



2019-20 Duval County Public Schools MENTAL HEALTH ASSISTANCE ALLOCATION PLAN DUE AUGUST 1, 2019

Our community has embraced the idea that children will be more successful in school if they have the resources to address their medical, physical, behavioral, social and mental health needs. As a school district, Duval County Public Schools prides itself on meeting the needs of the “whole child.” We ensure that EVERY student is inspired and prepared for success in college or a career in life and we know that meeting the social emotional needs of our student’s play a vital role. Therefore, our Strategic Plan reflects this knowledge:



Over the past twenty- seven (27) years DCPS has collaborated with community partners to deliver an evidence-based therapeutic, health, and social service infrastructure to meet the needs of students and families. This collaborative, affectionately known as “Full Service Schools of Jacksonville” is a partnership between Duval County Public Schools, Duval County Health Department, Kid’s Hope Alliance, St. Vincent’s Mobile Health, Baptist Health, Chartrand Family Fund, Lucy Gooding Charitable Foundation Trust and United Way of Northeast Florida. Full Service Schools are conveniently located to ensure children and youth receive the necessary physical, emotional, and educational supports for optimal learning and to foster lateral coordination of service delivery to children and families among schools and local agencies. This collaborative is located in eight targeted neighborhoods in Duval County - Arlington, Englewood, Historic James Weldon Johnson, Ribault, Sandalwood, Westside, Springfield and the Beaches. Services are provided to eighty-seven (87) schools (10 high schools, 15 middle schools, 59 elementary schools, 4 alternative/ exceptional schools), with main Full Service School offices located on school campuses in each neighborhood.

The Full Service Schools network of providers and partners provide access to therapists, psychologists, nurses, behaviorists, substance abuse counselors, targeted case managers, and other professionals. Services such as counseling; family therapy; behavior management; substance abuse counseling; parenting classes; medical treatment and follow-up; psychological testing; tutoring; and legal consultation are provided. Referrals are also made to outside agencies. Transportation barriers are minimized because services are delivered within the neighborhood and schools. The Mental Health Assistance Allocation will allow Duval County Public Schools to expand upon this existing infrastructure to extend mental health services into 63 additional schools, in collaboration with community partners to provide mental health access to ALL students.



2019 - 2020			
	# OF THERAPISTS	# OF SCHOOLS	RATIO
FSS Traditional Therapists (KHA)	26	57	1:2
FSS PLUS Therapists (KHA)	40	40	1:1
FSS Expansion Therapists (MHA)	36	63	1:2

The Provider is a School based Therapist with an approved social service agency (Child Guidance Center, Children’s Home Society, Daniel Memorial, Family Foundations and Jewish Family Community Services). The roles and responsibilities of the School Based Therapists include, but are not limited to:

- Promoting a full continuum of care across a multi-tiered system of mental health supports;
- Providing a broader array of services and to be part of school teams;
- Addressing mental health promotion, prevention, and intervention that is more intensive as part of their teaming and collaborative efforts in schools;
- Providing primary therapeutic modalities such as Cognitive Behavioral Therapy Trauma-Focused Cognitive Behavioral Therapy, Brief Solution Focused Therapy, and Play Therapy

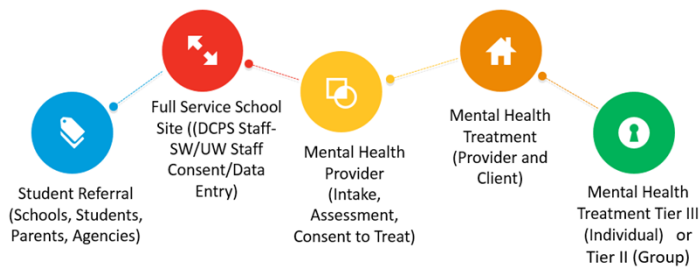
The primary therapeutic modalities being used by the clinicians are Trauma-Focused Cognitive Behavioral Therapy and Brief Solution Focused Therapy. Both of these models are considered to be evidence-based and have been used successfully in school-based settings with children, adolescents and families. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models. This model was initially developed to address trauma associated with child sexual abuse and has more recently been adapted for use with children who have experienced a wide array of traumatic experiences, including multiple traumas.

The Solution-Focused Brief Therapy (SFBT) model is also being utilized. SFBT is an evidence-based approach to psychotherapy, which has been studied since the early 1980s. It is one of the few approaches in psychotherapy that began as “evidence-based,” vs. being “theory-driven.” SFBT is future-focused, goal-directed, and focuses on solutions, rather than on the problems that brought clients to seek therapy. The SFBT approach assumes that all clients have some knowledge of what would make their life better, even though they may need some help describing the details of their better life and that everyone who seeks help already possesses at least the minimal skills necessary to create solutions.

