



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 Board of Levy County

Our mission is to educate all students in a safe environment and to graduate them ready for college and career success.

2021-2022 Mental Health Application

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.

The application must be submitted to the Florida Department of Education (FDOE) ShareFile 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 40 % of employees trained and certified as of 07/20/21
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
The goal of SBLC is to have 50% staff trained by the end of the 2021-22 school year.
3. In addition, the annual goal for the 2021-2022 school year is to train:
10% of employees as of 5/31/21 Additional 20% of employees as of 5/31/23 Additional 30% of employees as of 5/31/24
4. Explain the training goal(s) for the next 3-5 years.
The goal for SBLC is to have all staff fully trained in YMHFA. We will work toward this goal by training 10% in the 2021-22 school year, 20% trained in 2022-23, and an additional 30% trained in the 2023-24 school year.
5. What is the procedure for training new personnel to the district?
<ol style="list-style-type: none"> 1. Communicate with the Personnel Department on new staff hiring's. 2. Communicate with new personnel on YMHFA training they may have received from a previous district. 3. New staff members without YMHFA training will be assigned to a District training at the first available training.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> • Youth Mental Health First Aid (YMHFA) <ol style="list-style-type: none"> 1. Face to face training throughout District to train staff.
<ul style="list-style-type: none"> • YMHFA Recertification <ol style="list-style-type: none"> 1. Face to face training throughout the District to recertify staff. 2. Online training – Mental Health First Aid Online Course.
<ul style="list-style-type: none"> • Kognito At-Risk Modules (at all three levels: elementary, middle, high school) <p>The School Board of Levy County will be using Kognito At-Risk, an online role-play simulation to help us learn to recognize the signs of distress, use conversations to approach a student and discuss our concerns, and, if necessary, refer parents/students to the appropriate resources. This online module will not replace the required Youth Mental Health First Aid Training (YMHFA) required by our Commissioner of Education and in Statute but will demonstrate our district's due diligence and good faith effort to ensure that all staff have</p>

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received this training until such time the YMHFA training can be provided. Colleagues who have received the YMHFA training previously are highly encouraged to participate in this online module due to its simulation scenarios that are very meaningful and depict real life situations.

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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)	Instructional – 10 x \$120.00 Aide – 10 x \$55.00 Social Security – 6.20% Mandatory Medicare – 1.45% Substitutes – 25 x \$14.00	\$1,200.00 \$550.00 \$108.50 \$25.38 \$350.00	\$2,233.88
2. Materials (Detail # of units x individual unit cost, plus shipping)	YMHFA Training Books \$18.95 each 151 faculty x \$18.95 (per person) 50 Para's & Subs x \$18.95 (per person)	\$3,808.95	\$3,808.95
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	2 x trainees 2 x hotel rooms 2 x mileage 2 x meals 2 x in county training	\$500.00 \$250.00 \$100.00 \$100.00 \$150.00	\$1,100.00
4. Additional Kognito Modules (Provide the name of training module and cost)			
TOTAL 2021-2022 BUDGET:			\$ 7,142.83
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: 70% of the students identified and in need of mental health and behavioral services will show a 75% improvement as evidenced by a decrease in discipline referrals, documented threats to harm self and/or others and Baker Acts. This goal speaks to the efficacy of service delivery and effectiveness of the treatment interventions and strategies that are implemented.
- Goal 2: 100% of the parents of students identified, as needing mental health services will be provided information and resources to support their child's social and emotional well-being. The goal is an attempt to increase parents' awareness of the assistance and support that are available for families and children.
- Goal 3: 70% of students administered the Social Academic and Emotional Behavior Risk Screener (SAEBRS) and are identified with at-risk social and emotional difficulties will receive intervention strategies to decrease their at-risk behaviors by 75%.

