



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

The School District of Osceola County

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.) <u>1012.584</u>, 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. <u>1011.62(16)</u>, 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 <u>https://fldoe.sharefile.com/r-rc3dac894fc9c4e6c9ff43fbc331a4286</u> 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 are25% of employees trained and certified as ofJune 30, 2021	(date)				
2. Explain the training goal(s) for the upcoming 2021-2022 school year.					
Osceola County will utilize Saturdays, school holidays, professional development days and sumr YMHAT to school staff. Many schools have requested YMHAT trainings at their schools and w those on Saturdays.					
3. In addition, the annual goal for the 2021-2022 school year is to train:					
15 % of employees as of June 30, 2022 (date) (total trained	ed 40% or more)				
4. Explain the training goal(s) for the next 3-5 years.					
 Osceola County will utilize Saturdays, school holidays, professional development days a offer YMHAT to school staff Provide training for all schools and employees Recertify first aiders who were trained during the 2018-2019 school year Train 8 new trainers in YMHAT 	nd summer days to				
 5. What is the procedure for training new personnel to the district? Training opportunities will be sent to administrators through weekly newsletters 					
 Emails will be sent to new employees inviting them to attend scheduled sessions Kognito sessions will be immediately available 					
6. Explain how the district will utilize the following three YMHAT programs:					
• YMHFA					
YMHFA is utilized through conversations, the District Strategic Plan and when sharing mental h staff. Through YMHFA we have developed a system of referring students who are exhibiting me and teachers are much more comfortable in discussing these subjects with students. In conjunction conversation in middle and high schools with regards to the mental health mandate is taking plac classes. Staff feel more comfortable as they receive the training in initiating those discussions.	ental health concerns on with YMHFA,				
YMHFA Recertification					
We will be offering the recertification program to everyone who is already a first aider and is cor year anniversary.	ning up on their three				
Kognito At-Risk Modules (at all three levels: elementary, middle, high school)					
We have found Kognito At Risk Modules to be a positive first introduction to mental health conc new staff. Staff are given sign in information and instructions on how to access the modules upo Employee					



I

Section B: YHHAT Projected Budget

	Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category	
1.	Stipends	24 trainings Stipend for first aiders	100.00 (25 X 15 participants)	36,000.00	
	(Detailed # of personnel and stipend cost per person)	YMHFA Leaders	266.64 (8 hours @ 33.33 an hour 2 trainers for each session)	12,798.72	
		Benefits 18.47%	48,798.72 x 18.47	9,013.12	
2.	Materials (Detail # of units x individual unit cost, plus shipping)	550 books	20.00	11,000.00	
3.	National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	90 recertifications	20.00	1800.00	
4.	Additional Kognito Modules (Provide the name of training module and cost)	We will utilize Mental Health monies			
TOTAL 2021-2022 BUDGET:				70,611.84	
5.	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. <u>1011.62</u>, 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. <u>394.463</u>, 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. <u>393.063</u>, 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. <u>394.463</u>, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. <u>394.463</u>, F.S. Such contact may be in person or using telehealth, as defined in s. <u>456.47</u>, 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.				
 Increase number of students receiving Tier 2 and Tier 3 mental health services by 7%. 90% of mental health teams (school counselor, school social worker, school psychologist) will receive training on trauma informed care 				
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 <u>Blue Menu of Evidence-Based</u> <u>Psychosocial Interventions for Youth and the SAMHSA Evidence-Based Practices Resource Center</u>.