The Full Service Schools referrals for services can be made and submitted by anyone, to include, school administration and staff, parents, community agency personnel, as well as student self-referral. Referrals are to be completed using only the approved Referral for Services Form and can be submitted via hand delivery, fax, or email. In addition, referrals can be made by having a conversation directly with the therapist. When this occurs either the therapist or the referring source would complete the Referral for Services Form based on the discussion. Each Full Service Schools on-site therapist has blank referral forms. The referral source will complete the referral form for each student they are referring to Full Service Schools by providing as much detailed information as possible. The referral source will forward the referral to the Full Service School Social Worker for data collection and processing. The FSS Social Worker will forward the referral to the on-site therapist assigned to the school to obtain consent from parent for treatment. The Full Service Schools Social Worker can also process the referrals for social services (e.g., clothing, eyeglasses etc.)



In the Full Service Schools collaborative, the person writing the referral can give the referral directly to the on-site therapist once it has been submitted and processed by the FSS Social Worker within 24 hours. Within 15 days the Therapist will assess the student to determine the appropriate system of care. The therapist can assess the student once without parental consent. Once the parent consents for treatment, the biopsychosocial assessment and Children Functional Rating Scale is completed therapeutic services will begin within 15 days. Due to this direct contact, there is no question as to whether or not the therapist has received the referral, but there can still be challenges with follow through with actually receiving services (e.g. the family may refuse consent for services, the therapist may not hear back from the family about their willingness for the child to receive services.) With the therapist being housed on-site at the school, they are able to give frequent, appropriate feedback to the referral source. Often, the therapist works with the referral source to learn more about the student's classroom functioning and to provide suggestions and coaching on strategies that may help support the increase of positive behaviors in the classroom. The on-site therapist will disclose only pertinent information that will help students to be successful while abiding by the Health Insurance Portability and Accountability Act of 1996 (HIPAA, a US law designed to provide standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.) Referral reason may include but are not limited to: classroom conduct, behavior concerns, academic performance, personal/family/friend issues, suspected alcohol/drug use, and health/wellness.



The supports that will address mental health needs are as follows:

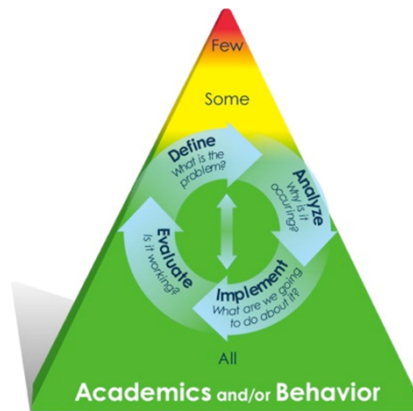
Assessment: Initial screening and triaging to determine appropriate Tier placement by School Social Worker (Social Service, Counseling, Dual). Biopsychosocial and Children's Functional Assessment Rating Scales (CFARS PRE Test) is administered to every student whose parent has consented for his/her child to receive mental health services. Children's Functional Assessment Rating Scales (PRE and POST Test) is administered to every student whose parent has consented for his/her child to receive mental health services. The purpose of the CFARS is to have a single instrument that could: 1) gather functional assessment information for domains relevant for evaluating children; 2) gather Florida's societal outcome data elements; 3) provide information helpful to clinicians and agencies delivering; and 4) be flexible to describe changing status in aggregate reports.

Diagnosis: Appropriate problem or diagnosis is determined by the Full Service Schools Therapist (Tier 2 or Tier 3). The Diagnostic and Statistical Manual of Mental Disorders (DSM -5) is used by FSS Therapists to diagnose mental illnesses. The Diagnostic and Statistical Manual of Mental Disorders (DSM -5) is used by clinicians and psychiatrists to diagnose psychiatric illnesses. The DSM-5 is published by the American Psychiatric Association and covers all categories of mental health disorders for both adults and children. The DSM is utilized widely in the United States for psychiatric diagnosis, treatment recommendations and insurance coverage purposes. The manual is non-theoretical and focused mostly on describing symptoms as well as statistics concerning which gender is most affected by the illness, the typical age of onset, the effects of treatment and common treatment approaches. To ensure that best practice model is followed, all Full Service School therapist will utilize the DSM-5 to diagnose students.