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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](#)

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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>The evidence based Positive Behavior Intervention Support System [PBIS] provides a framework for early detection and identification of students with at-risk behaviors that if left untreated can interfere significant with their academic, behavior and social emotional learning and development. The PBIS is comprised of 20 core components which are used in a multi-tiered system [Tier 1, 2, and 3] that provides three levels of continuous support to students that are experiencing problems within the learning environment. The PBIS utilize a team approach to problem solving and decision making. The team has responsibility for the professional development of staff, behavior goals expectations of the students, instructional consequences for problem behaviors, collection and use of data, decision making about behavior support, and family engagement. A vital component of the PBIS is the parents' involvement and engagement in the education and emotional well-being of their children.</p> <p>Research supports that schools succeed best when educators, students and families are working together to effect the</p>	<p>The PBIS establish efficient and functional ways to engage and empower parents to become more aware, informed, and involved in the education and well-being of their children within the school environment. The district and professional staff will assist the school staff in carrying out this function. The district will place on its website contact information for available community resources. The district social worker and Parent Liaison Specialist will respond to the needs identified by the families, which may involve, but is not limited to the need for food, housing, shelter, clothing and medical care. The behavior specialist will provide families with information/strategies to address discipline and behavior concerns. The school counselor will disseminate information to families regarding school events, training and meetings related to the needs of their child. Mental health professionals will disseminate information to parents on mental health awareness and at-risk behaviors and available community mental health resources.</p>	<p>70% of the students identified and in need of mental health/behavioral services with will show a 75% improvement as evidenced by a decrease in the number of discipline referrals, documented threats to harm self and/or others and Baker Acts. 100% of the parents of students identified as needing mental health/behavioral services will be provided information and resources to support their child's academic, behavior, social and emotional well-being.</p> <p>The focus of the goal is to increase parents' awareness of the assistance and support that are available for families and children.</p>	✓	✓	✓

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<p>change in the student’s behavior. To facilitate this process, professional staff will provide and disseminate information to parents, to include, but not be limited to available community resources for families with contact numbers and locations; available crisis and mental health services contacts and numbers; information regarding at-risk behaviors that if left untreated will lead to mental health issues and illness; information on available training addressing discipline and emotional well- being for and strategies to assist with academic, social, and behavior challenges.</p>			
<p>The SAEBRS [Social, Academic, and Emotional Behavior Risk Screener] is an evidenced-based universal screening instrument that identifies at-risk behaviors in students.</p>	<p>The School Counselors, Behavior Specialist, and School based Mental Health Services Provider will have oversight for the administration and evaluation of the SAEBRS.</p>	<p>Goal 1 & 2</p>	
<p>The SAEBRS is appropriate to use with students in grades K-12th. The Instrument can be administered with individuals, groups, self-administered, across classrooms, grade levels, schools and district. Assessments can be conducted up to five times per year to measure change.</p>	<p>The SAEBRS will be used as a pilot program for one year for students enrolled in a 6th grade class at one of the middle schools and a 9th grade class at one of the high schools in our district.</p>	<p>70% of students administered the SAEBRS and are identified with at-risk social and emotional difficulties will receive intervention strategies to decrease their at-risk behaviors by 75% as evidenced by a decrease in the number of referrals, documented threats to harm self and/or others and Baker Acts.</p>	
<p>The SAEBRS will help determine what types of support are most appropriate</p>			

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and which behaviors should be prioritized through intervention.

Reports are available through FastBridge to display students' scores and risk levels according to benchmarks for the targeted behaviors.

At the individual and class levels reports are available to evaluate students' performance against local norms and cut scores, which correspond with varying levels of performance on criterion behavior rating scales.

