment, referral, care coordination, information sharing, transition/return-to-school, and needs assessment. All S-TAT actions will be logged and shared with the D-TAT. This team will also work to develop training and awareness materials that can be shared with various stakeholder groups.

Partner Collaboration

Partnerships with community agencies and providers will be the foundation of this model. HCPS expects that the S-TAT will have clear assessment, diagnostic, intervention, treatment, and recovery protocols in place with these providers. These partnerships will include, but not be limited to:

- ACTS
- Agency for Health Care Administration
- Agency for Persons with Disabilities
- AMI Kids-YES
- Bay Area Behavioral Services
- BayCare Behavioral Health
- Chrysalis
- DACCO
- Department of Children and Families
- Department of Health
- Department of Juvenile Justice
- Eckerd Youth Alternatives
- Families First
- Federal, state, and local courts
- Federal, state, and local law enforcement agencies
- Florida Hospital

- Gracepoint
- Guardian Ad Litem
- Leslie Peters Halfway House
- Northside
- Private providers
- Success 4 Kids and Families
- Tampa Bay Crisis Center
- Tampa Bay Therapists and Associates
- Tampa General Hospital
- True Core Behavioral PACE
- Twin Oaks
- USF Health Psychiatry

The Clinical Care Supervisor will be hired to work directly with district personnel and contracted community mental health providers. This person will serve on the Local Planning Team (LPT) and participate in ongoing needs assessment and collaboration between and among mental health providers. Additionally, this person will manage the ITN and subsequent contracts with selected mental health providers including case management, documentation compliance, provider monitoring and data receipt, payment for services rendered, contract budget management, and coordination of care between students and providers (including the student's primary care provider and any other providers working with the student).

Additionally, the Supervisor of Emotional Wellness will support mental health by providing professional development resources that support student behavior management and appropriate Tier 1 interventions, including social and emotional learning and restorative practices. This position will also support schools with Tier 2 and Tier 3 interventions. Given the size of the district, the compliance mandates included within the legislation, and the need for ongoing professional development and reporting, this position is necessary to support the fidelity of implementation and scope of the work required. This person will be responsible for the creation and dissemination of professional development materials, in collaboration with other divisions, and perform necessary duties related to MSDHSPSA. Data entry, compliance monitoring, and program evaluation will also be included in this person's job responsibilities.

Evidence-Based Programs and Services

The mental health services and initiatives supported by this allocation will reinforce and extend existing programs and interventions to help more students. The district does have several evidence-based behavior management and intervention programs in place. These begin at Tier 1 of the MTSS/RtI model and include interventions at Tier 2 for selected students. Funding from the MSDHSPSA allocation will allow the district to enhance existing strategies and create systematic protocols for Tier 3 interventions as well. The current array of program offerings includes:

- ACT Now Mental Health
- Champs
- Check and Connect
- Check In/Check Out

- Kids on the Block
- LifeSkills Training (Currently grant funded)
- Narcotics Overdose Prevention Education (NOPE)
- Restorative Practices
- School-Wide Positive Behavioral Interventions and Supports (PBIS)
- Second Step (Currently only in grant funded schools)
- Start with Hello
- Trauma Sensitivity Training
- Youth Mental Health First Aid (YMHFA) Training (Currently grant funded)

Professional Development Needs

Existing student and programmatic data suggest that professional development is needed for teachers, staff, administrators, student services personnel and district personnel to support mental health awareness, treatment, and prevention initiatives for students and their families. When appropriate students and parents will also be invited to participate. There is a need for training in the following areas:

- Behavior Tracker
- Bright Futures Social Emotional Behavioral (School Health staff)
- Counseling Skill Building
- Mental Health Awareness
- Mental Health Needs Among Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning (LGBTQ+) Students
- Mental Health “Train the Trainer” In-service
- Restorative Practices
- Safe Schools
- Social Emotional Learning (SEL) Curriculum
- SEL Community Building Sessions
- SEL Strategies (such as mindfulness)
- Sex Trafficking/Refugee Youth
- Early Warning Systems
- Data-Based Decision Making
- Trauma Sensitivity and Awareness
- Youth Mental Health First Aid (YMHFA)

Program Implementation and Outcomes

HCPS will demonstrate its commitment to meeting the requirements of the Mental Health Assistance Allocation program through the provision of the following metrics by September 30, 2019 as outlined on the Outcomes and Expenditures Report Checklist:

- Number of students assessed, referred for services, and receiving services;
- Number and credentials of mental health service providers employed by the district; and
- Number and credentials of mental health service providers contracted by the district.

The 2018-2019 Annual Mental Health Allocation Plan is hereby approved by the School

Board of Hillsborough County.

Dated this ____ Day of _____ 2018

Signatures:

Jeff Eakins, Superintendent

Sally A. Harris, Chairperson