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.	2.			4.	~
EBP and Description	EBP Implementation	Outcome Measures			
EBP and Description Panorama The district will be administering research- backed Panorama Student Surveys three times per year to gather information on student self-report of social emotional competencies (such as social awareness, growth mindset, self-efficacy, and emotion regulation) as well as student perception of	2. EBP Implementation Osceola will administer the SEL and School Climate survey three times per year to gather feedback on student experience. This data will be used by district and school administrators, student support staff and teacher to identify areas of strength and growth, to monitor the impact of programming, and to identify individual students who report little-to-no strengths on their self-assessment. This data is used as a tool to identify potential challenge areas early, and direct educators to support students with self-reported needs.	Outcome Measures This EBP is tied to Goal 1 in that screening and assessing students will allow a better view of those who may be in need of Tier 2 and Tier 3 services. Our projected outcome measure will be an Increase in percent favorable for emotional regulation (Control your emotions) Currently we are at 53% Elementary and 58% Secondary. With regards to teacher	M 1 X	(TS 2	3
their school environment (such as teacher-student relationships, climate, belonging and safety). The results of these surveys are shared with district leaders, school leaders, counselors and teachers to help educators better understand student experience, identify areas for additional support, and direct programming and resources to address	Educators will have access to research- backed strategies aligned to topic areas to allow for direct action based on survey results. The district will also provide professional learning for educators using the platform and data for action.	student relationships, we anticipate an increase from our current percentages which are Elementary – 76% favorable and Secondary – 38% favorable			
deficits. Survey results can also be used to monitor the impact of programming or implementation of strategies.					
The Panorama Platform also includes a library of research-backed strategies aligned to social emotional learning and climate topic areas. These strategies are					



1.	2.	3.		4.	a
EBP and Description	EBP Implementation	Outcome Measures		TS	
available to all educators in the School District of Osceola County			1	2	3
Functional Behavioral	The Functional Behavioral Assessment	This is directly tied to		Х	Х
Assessment-based Interventions	Intervention has multiple components with the school mental health team completing the observations and interviews with the student, teacher and parent. The team meets together with their data and the parents to discuss the	Goal 1. A monthly report is received by the referring person each month and is made available to the MTSS			
What Works Clearinghouse	need for a Behavior Intervention Plan. If a Behavior Intervention Plan is written, the	and mental health teams.			
Ies.ed.gov/ncee/wwc	three components are to modify environment, educational and functional. If	We will be providing baseline information for the 2021-2022 school			
There has been a recent reassessment of the Functional Behavioral Assessment for	a Behavior Intervention Plan is written, this becomes a Tier 3 intervention.	year outcome measures.			
Grades $K - 12$. Interventions will be documented for all					
students who are identified with or at risk for an emotional					
disturbance. Functional Behavioral Assessment- based					
Interventions were found to					
have potentially positive effects on school engagement					
and potentially positive effects on problem behavior. Osceola					
County will be assessing the interventions that provide the					
most positive outcomes in identifying the function of a					
student's behavior.					



1. EBP and Description	on 2. 3. EBP Implementation Outcome Measures			4. TS	
	_		1	2	3
Zones of Regulation Blue Menu of Evidence-Based Psychosocial Interventions for Youth Social Skills listed as "Good Support" for Anxiety, Avoidant Behaviors, Attention and Hyperactive Disorders, Delinquency and Disruptive Behaviors. Zones of Regulation is also a cognitive framework which integrates best practices around Trauma Informed Care and mental health supports.	The Zones of Regulation are provided to selected classrooms in K-5 throughout the district. It is usually provided to K-3 and is done as a classroom intervention to assist students in regulating their behavior. Teachers are taught by district trainers and provided the tolls for implementing the curriculum. Counselors come alongside teachers in the classroom to assist in implementing and work with students who continue to struggle to name their emotions. Students who are in need of further assistance are referred for mental health services.	As a Tier 1 intervention, Zones is tied to Goal 1 based on outcomes from this intervention. Zones allows for better recognition of students who may be in need of Tier 2 and Tier 3 services. Outcome measures are based on pre and post test. 65% of students should realize self-regulation process through the Zones curriculum.	X		
Character Strong Blue Menu of Evidence-Based Psychosocial Interventions for Youth Social Skills listed as "Good Support" for Anxiety, Avoidant Behaviors, Attention and Hyperactive Disorders, Delinquency and Disruptive Behaviors	Character Strong is a curriculum for 6 th to 12 grade students designed to provide community, relationships building and opportunities to discuss empathy, healthy Habit Development, Growth Mindset, Resilience, Emotional Intelligence, Mindfulness and more. Classroom lessons are apx. 30 minutes in length and will be presented in classrooms. Relationship building and development of social skills allows teachers to recognize mental health concerns and make appropriate referrals	As a Tier 1 intervention, Character Strong is tied to Goal 1 based on outcomes from this intervention. Character Strong allows for better recognition of students who may be in need of Tier 2 and Tier 3 services This is a new program for the 2021- 2022 school year, and we will be establishing baseline data based on Panorama surveys.	X		