Goal 3

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. This evidence-based curriculum is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries physical abuse and domestic violence, and natural disasters.</p> <p>10 group sessions 1-3 individual sessions 2 parent psychoeducational sessions</p>	<p>Behavior Specialist, School Counselor, School Social Worker and/or Mental Health Clinicians will administer the sessions to students in grades 5 through 12.</p> <p>10 1 hour group sessions (6-8 students) usually conducted once a week 1-3 individual sessions 2 parent sessions</p> <p>Group sessions cover a range of topics such as but not limited to relaxation training, cognitive restructuring, social problem solving, positive activities, trauma focused intervention strategies and emotional regulation and coping skills.</p>	<p>Reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral challenges. Student, Parent and Teacher questionnaire surveys will be conducted and evidenced by a decrease in the number of discipline referrals, documented threats to harm self and/or others and Baker Acts.</p> <p align="center">Goal 1</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional narrative may be added [here](#)

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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	1:550	1:550
School Social Worker	1:2500	1:2500
School Psychologist	1:2000	1:2000
Other Licensed Mental Health Provider	N/A	N/A

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 services providers will reduce staff to student ratios as a result of additional staff hired to provide needed support to our students. In addition, Community Based Mental Health Service Providers services will reduce staff to student ratio.
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.	Our district's procedures to increase the amount of time student services personnel provide mental health services is to review their current role and responsibilities frequently and make adjustments accordingly that will allow additional time providing services to students.
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 and community-based partners collaborate in reviewing students’ behavior and/or mental health data/records. Consulting with teachers, staff and administration who are familiar with the student (s), contact parents for input in making an informed decision as to the services needed to support the student. Also, disseminate mental health information and resources to teachers, students and families.

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:
Licensed Mental Health Counselor, Bachelors of Science in Agricultural Education. M.Ed.	Kim Carpenter Herring, Independent Contract	Mental Health Counseling on campus, Face to Face	GEER CARES Act

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<p>Counseling; Clinical Social Work Intern, Interdisciplinary Studies of Children and Society. Masters Degree in Clinical Social Work, Bachelors of Arts in Religion. Masters of Arts in Mental Health & Rehabilitation Clinical Counseling and Mental Health Intern, Bachelors of Science Degree in Psychology. Master's Degree in Psychology.</p>			
	<p>Kim Carpenter Herring, Independent Contract</p>	<p>Mental Health Counseling on campus, Face to Face</p>	<p>Mental Health Allocation</p>
<p>Jennifer Poole, M.S., L.M.H.C.</p>	<p>Jennifer Poole, Independent Contract</p>	<p>Mental Health Counseling on campus, Face to Face</p>	<p>Mental Health Allocation</p>
<p>Clinicians: Master's Degree licensed and unlicensed therapists.</p>	<p>Meridian Behavioral Health Care</p>	<p>Mental Health Counseling on and off campus Face to Face and Telehealth</p>	<p>Mental Health Allocation</p>
<p>Therapists: Master's Degree licensed and unlicensed CASE Manager: Bachelor's Degree CAT Nurses: LPN or RN</p>	<p>Meridian Behavioral Health Care. Community Action Team (CAT)</p>	<p>Provides clinical evaluation, treatment, and consultation services. It is a team effort that provides comprehensive, intensive, community-based treatment to families with children and youth at risk of out of home placement due to mental health disorders and make determination if a child is in danger of harming themselves and/or others that could lead to a Baker Act.</p>	<p>No Cost to the District</p>

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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:	\$173,067.52
School district expenditures for mental health services provided by staff who are employees of the school district:	\$133,959.44
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$295,642.56
Other expenditures (see below):	\$55,067.52
Total MHAA expenditures:	\$ 484,669.52

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

Type: Narrative description with detailed cost	Total Amount
Travel for Staff to attend meetings and /or mental health conferences	\$ 9,000.00
Assessments- Social and Emotional Behavior	\$ 26,000.00
Stipends for teachers to attend mental health training	\$ 10,000.00
Supplies for office materials needed for psychologist and mental health counselors/clinicians	\$ 10,067.52
Total Other Expenditures:	\$ 55067.52

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District Certification

This application certifies that the Levy County 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

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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: _____

Governing Board Approval Date: _____