Intervention: FSS Therapist provides Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TFCBT). Students that are involuntarily hospitalized (BA) placed in Tier 3 intervention (parent consent). Upon discharge from the Baker Act Receiving Facility the Discharge Plan is forwarded (Parental Consent) to the Crisis Support team to link to School Social Worker and School Counselor to ensure continuity of care. Multi-Tiered System of Support (MTSS) is the framework that our schools utilize to provide targeted support to struggling students. It focuses on the “whole child.” MTSS supports academic growth and achievement, but it also supports many other areas such as behavior, social and emotional needs, and absenteeism. The intervention model for Duval County Public Schools is to:

- Increase youth access to mental health services and supports within a multi-tiered framework
- Increase implementation of evidence-based, culturally responsive mental health practices
- Increase awareness of mental health issues within our youth, families, schools and communities

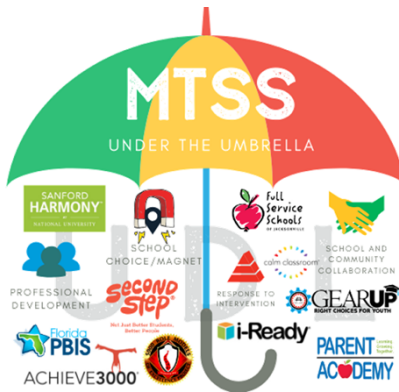


Duval County Public Schools tiered interventions are as follows:

Tier 1: Foundations Team Monitoring of School Wide PBIS Implementation, Code of Conduct, Problem Solving Teams, Evidence Based Instructional Practices, CHAMPs Classroom Management, Peer Mediation, Progress Monitoring via Periodic Universal Assessments , Comprehensive Health Education, Zeroing in on Intervention, Character Education, Restorative Practices Second Step Social Emotional Learning Curriculum, Child Safety Matters, Youth Mental Health First Aid Training, Trauma Informed Care Training, Rtl teams, Stop Bullying NOW program, Student Success Skills, Parent Academy, Mental Awareness Education

Tier 2: Check In/Check Out, Meaningful Work, Restorative Justice, Psychosocial Assessment, Group Counseling, Student Options for Success, Nighttime Substance Abuse Program, Strategic research based interventions targeted to student’s specific needs, Frequent monitoring, Functional Behavior Assessment, Behavior Plan, Classroom Guidance, Student Peer Mediation, Referral Forms, Restorative Justice, Student Success Skills

Tier 3: Tough Kid Toolkit, Full Service Schools individual counseling, Meaningful Work, Intensive Long Term Instructional Support, Individual instruction, Functional Behavior Assessment, Behavior Plan, Mentoring, and Achievers for Life Mentoring



Treatment: Cognitive behavioral therapy (CBT) will be utilized as the treatment technique. CBT is a short-term form of behavioral treatment. It allows students to problem-solve, as well as, reveal the relationship between beliefs, thoughts, and feelings, and the behaviors that follow. Through CBT, students learn that their perceptions directly influence how they respond to specific situations. Trauma Focused Cognitive Behavioral Therapy (TFCBT) will also be utilized as the treatment technique. TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. Therapeutic services for clients are implemented for up to 6 months.

Recovery: Treatment Plans are completed with families to monitor effectiveness of services provided. The Children's Functional Assessment Rating Scales (CFARS POST Test) is administered to every student who successfully completes treatment to monitor improvement in societal outcome data elements. As a result of the evidence based mental health practices the treatment outcomes are as follows:

- Academic improvement
- Positive behavioral changes
- Decreased disciplinary referrals
- Improved coping skills
- Improved relationships and rapport building

Students that have one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses will be referred to our Gateway Community Services substance abuse partner for treatment. Adolescents who meet the criteria for treatment are offered a well-designed program, individually customized to address his or her specific needs. The substance abuse treatment available are: Intervention Services, In-Home/On-Site Services, Traditional Outpatient Services and Residential Substance Abuse Treatment. After the student receives a full assessment, the Gateway staff will work to determine the best type of treatment for the student.

Another resource for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses is the Night-Time Substance Use Prevention Counseling Education Program. The Night-Time program is the district's program for students who have been charged with committing an alcohol, drug, possession of prohibited substance, or drug/alcohol paraphernalia infraction against the Code of Student Conduct. The Night-Time program may also be a counseling referral for use, possession, distribution, or sale of tobacco; or distribution, possession, sale or purchase of drug facsimile products. Classes for the Night-Time program are year-round. Referrals remaining from the end of last year and any that occurred during the summer will be processed with the students being enrolled immediately upon intake.



