



FLORIDA DEPARTMENT OF
EDUCATION
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2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Part II: Mental Health Assistance Allocation Plan

(School District of Indian River)

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 <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.

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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 Youth Mental Health First Aid (YMHFA)?
There 11.5 % of employees trained and certified as of 7/6/21
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
This school year SDIRC intends to provide Youth Mental Health First Aid Trainings during first and second semester. First semester's trainings have already been scheduled for staff to enroll. The district will look to identify approximately 1-3 schools to target as a goal for being Suicide Prevention Certified using Kognito as the department approved youth suicide awareness and prevention trainings for K-12 instructional personnel per s. 1012.583, F.S., and 6A-4.0010, F.A.C.
3. In addition, the annual goal for the 2021-2022 school year is to train:
27.5% % of employees as of 7/14/21
4. Explain the training goal(s) for the next 3-5 years.
SDIRC expects to establish recurring YMHFA training offerings at least once a school quarter at multiple locations for a total of approximately 8 classes a year (minimum), which would yield a minimum of 240 employees trained year over year for the next 3 to 5 years totaling 1,200 employees in the next 5 years (58%) trained.
5. What is the procedure for training new personnel to the district?
SDIRC will offer YMHFA training classes at a minimum once every school quarter. This will establish an opportunity for new hire personnel entering the district to become certified. Personnel who are already certified will need to provide their certificate as a matter of record and look to re-certify prior to the 3-year anniversary/expiration of the training date.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> • YMHFA
SDIRC staff receives the Youth Mental Health First Aid training. This is an 8-hour education program that introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, including anxiety, depression, psychosis, eating disorders, substance use disorder, ADHD, and other disruptive behavior disorders.
<ul style="list-style-type: none"> • YMHFA Recertification
The National Council requires those with YMHFA training be certified every 3 years. The staff that are due for recertification, will be able to enroll in the recertification classes that will be offered multiple times a year. This is to avoid the lapsing or expiration of the YMHFA certification.
<ul style="list-style-type: none"> • Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
The Kognito At-Risk Modules will be utilized in order to get SDIRC personnel trained to meet the Florida Department of Education (FLDOE) requirement to establish Suicide Prevention Certified Schools for the 2021-2022 school year.

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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)	-Stipend paid for 2-hour self-study for initial YMHFA training for 120 employees	\$25.00/hr.	\$ 6600.00
	-Stipend paid for YMHFA training preparation for instructors (2-hours) for 10 employees	\$30.00/hr.	
2. Materials (Detail # of units x individual unit cost, plus shipping)	YMHFA Youth Teaching Notes for 16 books	\$19.95/book	\$ 319.20
	File Folders (10)	8.36	83.60
	File Folders (10 Color)	10.49	104.90
	2 Pocket Textured Folders (10)	7.79	77.90
	Envelopes 9x12 (10)	6.30	63.00
	Envelopes 10x13 (10)	7.76	77.60
	Legal Pads 5x8 (10)	19.99	199.90
	Legal Pads 10x13 (10)	24.22	242.20
	Binders ½ inch (10)	5.26	52.60
	Binders 1 inch (10)	3.14	31.40
	Binders 2 inch (9)	3.24	29.16
	Binders 3 inch (10)	5.24	52.40
	Post Its 4x6 (10)	9.55	95.50
	Binder Clips Assorted sizes (10)	14.63	146.30
	Paper Clips Regular (10)	10.99	109.90
	Tape Dispenser (10)	16.06	160.60
	Storage Boxes (10)	35.57	355.70
	Copy Paper – Letter Size (10)	42.35	423.50
	Pens – Black (10)	12.98	129.80
	Pens – Blue (10)	12.98	129.80
	Pencils (10)	8.17	81.70
	Stickable Easel Pad (10)	32.99	329.90
	Highlighter Packs Assorted (10)	6.59	65.90
Dry Erase Markers (10)	10.78	107.80	
Portable File Box (1)	27.49	27.49	
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	-Blended initial training for 120 employees	\$23.95 each (Blended Training)	\$9912.25
	-Re-certification for 235 employees will be completed.	\$29.95 each (recertification)	
	-Train the Trainer (virtual) for 10 employees	\$0.00	

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Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
4. Additional Kognito Modules (Provide the name of training module and cost)			\$0.00
TOTAL 2021-2022 BUDGET:			\$20,010.00
5. Additional narrative (optional):			

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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.

Goal 1: One hundred percent (100%) of the instructional staff at 1 elementary school, 1 middle school, 1 high school, 1 alternative, and 1 special day school will receive suicide prevention training. To be completed by June 30, 2022.

Goal 2: To increase prevention intervention supports to students implementing restorative practices across all secondary schools to decrease in-school suspensions (ISS) and out-of-school (OSS) suspensions. To be completed by June 30, 2022.

