7.02(1)

FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan
Part II: Mental Health Assistance Allocation Plan

(Insert District Name)

APPROVED

JUL 27 2021

By Taylor County School Board

Deadline for submission to ShareFile:
on or before August 1, 2021

Purpose

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part I includes the YMHAT Plan and Part II includes the MHAAP

Part I. Youth Mental Health Awareness Training Plan
In accordance with section (s.) 1012.584, Florida Statutes (F.S.), the YMHAT allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Part II. Mental Health Assistance Allocation Plan
In accordance with s. 1011.62(16), F.S., the MHAA Plan allocation is to assist districts in establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) ShareFile https://fldoe.sharefile.com/r-rc3dac894fc9c4e6c9ff43fbc331a4286 by the deadline **August 1, 2021**.
There are two submission options for charter schools:

- Option 1: District submission includes charter schools in both parts of the application.
- Option 2: Charter school(s) submit a separate application from the district.

Part I. Youth Mental Health Awareness Training Plan

YMHAT Objective: provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Part I. Youth Mental Health Awareness Training Plan and Projected Budget

Section A: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in Youth Mental Health First Aid (YMHFA)?
There are 95 % of employees trained and certified as of July 20, 2021 (date)
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
The goals are to complete certification training for two new trainers in order to complete training for the remaining 5% of staff and all new employees
3. In addition, the annual goal for the 2021-2022 school year is to train:
98 % of employees as of 7/31/22 (date)
4. Explain the training goal(s) for the next 3-5 years.
Teaching planning days will be utilized to complete youth mental health training.
5. What is the procedure for training new personnel to the district?
Teaching planning days will be utilized to complete youth mental health training.
6. Explain how the district will utilize the following three YMHAT programs:
• YMHFA
All new staff and staff who have not completed YMAT will participate in the training prior to 7/31/22
• YMHFA Recertification
All staff who have completed the YMHFA will be recertified within the 3 year time frame
• Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
This program is not currently being used, as it is not currently needed.

Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
1. Stipends (Detailed # of personnel and stipend cost per person)	The training is online.		
2. Materials (Detail # of units x individual unit cost, plus shipping)	The curriculm is provided by the training company.		
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	2 staff members will trained to be certified instructors	$2000.00 per employee	$ 4,000.00
4. Additional Kognito Modules (Provide the name of training module and cost)	N/A	$0	$0
		TOTAL 2021-2022 BUDGET:	

5. Additional narrative (optional):

Part II. Mental Health Assistance Allocation Plan s. 1011.62 (16), F.S.

Section A: MHAA Plan Assurances

The district assures…

One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.

Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

Collaboration with FDOE to disseminate mental health information and resources to students and families

The district website includes local contacts, information and resources for mental health services for students and families.

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

A school board policy or procedure has been established for…

Students referred for a mental health screening assessed within 15 calendar days of referral.

School-based mental health services initiated within 15 calendar days of identification and assessment.

Community-based mental health services initiated within 30 calendar days of referral coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in student care.

Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463, F.S. Procedures include must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.

The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. 394.463, F.S. Such contact may be in person or using telehealth, as defined in s. 456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.

Section B: Planned Outcomes

Identify one or two specific and measurable outcomes for your district's plan to achieve through the 2021-2022 evidence-based mental health program.
Goal 1: 80 % of all high school students will complete PHQ-9 screener prior to December 1st, 2021 to expand services. Of the identified at risk high school youth 70% will complete EBP- Blues Program before May1st, of 2022. Goal 2: K-5 teachers will complete the SRSS-IE on a minimum of 80% of all students assigned by December 1st, 2021. 70% of all students that score a minimum of internal and external moderate risk level will participate in EBP-Positive Actions by May 1st, 2022

Section C: District Program Implementation

Please include the following in this section:

1. **Evidence-Based Program (EBP) and Description**
   Name and provide the essential elements of the EBP you will be implementing through a Multi-Tiered System of Supports (MTSS) using one or more of the preferred EBP/Practices found in Blue Menu of Evidence-Based Psychosocial Interventions for Youth and the SAMHSA Evidence-Based Practices Resource Center.

   Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
   ***If you will be using another EBP other than those provided above please explain using the same format listed.**

2. **EBP Implementation**

   This should include:

   - Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.
   - Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

3. **Outcome Measures**
   - Provide the outcome measures of your EBPs and how each aligns with your overall annual program goals in Section 2

4. **Multi-tiered System of Support (MTSS)**
   - Identify the tier(s) of the EBP being implemented

Appendix Examples

Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Blues Program utilizes a Cognitive-Behavioral approach to engage at risk high school students. It is a 6 week, one -hour group session in conjunction with home practice assignments. The aim is to reduce negative cognition and increase positive activities Group session will be held during school hours and are designed to cover learning and practicing cognitive restructuring techniques, developing response plans to future life stressors, and identifying thoughts through motivational exercises, and strategic self-presentation.	High School students will complete a mood screener, PHQ-9 to assist mental health providers with identifying at risk youth who may suffer from mood disorders as a tier 1 intervention. Students with a score of 10 or higher will be defined as a high-risk student and be referred to Blues Program for a tier 2 intervention. Students with a 15 or higher will be referred to Individual therapy in conjunction with referral to Blues Program for a tier 3 intervention. Mental Health Providers will administer weekly group sessions to identified high school students ages 15-18 years of age. Student participation will be encouraged through motivational exercises as well as group activities to foster feelings of social support and group cohesion. Groups will be a structured one-hour session with approximately 5-8 high school aged students facilitated by a mental health professional. Mental Health providers will monitor progress and participation via group activities Groups will be set up per program protocol to assure fidelity of approach. Students will be given home practice assignments to reinforce coping skills discussed in group.	Improve: Upon completion of 6-week program, students will complete a PHQ- 9 to demonstrate Attendance will be taken at each group session. Risk and Protective Factors: Stress and coping skills	X	X	X

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Positive Action is a social emotional learning program for ages 5-14 to increase positive behavior, reduce negative behavior, and improve social and emotional learning in school. Positive Action (PA) is a school-based program that includes school-wide climate change and a detailed curriculum with lessons 2-4 times a week-approximately 140 15-minute lessons per grade K-6 and 82 15-20 minute lessons per grade 7 and 8. Lessons for each grade level are scripted and age-appropriate. The content of the program is included in six units that form the foundation for the whole program. The first unit teaches the philosophy of the program and the Thoughts-Actions-Feelings about Self Circle and provides an introduction to the nature and relevancy of positive and negative actions/behaviors. Units 2-6 teach the positive actions for the physical, intellectual, social and emotional areas.	Elementary teachers will complete a SRSS-IE for each student after 30 days from the start of school to assist mental health providers with identifying at risk youth for a tier 1 intervention. Students who score in the moderate risk levels for both internal and external ranges will be identified as at risk and referred to the Positive Action program as a tier 2 intervention. Students who score high risk in both external and internal factors will be referred to individual therapy in conjunction with referral to Positive Action for tier 3 intervention. Middle School students will complete a mood screener, PHQ-9 to assist mental health providers with identifying at risk youth who may suffer from mood disorders as a tier one intervention. Students with a score of 10 or higher will be defined as a high-risk students and be referred to Positive Action Program for a tier 2 intervention. Students with a 15 or higher will be referred to Individual therapy in conjunction with referral to Positive Action Group for a tier 3 intervention Mental Health Providers will administer a minimum of 2 lessons a week to identified group. The group will be structured and the scripted, detailed curriculum with be utilized to ensure fidelity. Groups will consist of 4-10 students similar in age. Student participation will be encouraged through motivational exercises as well as group activities.	Improve: Elementary School: Upon completion of course teachers will complete a SRSS-IE to a lower score indicating improvement in behaviors and symptoms. Middle School: Upon completion of 6-week program, students will complete a PHQ- 9 to demonstrate a lower score indicating improvement in mood symptomatology. Outcomes: Academic Performance Alcohol Anxiety Bullying Close Relationships with Peers Delinquency and Criminal Behavior Depression Emotional Regulation Illicit Drug Use Positive Social/Prosocial Behavior	x	x	x

