



2021-2022 Mental Health

(Updated and Corrected 10/13/21)

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

Hernando

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

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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, (Hyperlink), 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.

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

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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 YMHAT?
There are 7.4% of employees trained and certified as of 6.28/2021
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
To continue to provide Youth Mental Health First Aid trainings to staff (full day in person trainings) to certify staff as youth mental health first aiders. Trainings are open to all staff including charter school staff.
3. In addition, the annual goal for the 2021-2022 school year is to train:
10 % of employees as of 8/1/2022 will be trained in Youth Mental Health First Aid.
4. Explain the training goal(s) for the next 3-5 years.
To increase the number of certified youth mental health first aiders in our district. To provide recertification opportunities for those whose certification is reaching the 3 year expiration period.
5. What is the procedure for training new personnel to the district?
YMHFA training is open to all new staff during summer trainings and throughout the school year.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> • Youth Mental Health First Aid (YMHFA)
To train staff to recognize signs and symptoms of mental illness or a possible mental health crisis. Training staff how to manage a situation and how to get the most appropriate help to the individual in need.
<ul style="list-style-type: none"> • YMHFA Recertification
We have approximately 90 staff who will be up for re-certification in the 21/22 school year. Staff will be able to complete the re-certification course online at a cost of \$29.95 each with a total cost of \$2695.00
<ul style="list-style-type: none"> • Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
All Hernando County Schools instructional staff have taken the FLDOE approved Kognito course for their appropriate level (elementary, middle and high) In addition, all schools in Hernando County are Suicide certified schools. New instructional staff will receive the 2 hour training during the 1st semester of the 21-22 school year and school administration will provide copies of their Kognito certificate as documentation new staff have met this requirement unless that staff completes the YMHFA training prior. All new employees hired for the 21-22 school year will be required to either complete Kognito for their level or attend YMHFA training when offered.

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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)	110 staff will be trained during the 21-22 school year in YMHFA	110staff @approximately\$168.00 a day /(stipend pay) 6 trainers @ approximately \$126.00 a day x 3 days	\$18,480.00 \$2268.00
2. Materials (Detail # of units x individual unit cost, plus shipping)	110 YMHFA manuals 65 Participants Processing guides	100 @\$18.95 each 65@\$12.95	\$1895.00 \$841.75
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	90 staff are due the 21-22 school year to recertify their YMHFA training.	90 @\$29.95	\$2695.50
4. Additional Kognito Modules (Provide the name of training module and cost)	All staff have been trained in the FLDOE approved Kognito training for their appropriate grade level (elementary, middle and high)	\$0	\$0
TOTAL 2020-2021 BUDGET:			\$26,180.25
5. Additional narrative (optional):			
Please note the budget is over by 25 cents; Student Services or leftover funds from YMHA will cover the 25 cents overage.			

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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.

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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.

- 1. 50% of School Based Mental Health Professionals will receive training in a minimum of two Evidence Based Programs during the 2021-2022 school year.**
2. Establish a baseline of K-12 students receiving Tier 2/Tier 3 evidence based mental or behavioral health services from school based mental health professionals. This data will be collected through Plan of Care documentation and will include Exceptional Student Education and General Education students.

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

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Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Check & Connect: Check and Connect is a comprehensive student engagement intervention developed from the University of Minnesota. Check & Connect is designed to enhance student engagement at school with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence. A goal of Check & Connect is to foster school completion with academic and social competence. It is comprised of four components -</p> <ol style="list-style-type: none"> 1. A mentor who works with students and families for a minimum of two years; 2. Regular checks, utilizing data schools already collect on students' school adjustment, behavior, and educational progress; 3. Timely interventions, driven by data, to reestablish and maintain the student's connection to school and learning and to enhance the student's social and academic competencies; and 4. Engagement with families.” (Check & Connect: Implementing with Fidelity manual, 2012) 	<p>Check & Connect implementation: Trained adult staff members connect weekly students for a minimum of two years. Referrals to community support are provided when appropriate</p> <p>Some Hernando County Schools have been trained through the SPDG grant and are currently implementing Check & Connect for a small number of students at the secondary level.</p>	<p>Check & Connect Outcomes: EWS is used to monitor out- Comes for the school MTSS Team.</p> <p>(Goal #1 and #2)</p>		x	