Goal 3: Thirty percent (30%) of our SDIRC mental health professional staff will be trained on PREPaRE by June 30, 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

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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>Alternative Intervention Measures (AIM) program is designed to identify students in need of support services using the PowerBi dashboard for Early Warning Indicators, as well as the Alternative to Out-of-School Suspension (ALTOSS) teacher recommendation.</p>	<p>The AIM Student Advocate will complete an audit of support services provided to address Early Warning Indicators, meet with the student and parent, and collaboratively develop a student success plan with the school principal and team. As part of the process, the AIM Student Advocate will monitor school-based implementation of AIM recommendations, provide intervention and follow-up support, and monitor Response to intervention (RtI) and problem-solve with the team as needed. Additionally, identified students may be connected with an AIM Ambassador (mentor). The AIM Student Advocate will work with the school team to obtain the parent consent and will oversee the match process between the student and ambassador.</p>	<p>Addresses the needs of the whole child, moves students toward graduation, and promotes a positive and successful school experience.</p> <p>This EBP is associated with goal 2.</p>		x	x
<p>The Alternative School-Based Program to Inspire Renewed Excellence (ASPIRE) is a short-term, on-site intervention classroom initiative designed to address the unique needs of students who have committed a school level behavioral offense. Restorative Practices are included as appropriate in the ASPIRE program and used in congruence with the classroom components.</p>	<p>ASPIRE classroom practices consist of a morning orientation that includes rules and expectations for the day, academic curriculum, social-emotional and behavioral (SEB) curriculum (i.e., Ripple Effects or other evidence-based SEB programming), and re-entry planning. Restorative circles may be conducted as needed via push in from Success Coaches or other SDIRC staff trained to provide restorative circles.</p>	<p>The ASPIRE classroom components help students develop more effective coping skills, social emotional learning competencies, and pro-social behaviors, while remaining on track with academics in the classroom.</p> <p>This EBP is associated with goal 2.</p>		x	x

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>The Alternative to Out-of-School Suspension (ALTOSS) Program is a partnership between SDIRC and Tyles & Teens, a 501c3 nonprofit agency recognized locally for their expertise in the delivery of trauma-informed care and mental health services for children, teens, and families. The program is designed to reduce recidivism (i.e., repeat of serious behaviors that adversely impact the educational environment) related to level 3 or 4 behavioral infractions.</p>	<p>Utilized as an Alternative to Out of School Suspension Program following a serious behavioral violation.</p>	<p>ALTOSS interventions are designed to help increase student insight regarding their behavior, repair harm when applicable and possible, and plan for re-entry to school.</p> <p>This EBP is associated with goal 2.</p>			x
<p>CHAMPS is a class-wide Positive Behavior Support (PBS) that supports teachers in improving the following: classroom behavior (on-task, work completion, cooperation); establish clear classroom behavior expectations with logical and fair responses to misbehavior; motivate students to put forth their best efforts (perseverance, pride in work); reduce misbehavior (disruptions, disrespect, noncompliance); increase academic engagement, resulting in improved test scores; spend less time disciplining students and more time teaching students; develop a common language</p>	<p>Implemented in SDIRC's elementary and secondary schools within the under the direction of school administrators. The following guidelines for success are implemented: Be Responsible; Always Try; Do Your Best; Cooperate; and Treat Everyone with Dignity and Respect.</p>	<p>To increase positive behavior and improve classroom behavior with clear expectations.</p> <p>This EBP is associated with 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
about behaviors among all staff; create a plan for orienting and supporting new staff.					
Cognitive Behavioral Therapy (CBT)/Solution Focused Brief Therapy focuses on thoughts, feelings, and behavior.	Implemented by the licensed mental health staff assigned to their schools. The school & staff will identify students that need direct clinical services (individual/group) and will maintain caseloads or refer to community agencies offering evidence-based programming.	Reduction in suicidal ideation, depression, and anxiety. Improved ability to emotionally self-regulate, and improved self-esteem. This EBP is associated with goal 1.		x	x
Kognito’s online suicide prevention training simulations incorporate evidence-based motivational interviewing techniques and realistic mental health scenarios for teachers. It allows users to practice conversations in a no-stakes environment and to grow more comfortable with those conversations in-person. Kognito’s At-Risk simulations address mental health and suicide prevention across various settings including Pk-12.	Instructional staff is armed with facts about suicide prevention in schools to utilize their best judgment in intervening with students.	Supports improved student wellness and school safety. This EBP is associated with goal 1.	x		