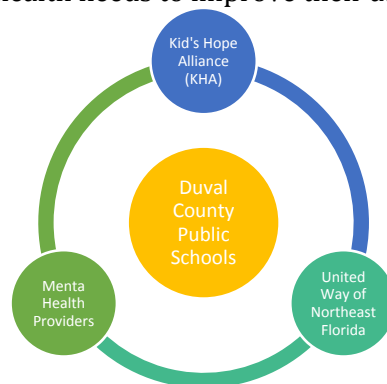
An additional resource for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses is the River Oak Center. The River Oak Center offers students an opportunity to grow (academically, emotionally, socially, and spiritually) by integrating the principles of recovery into daily education. The Center integrates a high school academic curriculum with the development of supportive life skills necessary for students in recovery from alcohol and substance use. All program staff are certified educators and specialists who are responsible for providing appropriate academic programming and oversight both in and outside of school. Students are referred by schools, family members, courts, state agencies, drug/alcohol treatment facilities, community based youth programs, and residential programs. Prospective students must interview with the River Oak team prior to admission. In addition, students must achieve sobriety prior to attending River Oak and must consent to participate in random drug testing while enrolled. Students must also be committed to working an outside plan of recovery and demonstrate a commitment to academic achievement in pursuit of a high school diploma.

The collaborative partnerships with Full Service Schools community providers and agencies that ensures the implementation of mental health services is as follows:

Kid's Hope Alliance (KHA) - a community organization serving the needs of children and their families throughout Jacksonville. KHA provides funding to mental health providers to ensure mental health services are delivered within schools.

United Way of Northeast Florida- provides leadership and resources to change lives in the community by creating sustainable improvements in education, income and health. UW provides coordination and oversight of the Full Service Schools Initiative.

Mental Health Providers – Mental Health providers are selected based on a competitive RFP process. The Mental Health providers identify, consult, treat, triage and manage students with emotional/behavioral health needs to improve their ability to function in school.



In addition to the above collaborative partnerships, throughout the year a quarterly mental wellness newsletter is shared districtwide to promote mental health literacy, as well as, throughout the month of May (Mental Health Awareness Month) additional providers and agencies are called upon to advocate and promote mental wellness. The following events and activities have occurred:

- Mental Health Awareness Video PSA/Poster Contest created by students
- Employees and students sign the “Pledge to See Something/Say Something”
- Mental health facts shared daily in schools and district offices via district news and social media
- Mindfulness resources and green ribbons distributed support Mental Health Awareness
- Mental Health Proclamation read at DCPS School Board Meeting and City Council meeting



- Mental Health Awareness Resource Table in local community events
- Wear green on National Children’s Mental Health Awareness Day
- Districtwide Student Mental Health Conference
- Mental Health Awareness Resource Fair

Duval County Public Schools collaborates with Child Guidance Rapid Response Team (RRT), if a student threatens/attempts to harm him/herself or someone else. The District crisis process and procedures are as follows:

- School contact’s the district crisis hotline if a student threatens/attempts to harm him/herself or someone else;
- The district crisis advisor receives an assessment of the presenting problem and contacts the Rapid Response Team;
- The LMHC on the RRT goes to the school to assess the student for a Baker Act
 - If the student meets the criteria for a Baker Act they are transported to the Baker Act receiving facility-
 - Students involuntarily hospitalized (BA) placed in Tier 3 intervention (pending parent consent)
 - Upon discharge – Discharge Plan is forwarded to Crisis Support to link to School Social Worker and School Counselor for screening with FSS within 15 days of students referred for a mental health referral and school-based mental health services are initiated within 15 days of identification and assessment; community mental health services for students are initiated within 30 days of referral.
 - If the student does not meet the criteria for a Baker Act the RRT LMHC provides the family with resources for therapeutic follow up.

Duval County Public Schools will collaborate with the managing entity SEDNET to conduct Youth Mental Health First Aid Training and Trauma Informed Care training to school and district based staff. Collaboration with LSF Family Systems for Jacksonville’s Behavioral Health Consortium and Jacksonville System of Care Initiative Describes 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.

The process by which coordination of mental health services with a student’s primary care provider and other mental health providers begin at intake when an initial assessment is conducted to determine the needs of the student. If mental health services are recommended and services are consented to, the mental health provider conducts an assessment/brief to determine a diagnosis. Depending upon the specific diagnosis, the student’s parent is then referred to their primary care provider. If a student is in need of psychiatric services (including medication), they are referred to internal providers or external mental health providers. A Data Sharing MOU, as well as parental consent is required (through a Consent Agreement to Participate in School Based Behavioral Health Service) for such service in accordance with FERPA and HIPAA guidelines.