		Sexual Risk Behaviors Tobacco Truancy - School Attendance Violence Risk Factors Individual: Antisocial/aggressive behavior, Bullies others, Early initiation of antisocial behavior, Early initiation of drug use, Favorable attitudes towards antisocial behavior*, Favorable attitudes towards drug use, Physical violence, Rebelliousness, Substance use, Victim of bullying Peer: Interaction with antisocial peers, Peer substance use School: Low school commitment and attachment, Poor academic performance, Repeated a grade Protective Factors: individual: Academic self-efficacy*, Clear				

		standards for behavior, Exercise, Perceived risk of drug use, Problem solving skills, Prosocial behavior, Prosocial involvement, Refusal skills, Rewards for prosocial involvement, Skills for social interaction* Peer: Interaction with prosocial peers Family: Attachment to parents, Opportunities for prosocial involvement with parents, Rewards for prosocial involvement with parents School: Opportunities for prosocial involvement in education, Rewards for prosocial involvement in school			

Additional narrative may be added here

Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	3:2600	3:2600
School Social Worker	2:2600	2:2600
School Psychologist	1:2600	2:2600
Other Licensed Mental Health Provider	3:2600	3:2600

Direct employment policy, roles and responsibilities	Description
Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.	Adding the School Psychologist will reduce the ratio of students to School Psychologist in half.
Describe your district's established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs.	Taylor County schools will get students in crisis seen immediately with on campus Licensed Mental Health Providers on campus every day. The referral process is streamlined to get referrals to outside agencies and the child seen within 30 days. A child seen directly by a licensed mental health provider not in crisis will be seen within 15 days.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	A licensed mental health provider is on campus every school day and is available immediately in the need of a crisis and within 15 days if not a crisis. Taylor County Schools has agreements with three different outside agencies that will provide on campus counseling to students within 30 days of a referral.

List the contracts or interagency agreements with local behavioral health providers or Community Action Team (CAT) services and specify the type of behavioral health services being provided on or off the school campus.

Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided

Mental Health Provider:	Agency:	Services Provided:	Funding Source:
Paul Peavy, MS, LMHC		Direct Service	MHAAP
Dawna Haswell, LCSW	A New Dawn, A New Beginning, INC	Direct Service	CARES Grant
Vera Matejic, LCSW		Direct Service	CARES Grant
John Jones, Registered Clinical Intern		Direct Service	CARES Grant
Heather King, Director Various Providers	Panhandle Therapy	Direct Service	Medicaid, Insurance, CARES Grant
Winter Collins, Director Various Providers	Community Wellness	Direct Service	Medicaid, Insurance, CARES Grant

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	41,897.53
School district expenditures for mental health services provided by staff who are employees of the school district:	0
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	192,736.88
Other expenditures (see below):	**0**
Total MHAA expenditures:	**192,736,88**

Other expenditures (specify details such as type, supplies, training and amount):

Type: Narrative description with detailed cost	Total Amount
Positive Action Curriculum	3370
Blues Program Curriculum	1000
Total Other Expenditures:	

Certification

This application certifies that the _____ School Board approved the district's Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

School (MSID) Number	Charter School Name

Note: Charter schools not listed above will be included in the school district youth mental health awareness plan and mental health assistance allocation plan. If you have more Charter schools to add, please list them on a separate sheet.