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>The PREPaRE School Crisis Prevention and Intervention Training Curriculum (PREPaRE), is designed to help schools meet the crisis prevention and intervention needs of students, staff, and families. PREPaRE is the only comprehensive curriculum developed by school-based professionals with firsthand experience and formal training. The curriculum builds on existing personnel, resources, and programs; links to ongoing school safety efforts, provides for sustainability, and can be adapted to individual school needs and size. A primary goal of PREPaRE is to build crisis management capacity.</p>	<p>Members of a school crisis response team would be involved in the following hierarchical and sequential set of activities:</p> <p>P- Prevent and prepare for crises</p> <p>R – Reaffirm physical health & welfare, and perceptions of safety & security</p> <p>E – Evaluate psychological trauma risk</p> <p>P – Provide interventions</p> <p><u>a</u> – and</p> <p>R – Respond to mental health needs</p> <p>E – Examine the effectiveness of crisis preparedness</p>	<p>All individuals who receive PREPaRE training will gain a better understanding of the organization and function of a comprehensive safety and crisis team (Workshop 1) and/or the knowledge and skills necessary to meet the mental health needs of students and staff in the aftermath of a crisis (Workshop 2).</p> <p>This EBP is associated with goal 3.</p>			
<p>Ripple Effects: Provides trauma-informed, culturally responsive, personalized, evidence-based, digital tools for the delivery of social-emotional and behavioral supports to students.</p>	<p>Will be used with our ASPIRE (ISS) & Alternative to Out of School Suspension Programs as well as in the classroom as a strong Tier 1 and Tier 2 intervention for teachers.</p>	<p>Improves mental health, academic performance, decreases suspension, and dropout rates as well as increases resilience assets (e.g., gains in empathy and problem-solving skills).</p> <p>This EBP is associated with goal 1 and 2.</p>	x	x	x
<p>Sandy Hook Promise: An education and awareness program training teens how to recognize signs, especially in social media, or an individual who may be a threat to themselves or others and say something for help (6th-12th).</p>	<p>"Say Something" is implemented in all secondary schools under the direction of the school administrator and school counseling teams. Provides tools and practices to recognize signs and signals of a potential threat, teach and instill students how to take action, drive awareness and reinforce the need to Say Something.</p>	<p>Increasing the awareness in students of those who might be a threat to themselves or others.</p> <p>This EBP is associated with goal 1.</p>	x		

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Sanford Harmony: An evidenced based approach to SEL. Provides social-emotional development for PreK-6th grade and is aligned with CASEL's core competencies.</p>	<p>Implemented in elementary classrooms across the school district. Exercises and activities emphasize communication, empathy, critical thinking, collaboration, and problem-solving skills. Relationship building lessons and activities.</p>	<p>Students able to self-regulate, understand emotional consequences of situations and their potential for growth & positive change.</p> <p>This EBP is associated with goal 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	1:417	1:417
School Social Worker	1:5845	1:4384
School Psychologist	1:1360	1:1360
Other Licensed Mental Health Provider	1:8769	1:5845

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.	Mental health staff funded by the MHAAP will be assigned to schools using a tiered approach and will help build capacity at schools. Licensed/certified mental health staff will provide crisis intervention as part of school and district crisis response teams to reduce ratios.
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.	SDIRC makes data-driven decisions related to mental health, behavioral, and SEL concerns and allocation decisions. In SY 21-22, to increase the time spent in direct services, SDIRC anticipates hiring 6 ASPSIRE teachers, 1 additional school social workers, 1 prevention intervention specialist, and 1 school counselor.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	School-based mental health providers provide direct evidence-based mental health services and refer out to community-based partners based on the need of the student. Community partners can service our students with or without insurance and with higher needs above outpatient (i.e., CAT teams) via the managing entity.

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:
2 LMHCs	New Horizons of the Treasure Coast	OP counseling, med mgmt., case mgmt.	Free
1 LCSW, 4 LMHCs, and 4 Registered MHCs	Sequel Care of FL	OP counseling, med mgmt., case mgmt.	Free

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Mental Health Provider:	Agency:	Services Provided:	Funding Source:
3 LMHCs, 3 Registered MHCs, and 2 Psychiatrists	Suncoast Mental Health	OP counseling, med mgmt., case mgmt.	Free
2 LMHCs	Mental Health Associate	Mental & health education, OP counseling	Free

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	175,699.47
School district expenditures for mental health services provided by staff who are employees of the school district:	\$706,940.53
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$0.00
Other expenditures (see below):	\$252,076.94
=	
Total MHAA expenditures: (783,318 + 175,699.47=)	\$959,017.47

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

Type: Narrative description with detailed cost	Total Amount
Charter Allocation	96,481.00
Supplies and Materials (to include new staff materials)	37,594.00
Professional Development <ul style="list-style-type: none"> • PREPARE 60 staff members, 3 Train the Trainers, 1 Trainer • CEU's for 6 Mental Health Staff 	17,560.00
Mileage Reimbursement for Mental Health Staff	8,000.00
YMHFA Training, Stipends, and Substitutes	42,000.00
School-based Mental Health Service Providers Internship Program Expansion	50,441.94
Total Other Expenditures:	\$252,076.94

*Pending supply breakdown

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Certification

This application certifies that the School District of Indian River 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
5001	St. Peter's Academy
5005	Sebastian Charter Junior High
31-5006	Imagine South Vero
5003	North County Charter
5001	Indian River Charter High School

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

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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