

Mental Health Assistance Allocation Plan 2024-2025

School Name: Pemayetv Emahakv Charter School

Principal: Tracy Downing

Governing Board Chair: Marcellus Osceola

MSID: 0056

Program Description:

- 1) **School Safety Summary:** In response to MSD Public Safety Act, Charter School Associates is instituting a mental health plan to provide additional support, guidance, and resources to students in need of mental health services or crisis intervention. This plan is aligned to the overarching mission of our schools which states, in part, that we will provide “a safe and nurturing learning environment.” Mental health services will be provided through a blended service model that includes certified school counselors, community resources, and family health providers.
- 2) **Program Design**
 - a. **Staffing:** All building level staff will be responsible for ensuring support, guidance, and resources are provided to students in need of mental health services or crisis intervention.
 - b. **Referral Eligibility:** A referral for mental health services can be triggered via a multi variant approach which includes: Early Warning System, parent referrals, teacher observations/referrals. All behaviors and action will be documented using Student Case Management forms and retained in accordance with FERPA.
 - c. **Services:** Using a multi-tiered system, assessments will be initiated at the building level using the process described above; diagnosis will be made via collaboration with community health agencies. Interventions for level 1 will occur at the school level; level 2 will occur in collaboration with school and community mental health services; and level 3 will occur in collaboration with family health providers. Treatment for level 3 will be provided via family health providers and community mental health services under signed agreements between parent/guardian, school officials, and medical service providers.
- 3) **Assessment:**
 - a. All students are screened via the early warning system
 - b. Data from early warning system is merged with teacher/parent observation data
 - c. Referral is made to Crisis intervention Team
 - d. Determination is made for further assessment
 - e. Assessment administered
 - f. Assessment results reviewed
 - g. Joint diagnosis given
 - h. Intervention level set. Parent/Team meeting held
 - i. Parental agreement forms distributed/family physician agreement forms
 - j. Interventions administered
 - k. Process reviewed and documented

Screening and assessment measures identify: • internalizing disorders • externalizing disorders • substance use disorders • crime/violence.
- 4) **Diagnosis:** The school will ensure compliance through the crisis intervention team process led by the guidance counselor and documented through the process.
- 5) **Intervention:** Using a multi-tiered system, assessments will be initiated at the building level using the process described above; diagnosis will be made via collaboration with community health agencies. Interventions for level 1 will occur at the school level; level 2 will occur in collaboration with school and community mental health services; and level 3

will occur in collaboration with family health providers. Treatment for level 3 will be provided via family health providers and community mental health services under signed agreements between parent/guardian, school officials, and medical service providers.

- a. **School Based:** The school will utilize PATHS: 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.
Additionally, school guidance counselors will provide individual and group counseling
- b. **Outside Agencies: 1.**
 - i. 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.
 - ii. 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.
 - iii. While screening outside agencies/mental health providers, the School shall screen the organization prior to their exposure to students. These include:
 - iv. a) The appropriate level of screening and fingerprinting requirements for any individual entering the School site or potentially coming into contact with the student.
 - v. 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).
 - vi. 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.
 - vii. vii.d) The provider may provide a detailed list of communication protocols that involve all members of the School's stakeholders.
 - viii. viii.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.)
 - ix. 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.

- x. 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.
- xi. 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.
- xii. Jennings, J., Pearson, G., & Harris, M. (2000). Implementing and maintaining school-based mental health services in a large, urban school district. *Journal of School Health*, 70(5), 201-205.
- xiii. 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.
- xiv. 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.

6) Primary Care Physicians:

- a. Step 1: The Guidance Counselor will obtain a signed copy of the release of information form to coordinate services with the student's Primary Care Provider (PCP) and mental health providers caring for the student.
- b. Step 2: The Guidance Counselor 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).
- c. Step 3: The Guidance Counselor 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.

7) Treatment and Recovery Services: The School will obtain a signed copy of the release of information form to ensure that the parent is complying with the treatment plan (required visits) prescribed by the child's doctor (pediatrician or psychiatrist).

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

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.

In addition, the School will contact the Crisis hotline and SEDNET for additional support.

8) Coordination of Services: The School will obtain a signed copy of the release of information form to ensure that the parent is complying with the treatment plan (required visits) prescribed by the child's doctor (pediatrician or psychiatrist).

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

9) Budget

Name of Eligible Recipient:	Pemayetv Emahakv Charter School
MSID Number:	0056
District:	Glades
Students:	279
Mental Health Allocation:	\$22,500.00
Function:	6000
Object:	130
Account Title:	Counselor
Narrative:	The school employed counselor will infuse wellness, promotion, prevention and interventionist that increase with intensity based on student needs.
FTE Position:	1
Amount:	\$42,000.00
Function:	6000
Object:	200
Account Title:	Benefits
Narrative:	NA
FTE Position:	0
Amount:	\$10,500.00
Function:	6000
Object:	310
Account Title:	Contracted Services
Narrative:	Contracted Mental Health Provider will infuse wellness, promotion, prevention and interventionist that increase with intensity based on student needs.
FTE Position:	0
Amount:	\$0
Total Mental Health Expenditures:	\$52,500.00
Expenditures as % of Mental Health Allocation:	100%

School Name: Pemayetv Emahakv Charter	MSID: 0056
Principal: Tracy Downing	Signature: <i>Tracy Downing</i>
Governing Board Chair: Marcellus Osceola	Signature:
Date: April 22, 2024	