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Restorative Practices (RP) -: Restorative Practices training provided through the FLPBIS project to increase academic achievement, graduation rates, relationships between staff and students, social skills, and positive attitudes. Restorative practices work to reduce office discipline referrals, out of school suspensions, and discipline disparities among subgroups. It may be used to engage students upon return from suspensions, involuntary hospitalizations, or to repair relationships. Students and staff will learn to use affective statements to develop a deeper understanding of an emotional response.</p>	<p>RP Implementation: School staff such as administrators, counselors, and teachers are trained for the benefit of students that struggle with office disciplines and suspensions. This may be delivered as part of a daily routine or as needed.</p>	<p>RP Outcomes: Implementation data will be derived from the use of the RP action code on a referral. All students with that RP action code are tracked to determine the number of subsequent suspensions following the intervention. Groups that meet daily to use restorative practices such as circles can be tracked in our behavior database, RTIB. (Goals #1 and #2)</p>		x	

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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	1:489	1:469
School Social Workers	1:1642	1:1210
School Psychologists	1:2090	1:1769
Other Licensed Mental Health Provider		

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.	Direct employment of school-based mental health service providers has provided more direct contact and lower staff: student ratios at the schools in our district. In addition, these positions provide school support by participating on MTSS teams, School Based Leadership Teams and are a more integral part of the school community they are assigned to. The social worker referral process allows staff to refer students they have concerns with and the social worker assesses and works with other sbmhp to provide tiered interventions. This expansion of direct employment also allows SBMHP to work closely with families and community agencies linking students in need to services outside of school.
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.	HCS D has developed and modified a Mental Health/Substance Abuse Services Decision Chart (Appendix A) to be used by all school based mental health providers (SBMHP) to include certified school counselors, school social workers, school psychologists, and consultation with school board nurses when applicable when determining next steps for a student. The Mental Health/Substance Abuse Decision Chart in conjunction with one or more of the Mental Health Screeners, will assist school district personnel and charter school personnel in determining the best evidence-based mental health service(s) to recommend for the student. When deemed appropriate for School Social Workers to provide direct services for the students, the professional(s) will conduct an

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Direct employment policy, roles and responsibilities	Description
	<p>evidence-based assessment in order to identify characteristics of a mental health challenge, develop a support plan and recommend appropriate interventions in order to ensure a recovery-based model of care within a 15 day timeline. When a referral to an outside provider is more appropriate, the outside provider is responsible for a psychosocial assessment in order to diagnose, identify treatment needs, and appropriate interventions in order to ensure a recovery-based model of care within a 30 day timeline. The HCSD implements a multi-tiered system of supports process to deliver or refer evidence based mental health care assessment, identify characteristics of a mental health challenge, recommend interventions, development of a support plan and recovery services to students with one or more co-occurring substance abuse diagnoses or referral and to students at high risk of such mental health challenges. The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care. School Social Workers participate in IEP and MTSS committees, Threat Assessment Teams, and the HCSD Student Disciplinary Intervention Committee in order to bring a mental health perspective, to provide school-based and community provider referrals to higher risk students in moments when interventions are being determined. Through the MHAA funds, allocations are provided to increase the amount of time student services personnel spend providing direct mental health services to our students. In addition, staffing allocations are reviewed and discussed based on student mental health assistant needs.</p>

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<p align="center">Direct employment policy, roles and responsibilities</p>	<p align="center">Description</p>
<p>Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.</p>	<p>Students who are referred for school based services will be assessed within 15 days of the referral by a SBMHP. School based services will be described on the district plan of care document, and initiated within 15 days following a positive assessment. SMHP's will support the provision of community based services to begin within 30 days of referral. SBMHP's will maintain a record of all students referred, and will communicate with agencies which receive these referrals. The SBMHP's will share information with school district stakeholders using a counseling log / or data collection form. School based mental health professionals will obtain release of information to facilitate collaboration with community agencies to provide continuity of care for students receiving community based support. Community providers may contribute to the problem solving team regarding students who are clients and/or access students in schools, when appropriate clearance ,releases, consent, and agreements on file with HCSD. Student Services has developed a list of community resources which is provided to parents/caregivers of students upon request and at specific times, such as when a student receives certain disciplinary referrals. Community providers and HCSD Student Services staff collaborate on district and community committees such as truancy case staffing, Hernando County Continuum of Mental Health Services, and Hernando County Review Team. School Social workers will refer students to insurance case managers, such as Behavior Health Network and others, to assist in connecting students with certain mental health and/or developmental disabilities to community providers.</p>