1. EBP and Description	2. 3. EBP Implementation Outcome Measures		Μ	4. TS	S
EDI and Description	EDI Implementation	Outcome measures	1	2	3
Sanford Harmony Blue Menu of Evidence-Based Psychosocial Interventions for Youth Social Skills listed as "Good Support" for Anxiety, Avoidant Behaviors, Attention and Hyperactive Disorders, Delinquency and Disruptive Behaviors	Sanford Harmony is a Collaborative for Academic, Social and Emotional Learning (CASEL) Select program that develops key social and emotional competencies in the classroom. School Counselors use Sanford Harmony lessons in small groups and in classrooms to build diversity and inclusion, empathy and critical thinking and help with student communication.	As a Tier 2 intervention Sandford Harmony is tied to Goal 1 as it allows for better recognition of students who may be in need of Tier 3 services Students who are receiving Sanford Harmony through small groups or classroom management should receive lower discipline referrals. We will be establishing baseline data for this purpose and reviewing Panorama data.	X	X	
Cognitive Behavior Therapy Blue Menu of Evidence-Based Psychosocial Interventions for Youth	Cognitive behavioral therapy is a psycho-social intervention that aims to improve mental health. It focuses on challenging and changing cognitive distortions and behaviors, improving emotional regulation and the development of personal coping strategies that target solving current problems. Cognitive Behavioral Therapy is offered by our School Social Workers, Licensed Mental Health Therapists and outside community providers who receive referrals for students. Our referral system includes a central office for receiving all mental health referrals, screening for Medicaid, insurance or need for Mental Health Funding and a referral to a district or community mental health therapist. Students are seen based on family and student need. Students are tracked through our central office to ensure they have been assigned for services and that they are seeing a therapist. School and district intervention occur if there is difficulty connecting the student with services.	This is directly tied to Goal 1. A monthly report is received by the referring person each month and is made available to the MTSS and mental health teams. Students receiving referrals are tracked through our Student Database by the use of a colored pinwheel on the student's demographic information. Students should begin to show progress within 6 to 10 weeks of receiving services		x	X

Additional narrative may be added <u>here</u>

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 - Elementary	471:1	420:1
School Counselor – Middle School	421:1	376:1
School Counselor – High School	382:1	389:1
Total School Counselor Ration	424:1	419:1
School Social Worker	2231:1	2200:1
School Psychologist	1673:1	1527:1
Other Licensed Mental Health Provider	0	13,750:1

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 additional school based mental health service providers will reduce staff to student rations and allow for immediate mental health services to be provide upon assessment. The addition of two school psychologists and 4 mental health counselors will allow for a much quicker turn around for our students who are in crisis. Specific job responsibilities of mental health staff added to our allocation this year include being available to provide interventions to those students who are dealing with the effects of the pandemic.
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.	 Based on a matrix including free and reduced priced meals, ELL and ESE populations, mental health referrals, threat assessments and number of students, Student Services allocations were redistributed School Social Workers High Schools 4 days a week Middle Schools 2 days a week Elementary 1 – 2 days a week School Psychologists 2.5 days (Previously 2 days) at each school which allow for a combination of assessment, meetings, and counseling

Direct employment policy, roles and responsibilities	Description
	 Licensed Mental Health Counselors This addition of staff will allow us to provide immediate services for students who are in need of mental health services and struggle with receiving services from an agency and will assist School Social Workers
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	 If the student requires services from an outside agency, referrals are screened for Medicaid funding and referred to the agency with the best match. If the student does not have funding or private insurance co-pay is too high for the parents, student is referred to a contracted agency for services which are paid for through the mental health allocation or to a school based mental health provider. Therapists from thirteen outside agencies are invited to schools to set up times to meet with students or may meet with them at home. Services are ongoing. School based therapists and therapists from outside agencies are asked to meet monthly to discuss interventions, recommended treatment and how recovery can be assisted by the educational system School based therapists and therapists from outside agencies are included in the MTSS process and the IEP meetings as needed School based therapists and therapists from outside agencies provide monthly updates in written form to be included for students for which they are serving.