The Behavior Intervention Monitoring Assessment System (BIMAS-2) is a measure of social, emotional and behavioral functioning in children and adolescents ages 5 to 18 years. The BIMAS Standard Form includes 34 change-sensitive items that are used for universal screening of behavior concerns and for assessing and monitoring the progress of behavior and mental health related interventions. The BIMAS is a brief, repeatable multi-informant (teachers, parents, clinicians, self) measure that is useful for behavioral universal screening, progress monitoring, outcome assessment, and program evaluation. It offers an online Data Management System with dynamic analysis, graphing and reporting options. This allows assessors to manipulate data in a variety of ways in real time to assist in evidence-based decision-making within a Response to Intervention (RtI) or Multi-Tier System of Supports (MTSS) framework.

THE BIMAS MAIN OBJECTIVES/FUNCTIONS

- Universal Screening – By comparing each student’s scores on the BIMAS to a nationally representative normative group, the BIMAS Standard can be employed as a brief screening device to detect students in need of further assessment and to identify their respective areas of need.
- Student Monitoring – To provide feedback about the progress of the individual student or groups in intervention programs.
- Program Evaluation – To assess changes in behavioral, emotional concerns and adaptive skills in a group of students receiving psychosocial interventions and well as monitoring the effectiveness of Tier I universal prevention efforts.

THE BIMAS SCALES

- Behavioral Concern Scales - Identify Risks
- Conduct - anger management, bullying behaviors, substance abuse, deviance
- Negative Affect - anxiety, depression
- Cognitive/Attention - attention, focus, organization, planning, memory.
- Adaptive Scales - Identify Strengths and Areas of Improvement
- Social functioning - friendship maintenance, communication
- Academic Functioning - academic performance, attendance, ability to follow directions

The BIMAS2 will be administered in the fall and spring of each academic year to all 3rd, 6th and 9th grade students, as well as any students that have been charged with a violent code of conduct violation. If a student’s scores at-risk on the screener, he/she will be referred for mental health services.

Number of students that are <u>screened/assessed</u>.	Source of Data:	FOCUS database of School enrollment and BIMAS; Full Service Schools data system; DCPS Qualtrics
	Number:	Report EOY 2019-20
Number of students who are <u>referred</u> for school-based mental health services.	Source of Data:	Full Service Schools data system; DCPS Qualtrics
	Number:	Report EOY 2019-20
Number of students who <u>received</u> school-based mental health services.	Source of Data:	Full Service Schools data system; DCPS Qualtrics
	Number:	Report EOY 2019-20



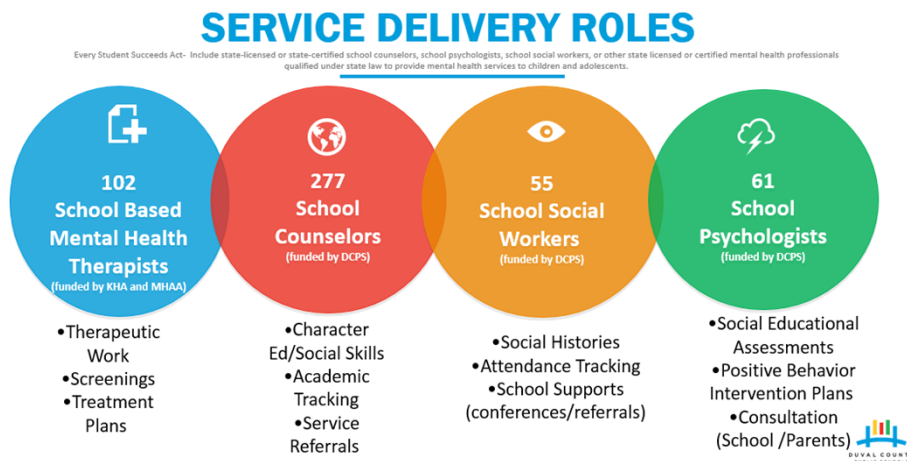
Other outcome data sources will be used to evaluate the effectiveness of the Full Service Schools collaborative services such as:

- Youth Risk Behavior Survey
- School Climate Survey
- Early Warning System Indicators: academics, attendance, discipline
- Children’s Functional Assessment Rating Scale (Post)