_____
Signature of District Superintendent

_____
Printed Name of District Superintendent

_____
Board Approval Date

Charter School Certification

This application certifies that the _____ Charter School Governing Board approved the school's Mental Health Assistance Allocation Plan, which outlines the program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

_____
Charter School Administrator Signature

_____
Printed Name of Charter School Administrator

_____
Governing Board Approval Date

APPENDIX

Resources for Program Implementation

1. **Evidence-Based Program and Description**

This is a three-module series about implementing evidence-based programs. The modules in this series are as follows: **Module 1:** Selecting Evidenced-Based Programs for School Settings, which covers using data to inform EBP selection, engaging stakeholders, assessing and building readiness, and reviewing and selecting EBPs; **Module 2:** Preparing to Implement Evidence-Based Programs in School Settings, which covers creating an implementation plan and team, understanding fidelity and adaptations, building staff and organizational competencies, and scheduling implementation; and **Module 3:** Implementing Evidenced-Based Programs in School Settings, which covers executing implementation, collecting data and monitoring progress, overcoming barriers and challenges, and planning for sustainability.

Below is a series of interactive, self-paced learning modules on selecting, preparing for and implementing EBPs in school settings.

- Selecting Evidence-Based Programs for School Settings
- Preparing to Implement Evidence-Based Programs in School Settings
- Implementing Evidence-Based Programs in School Settings

Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the Evidence-Based Practices Resource Center that aims to provide communities, clinicians, policy makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

- Selecting /oEBPs
- Evidence-Based Module Series

2. **Assessment Resources**

The SHAPE System Screening and Assessment Library includes instruments appropriate for use in school mental health. Search for the screening or assessment tools that fit your school(s) by focus area (academic, school climate or social/emotional/behavioral), assessment purpose, student age, language, reporter and cost. The Center for School Mental Health team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information.

- School Mental Health Screening Playbook
- Desrochers, J., & Houck, G. (2013). Depression in Children and Adolescents: Guidelines for School Practice. Handout H: Mental Health Screening in Schools

3. EBP/Practice Implementation for Co-Occurring Mental Health or Substance Use Diagnoses

Co-Occurring Mental Health or Substance Use Diagnoses Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-Occurring Substance Use

Blue Prints This interactive search enables you to identify Blueprints – certified interventions based on specific criteria – and browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy but require follow-up research before being recommended for large-scale adoption.

Table 5: District Program Implementation Examples

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Example 1 **Bounce Back** Bounce Back based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is comprised of 10 one-hour group sessions, two to three individual sessions, and one to three parent education sessions that last over a three-month period. Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies, and emotional regulation and coping skills. These topics and methods derive from established successful interventions for children with post-traumatic stress disorder (PTSD), including a gradual approach of anxiety-provoking situations **and a** modified trauma narratives approach.	School Social Workers and Family Therapists will administer the sessions to students ages 5-11. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities, and create personal storybooks as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with "courage cards" tailored to each student. Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range. The School Social Worker and Family Therapist review the skills the children are learning in Bounce Back, with the student's parent.	Improve: Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).		X	

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	Parents can support the children practicing the skills at home. The School Social Worker and Family Therapist will help each child develop a "My Story" trauma narrative. Near the end of the program, the School Social Worker and Family Therapist meets with the parent and child to share the child's story. The Bounce Back program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.				
Example 2 **Support for Students Exposed to Trauma (SSET)** A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.	SSET is delivered in an easy-to-use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program. Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation. The program consists of 10 45-minute lessons designed to be delivered during one class period. These lessons focus on: • common reactions to trauma • relaxation techniques • coping strategies • learning to approach difficult situations • developing a trauma narrative • problem solving	Through the use of this evidence-based program, middle school students ages 10-14 will learn to deal with real-life problems and stressors and increase levels of peer and parent support To increase skill-building techniques to reduce current problems with: • anxiety or nervousness • withdrawal or isolation • depressed mood • acting out in school • impulsive or risky behavior	X	X	

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3