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:
Park Place Behavioral Health 7 Master Level Counselors	Community	Crisis, CBT, Directive Play Therapy, Wrap Around Services, Case Management	Medicaid, Mental Health Allocation, Systems of Care Expansion Grant
North Star Counseling 33 Master Level Counselors 2 PhD Level Counselors	North Star Counseling	Mental Health Counseling, Wrap Around Services	Medicaid, Mental Health Allocation, Systems of Care Expansion Grant
Mobile Crisis Unit Not by referral - As needed for crisis	Aspire	Crisis Counseling	Department of Children and Families
Community Action Team Not direct service - As needed for crisis	Devereux	Wrap Around Counseling	Department of Children and Families
Adapt 10 Master Level Counselors	Adapt	Mental Health Counseling	Medicaid
Children's Home Society 6 Master Level Counselors	Children's Home Society	Mental Health Counseling, Groups, Case Management	Medicaid, Department of Children and Families
CJA 8 Master Level Counselors	СЈА	Mental Health Counseling	Medicaid
Expanding Horizons 14 Master Level Counselors	Expanding Horizons	Mental Health Counseling, Wrap Around Services, Registered Behavior Technicians	Medicaid, Mental Health Allocation, Systems of Care Expansion Grant
Hispanic Family Counseling 6 Master Level Counselors	Hispanic Family Counseling	Mental Health Counseling	Medicaid
Impower 1 Master Level Counselor	Impower	Mental Health Counseling	Medicaid

Page 13 |



Mental Health Provider:	Agency:	Services Provided:	Funding Source:
Kinder Konsulting	Kinder Konsulting	Mental Health Counseling	Medicaid
2 Master Level			
Counselors			
Serving Children	Serving Children	Mental Health Counseling	Medicaid and
13 Master Level			Mental Health
Counselors			Allocation
Circle of Friends	Serving Children	Mental Health Counseling	Medicaid
2 Master Level			
Counselors			

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	515,223.99
School district expenditures for mental health services provided by staff who are employees of the school district:	1,930,960.47
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	500,000.00
Other expenditures (see below):	1,006,766.52
Total MHAA expenditures:	3,437,726.99

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

Type: Narrative description with detailed cost	Total Amount
FOCUS – Student Services Module with Threat Assessment, Threat to Self and Mental Health Components – provides ability in student system to track mental health referrals and threat assessments	120,000.00
Professional Development (PrePare Training, Trauma Training, Behavior Training and Parent Training)	263,000.00
PrePare Training – includes monies for 2 staff members to become trainers in PrePare 3 and provide training for social workers, school psychologists and mental health counselors Also includes books and supplies	
Trauma Training – Provides training for school personnel in trauma and trauma informed schools. Includes monies for workshops and to work with Conscious Discipline	
Behavior Training – Monies for Certified Behavior Analysts to provide trainings for our school staff when working with students who are having a difficult time with behavior which is a result of trauma and mental illness	
Parent Training – School staff will prepare and present trainings for parents in the subject area of relationship building, mental conditions, signs and symptoms, self-injurious behavior, local resources and other mental health topics	
Computer Equipment – 10 laptops, bags and printers for new staff	13,750.00
Kognito Mental Wellness Modules	100,000.00
Supplies	89,189.82
Charter School Allocations	420,826.70
Total Other Expenditures:	1,006,766.52

FLORIDA DEPARTMENT OF EDUCATION fldoc.org

Certification

This application certifies that the _Osceola 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
0184	Bridgeprep Academy
0192	Creative Inspiration Journey School
0863	Four Corners Charter Elementary
0152	Four Corner Charter – Upper
0866	Kissimmee Charter Academy
0182	Lincoln Marti Charter School
0971	Mater Academy High School
0202	Mater Academy St. Cloud
0163	Mater Brighton Lakes
0185	Mater Palms Academy
0181	Osceola Science Charter School
0191	Renaissance Charter at Boggy Creek
0149	Renaissance Charter at Poinciana
0171	Renaissance Charter Tapestry
0131	Bridgeprep St. Cloud

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.

_ Debra P Pace_____ Signature of District Superintendent

____Debra P Pace_____ Printed Name of District Superintendent

__07/13/2021____ Board Approval Date

Scanned Signature sent in separate document

Page 16 |