Social Emotional Learning strategies or programs reduce the likelihood of at-risk students developing social, emotional or behavioral problems; depression; anxiety disorders; suicidal tendencies; or substance abuse disorders. Social Emotional Learning (SEL) is the process through which children acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (CASEL). The following SEL strategies/programs are currently being implemented in DCPS:

- Sanford Harmony is a Social Emotional Learning program that uses everyday practices and weekly lessons to build classroom culture and foster friendships between students.
- Calm Classroom is a mindfulness-based program composed of 3 minute scripted mindful breathing, stretching, focusing, emotional resilience and relaxation techniques presented by school counselors and teachers 2 to 3 times a
- School-Connect: Optimizing the High School Experience, a program for boosting students' social, emotional and academic skills.
- MindUp teaches the skill and knowledge children (K-8th grade) need to regulate their stress and emotion, form positive relationships, and act with kindness and compassion.
- Morning Meeting is an engaging way to start each day, build a strong sense of community, and set children up for success socially and academically.
- Second Step provides instruction in social and emotional learning with units on skills for learning, empathy, emotion management, friendship skills, and problem solving

Number and credentials of mental health services providers employed by the district:





Number and credentials of mental health services providers contracted by the district:

Employed by Contracted Mental Health Service Provider		
Full Service Schools	Therapists	#
		36 Licensed Mental Health Counselors, Master’s Level Mental Health Counselors, Licensed Marriage and Family Therapists, Master’s Level Marriage and Family Therapists, Licensed Clinical Social Workers and/or Master’s Level Social Workers
Daniel Memorial		
Name	Licensure/certification/degree	
Lori Driscoll (Clinical Lead)	Licensed Clinical Social Worker	
Shanise Shontay Ford	Masters in Counseling and Psychology	
Chelsey Davis	Masters of Science/ Social Work	
Patricia Lee Borgess	Masters of Science/ Clinical Mental Health Counseling	
Courtney Martensen	Licensed Mental Health Counselor	
Erin Griggs	Masters in Counseling and Psychology	
Kathryn Lay	Masters in Professional Counseling	
Haydee Tenzel (Clinical Lead)	Licensed Mental Health Counselor	
Vickey Cassandra Walker	Masters of Science/ Clinical Mental Health Counseling	
Francisco Cubero	Masters Clinical Social Work	
Takiyah Joseph	Licensed Clinical Social Worker	
Marica McKetty	Licensed Mental Health Counselor	
Marie McLaughlin	Masters of Science in Mental Health Counseling	
Carolina Barrientas (Clinical Lead)	Licensed Mental Health Counselor	
Margie Anderson	Masters of Social Work	
Karen Friedemann	Masters of Social Work	
Family Foundations		
Penny Nevins (Clinical Lead)	Licensed Mental Health Counselor	
Eliza Gonzalez Harris	Masters of Social Work	
Katie Wiggins	Masters of Science in Mental Health Counseling	
Reagan Palmer	Masters of Science in Mental Health Counseling	
Sharina Jackson	Masters in Counseling and Psychology	
Margaret Woolbright	Masters of Social Work	
Cheryl Walker	Masters of Science in Mental Health Counseling	
Tammy Kaciak	Masters of Arts in Mental Health Counseling	
Laura Minich	Masters of Science in Mental Health Counseling	
Child Guidance Center		
Nola Freeman (Clinical Lead)	Licensed Mental Health Counselor	
Andrew Carroll	Masters of Science in Mental Health Counseling	
Victoria Jones	Masters of Science in Mental Health Counseling	
Yolla Bailey	Masters of Science in Marriage and Family Therapy	
Lee Watters	Masters of Science in Clinical Mental Health Counseling	
Lianet Ripoll (Clinical Lead)	Licensed Mental Health Counselor	
Lytina Cannon	Masters of Science in Community Psychology and Counseling	
Keyanna Williams	Masters of Science in Mental Health Counseling	



Megan Duncan	Masters of Social Work
Natasha Lyles	Masters of Social Work
Children's Home Society	
Kim Fore (Clinical Lead)	Licensed Clinical Social Worker
Katherine Amaro Caballa	Masters of Arts in Counseling Psychology
Kerstian Tucker	Masters of Social Work
Jewish Family Community Services	
Ed Spade (Clinical Lead)	Licensed Clinical Social Worker
Elizabeth Pelishek	Masters of Social Work
Samantha Davis	Licensed Clinical Social Worker

The Mental Health Assistance Allocation funding will be used to expand mental health services into 63 additional schools through the Full Service Schools collaborative:



Planned Expenditure:			
Provider Provide	Position/Activity	Unit	Budget
Mental Health Allocation			\$2,787,073.00
Prevention 10%			\$278,707.00
Social Emotional Learning	Embed SEL in instructional practices to support students in developing the necessary skills to reflect on their own learning, master academic content, engage in positive social interactions, and become lifelong learners.		\$160,000.00
Student Mental Health Conference	High School student conference to address social emotional needs (breakout session, panel discussion, resource fair)		\$10,000.00
Prevention Total			\$170,000.00
Intervention 90%			\$2,508,366.00
Assessment Protocols for screening and assessment	BIMAS Behavior rating scales and pre/post data outcomes.		\$70,000.00
PBIS Specialist/Social Emotional Learning Coach	Salaries/Benefits-Instructional staff to provide coaching to school based student services staff related to the PBIS, social emotional learning and mental health initiatives.	3	\$230,000.00
Full Service Schools Collaborative	Salaries/Benefits-Contracted School Based Therapist assigned to schools (1 therapist:2 schools) to provide Tier 2 and 3 mental health supports to include counseling services to individuals and small groups that relate to emotional, behavioral and mental health diagnosis	36	\$2,200,000.00
Clerical Support	Clerical for data reporting (PT)	0.5	\$17,073.00
Training Materials/Supplies and Stipends	Youth Mental Health First Aid materials for training of all school based faculty. Stipends to provide training over the summer (STRIVE To Be AWARE Summer Institute).		\$100,000.00
Intervention Total			\$2,617,073.00
Charter School Proportionate Share			\$439,354.00
Total			\$3,226,427.00

Duval County Public Schools will not supplant other funding sources, increase salaries, or provide staff bonuses with the Mental Health Allocation funds. DCPS will utilize the 2.6 million in Mental Health Allocation funds to build upon the existing district's mental health infrastructure. Since 1991,



Full Service Schools (partnership with United Way, Kids Hope Alliance and Duval County Public Schools) has provided mental health services in 87 of our 160 comprehensive schools (38 therapists). Kid's Hope Alliance funds 30 additional therapists to provide access to 30 schools. The 2.6 million in Mental Health Allocation funding will allow the district to build upon its existing collaborative infrastructure to hire 36 additional therapists to provide mental health access to the remaining 63 Duval County Public Schools. This will also allow DCPS to provide mental health training to school personnel in elementary, middle and high schools and provide universal screening to 3rd, 6th and 9th grade students and students who have been charged with a violent school of conduct code violation.

Duval County Public Schools will maximize use of other sources of funding to provide school-based mental health services by collaborating with Kid's Hope Alliance who currently contributes 1.7 million to mental health services and United Way who contributes \$270,000. Due to the recent events in Parkland, Kid's Hope Alliance allocated an additional 1.7 million dollars to support the Full Service School collaborative. The additional funds provided by KHA would allow for enhanced mental health services to be delivered to Duval County Public School students.

In addition to the above, Duval County Public Schools will maximize use of other sources of funding to provide school-based mental health services by;

Maximizing Enrollment of Medicaid Eligible Children

According to www.healthykids.org/data: 10,448 children/youth remain uninsured in Duval County. We will maximize use of the Medicaid funding source by:

- Hosting School-based enrollment, re-enrollment strategies and campaigns;
- Enrolling all students in child welfare, juvenile justice service systems;
- Ensuring that all school providers can access Medicaid training protocol.
- Require all mental health providers to bill Medicaid when applicable.

Expanding Covered Services and Supports via Florida's New State Plan Amendment

- Florida Medicaid certified school match program allows school districts, charter and private schools to receive reimbursement under the Florida Medicaid program for **therapy services, behavioral health services, and nursing services furnished in a school setting**.
- Who Can Receive: Florida Medicaid recipients under the age of 21 years requiring medically necessary therapy, behavioral and/or nursing services in a school setting.
- State Plan Amendment 2016-031, Approved by CMS 10/02/17 – effective 10/28/16 (i.e. retroactive).

Influencing State Plan Amendment Implementation to Fully Support EPSDT Benefit

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is an entitled benefit for all children enrolled in Medicaid, birth to 21 years old.

- Designed to cover all medically necessary care for children, in recognition of their unique needs.
- States must fully cover preventive and primary care, including dental, hearing, vision care and all “acute care” services. Florida uses a rigorous schedule for periodic check-ups/exams (Bright Futures by AAP: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf).
- Mental/behavioral health services are “acute care” EPSDT services. School-based services can be covered by the student's EPSDT benefit. EPSDT also addresses long-term care needs associated with children with special healthcare needs (including therapies, medical equipment, and other support services).