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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:
3 licensed therapists 2 peer specialists(peer specialist is their credential)	Baycare -provides direct service	Provides targeted case management to youth (direct services)	Non mhaa
2 licensed therapists	Baycare- Provides direct service	Provides targeted case management direct services to youth in schools	MHAA
1 Licensed Clinical Social Worker 1 Clinician 1 peer specialist(peer specialist is their credential)	Baycare- Mobile Response Team - Direct services	Mobile Crisis Response Team (MRT) at BayCare Behavioral Health provides on-site mental health crisis intervention and management.	Non mhaa
1 Clinical Psychologist	Mid Florida Children Advocacy Center –direct services	CAC provides a child- friendly, safe, supportive environment for assisting abused and neglected children	NON MHAA
2 licensed therapists	Phoenix Counseling-direct service	Phoenix provides clinical services to students and families referred either from SBMHP or community referrals	NON MHAA
1 licensed therapist	Kids First Children Advocacy Center (Pasco County, FL)-direct services	Kids First provides victim advocacy and specialized therapy for child victims of trauma, sexual abuse and physical abuse	NON MHAA
1 licensed therapist 1 clinical psychologist	Life Stream- Community Action Team	The CAT program which is facilitated by Life Stream provides intense behavioral health care services to youth where traditional interventions have been unsuccessful. (direct services)	Non MHAA
3 Licensed Mental Health Counselors	Pace REACH program-direct services	Provides direct services to students referred in school at 3 school sites	NON MHAA

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Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$508,171.00
School district expenditures for mental health services provided by staff who are employees of the school district: (see attached staff list)	\$1,044,553.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$120,000.00
Other expenditures (see below):	\$362,211.00
Total MHAA expenditures:	\$1,526,764.00

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

Type: Narrative description with detailed cost	Total Amount
Mental Health Conferences (in person or online) to include suicide prevention/assessment Training; trauma informed training; state school based mental health conferences (social workers, school psychologist, school counselors, substance use, etc) to include travel, hotel, mileage, registration fees; also to attend University of Maryland Annual Conference on Advancing Mental Health (virtual) registration \$175.00 each x a possible 10 staff.	\$110,000.00
School based Mental Health Services (to include substance abuse support) bridging mental health services (over breaks, holidays and summer-SBMH staff will be paid additional duty to provide services for baker act follows ups and for students who are high risk and in need of continued support. This is not a stipend or a supplement.	\$32,211.00
Tier 2 and Tier 3 Evidence Based Curriculum x 23 schools (including trainer fees and materials) To include but not limited to Second Step Digital license for each school 14 schools K-8 \$2033.00 = \$36,000.00, Why Try 5 sessions x \$600.00 = \$3000.00, Zones of Regulation x 50 SBMHP (\$3600.00), Coping Cat Materials, Behavior Education Plan, and training materials for Check in and check out, Stronger Kids	\$140,000.00
Restorative Practices /SEL Presenter- Dr. Dominique Smith- fee and travel ; Dr. Rice –Screenagers Presentation	\$15,000.0
Restorative Practices materials-Dr. Dominique Smith books; Dr. Rice materials	\$5,000.00

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<p>Materials- to include but not limited to: Book studies for professional development (ex 100 for Book Study- Suicide in Schools: A practioners guide to Multi-level prevention, assessment, intervention and postvention- \$52.99) Printing costs for book studies and materials used for trainings; substitute fees when needed. Additional book studies for all school based mental health personnel for professional development to expand their knowledge base in supporting students with trauma and mental health needs. Behavior/Mental Health Protocols for Tier 2 interventions and assessments.</p>	<p>\$ 60,000.00</p>
<p>Total Other Expenditures:</p>	<p>\$362,211.00</p>

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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