Maximizing Medicaid Administrative Claiming

Administrative Claiming is a distinct form of Medicaid reimbursement available to schools. Through administrative claiming, schools can be reimbursed for work related to the provision of direct services, such as providing referrals and case management. Fortunately, Medicaid Administrative Claiming requires less detailed documentation of costs than does reimbursing the direct costs for providing services. Administrative claiming can cover large amounts of work done by local agency staff. By using a formula to arrive at the amount of time spent, given the number of students involved, schools can calculate reimbursable costs quickly. Florida’s Administration for Health Care Administration has a specific unit and system in place to manage and support this claiming by school districts.

State education agencies can access Medicaid administrative funds to support delivery of covered services. You can review the claiming guide and determine administrative activities that can qualify. For example, CMS policy permits reimbursement at the standard 50% federal matching rate for translation and interpretation activities that are claimed as an administrative expense, so long as they are not included and paid for as part of the rate for direct services.

Optimizing Federal Education Funding to Support DCPS School MH Services

K-12 Education Funding Comes from:	
Florida Public Schools: <i>(FL Dept. of Education, http://www.fl DOE.org/core/fileparse.php/7507/urlt/Fe fpdist.pdf)</i> <ul style="list-style-type: none"> ▪ State Funds: 40.39% ▪ Local Revenues: 48% ▪ Federal Funding Streams: 11.61% 	Nationally <i>(US Dept. of Education, http://www2.ed.gov/about/overview/fed/role.html)</i> <ul style="list-style-type: none"> ▪ State Funds: 44% ▪ Local Revenues: 35% ▪ Federal Funding Streams: 11% ▪ Private Sources (e.g. tuition): 9%

Federal Education Funding in Florida

Federal K-12 funding to Florida K-12 from US Department of Education (ED) and other agencies (e.g. DHHS – Head Start; USDA – School Lunch program). Duval Co. Public Schools = 6th largest school district in FL Allocations from ED to Florida for SFY 2017-18: IDEA, Part B (K-12): \$654.6-million

- IDEA, Part C (pre-school): 17.89-million
- ESSA, Title I: \$825-million
- ESSA, Title IV-A SSAE*: \$21.57-million
- Other federal programs (workforce development, research and demonstration) and discretionary grant opportunities.

* ESSA Section 4108: Can support evidence-based MH awareness training programs, school-based counseling and MH programs.

DCPS should prioritize funding to support enhancement to its FSS and FSS PLUS school mental health program within its application for Title IV, Part A funds.

Optimizing Private Insurance

Invest in DCPS/FSS mechanisms and procedures to apply commercial insurance to pay for school-based MH services:

- Employer-based, Individual marketplace, and ACA subsidized Qualified Health Plans: MH, Substance use disorder services as *essential health benefits*



- Cover young adults to age 26 on parents’ plans Approved preventive services (*no out-of-pocket cost*) Examples:
 - Pennsylvania – functional behavior assessments (autism spectrum)
 - New York – tele-medicine coverage required in private health plans
- School districts that have made concerted efforts to optimize private insurance resources have consistently reported that about nine in ten families when asked have willingly agreed to apply their insurance to support school-based service delivery.

Maintaining Strong Grantsmanship

Grants come in several types:

- Private (philanthropic, business)
- Formula grants (*e.g. ESSA Titles, OJDDP*)
- Block grants (*e.g. Title XX Social Services block grant, Preventive Health and Health Services block grant, Maternal and Child Health block grant, SAMHSA MH and SUD Prevention block grants; Community Development*) Discretionary/Project Grants.

Examples:

- *Project Aware and Project Prevent (SAMHSA)*
- *Safe and Supportive Schools (U.S. Department of Education)*
- *Garrett Lee Smith Suicide Prevention (SAMHSA)*
- *School Climate Transformation (U.S. Department of Education)*

Discretionary grants are awarded through a competitive process to fund discrete projects over a specified period of time. Several have a portion of funds that can be allocated for advancing school behavioral health.

Foundations and Philanthropy:

Top giving foundations in Duval County

- Community Foundation for Northeast Florida
- Publix Supermarket Charities
- Jessie Ball DuPont Fund
- Chartrand Foundation
- Lucy Gooding Foundation

Plan Approved and Submission (s.1011.62(16)(c), F.S.)	
<input type="checkbox"/> Local school board approved the district plan.	Date of Approval:
<input type="checkbox"/> Approved plan was submitted to the Commissioner of Education by August 1, 2019 (attached).	