



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

Pasco County Schools

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

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.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) ShareFile, [LINK](#), 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 issues 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 12.3 % (1353) of the total employees trained of current employees (11,000) and certified in YMHFA as of June 30, 2021
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
<ul style="list-style-type: none"> The goal is to maintain the current 38 trainers for YMHFA by the end of June 2022 The goal is to increase the number of Virtual YMHFA trainers from 10 to 20 by end of June 2022 The goal to increase the number of staff trained in YMHFA for each school or department to 25% (2750) of total population (11,000) by June 2022. The goal is to ensure 100% of staff are trained in Kognito training, if not trained in YMHFA by June 2022
3. In addition, the annual goal for the 2021-2022 school year is to train:
The goal is to increase the number of employees trained in YMHFA from 12.3 % (1353) to 25% (2750) of total employees (11,000) certified in YMHFA as of June 30, 2022.

4. Explain the training goal(s) for the next 3-5 years.
The goal is to increase to 25% staff trained by the end of June 2022. Then 50% by the end of June 2023, 75% by the end of June 2024, 100% by the end of June 2025, then maintain 100% trained by the end of June 2026.

School Level/Type	<u>Total Minimum number of trained first-aiders per school</u>	<u>Total Minimum number of trained first-aiders per school</u>	<u>Total Minimum number of trained first-aiders per school or 25% Total Staff</u>	<u>Total Minimum number of trained first-aiders per school or 50% Total Staff</u>	<u>Total Minimum number of trained first-aiders per school or 75% Total Staff</u>	<u>Total Minimum number of trained first-aiders per school or 100% Total Staff</u>	<u>Total Minimum number of trained first-aiders per school or 100% Total Staff</u>
School Year	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Elementary schools	4	7	18	37	56	75	Maintain 100%
Middle schools	6	10	22	45	67	90	Maintain 100%
High schools	8	12	37	75	112	150	Maintain 100%
Alternative schools	6	8	15	30	45	45	Maintain 100%
Charter schools	-	8	11	18	27	36	Maintain 100%
Departments	4	7	25% of Total Department	50% of Total Department	75% of Total Department	100% of Total Department	Maintain 100%

5. What is the procedure for training new personnel to the district?
<p>All new employees are expected to participate in Kognito training as part of their new hire requirements. New employees receive a welcoming Single Sign On/myPascoConnect email which includes information on the Kognito training. District Mental Health Secretary receives the names of new hires and monitors monthly to ensure that staff have completed the Kognito course. Follow-up with new employees and administrator is done to ensure compliance. Data will be reviewed and updated monthly for School Based principals/Department Directors to monitor progress toward meeting these goals. Then all new employees will be scheduled into the 4-year plan of being trained in YMHFA as well.</p>

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6. Explain how the district will utilize the following three YMHA programs:

- **Youth Mental Health First Aid (YMHA)**

The Youth Mental Health First Aid training plan will be communicated to all School-Based Principals and Department Directors to ensure each school or department meets the goals identified above (see chart) in order to reach our goal of 100 % staff trained. Pasco County Schools is working to have all employees trained to create a safety response for students in need as well as working towards schools becoming Suicide Prevention Certified Schools.

- **YMHA Recertification**

The recertification training will assist Pasco County Employees to be retrained in the guiding principle of YMHA. We will be utilizing the National YMHA online recertification course for staff needing recertification every 3 years. Two months prior to the employee's re-certification due date, each staff member will be emailed information about the recertification requirement and directions to access the online course through Relias Academy. The District Mental Health team will monitor re-certification due dates to ensure compliance with maintaining YMHA certification for all staff.

- **Kognito At-Risk Modules (at all three levels: elementary, middle, high school)**

The goal of Kognito training is to use this training as a basic training and understanding for all employees prior to employees attending YMHA training. The requirement is for all employees to be trained in (1) Kognito module prior to attending YMHA training. If an employee is trained in YMHA, then Kognito would not be required.

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Section B: YHHAT Projected Budget

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

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) *Stipends are paid for eligible staff when they attend training outside of contracted work hours.	To achieve our goal of 25% of total staff by June 2022, we will train 1,397 staff members. Admin: No Stipend Instructional: Stipend: (6 hours x 25.00) x 176 Non-Instructional: Stipend: (6 hours x 10.00) x 49 Each training permits 20 participants with 2 instructors resulting in a need for 70 trainings. $70 \times 2 = 140 \times 4 = 560 \times 35.00 =$	Instructional stipend 25.00 per hour Non-Instructional stipend 10.00 per hour Trainer pay Average of 35.00 per hour	26,400.00 2,940.00 19,600.00
2. Materials (Detail # of units x individual unit cost, plus shipping)	N/A	0.00	0.00
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	1347 staff members will be trained in the 2021-2022 school year and will require access to the online course. 40 staff members will be trained in the 2021-2022 school year and will require access to the recertification online course.	23.95 per online course access 29.95 per online recertification virtual course	32,260.65 1,198.00
4. Additional Kognito Modules (Provide the name of training module and cost)	Spanish Kognito if needed (not to exceed a total of 5 courses purchased)	33.60	168.00
TOTAL 2021-2022 BUDGET:			\$82,566.65
5. Additional narrative (optional):			

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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.

- Pasco County Schools will increase access to appropriate school-based services for children, youth, and families who may experience behavioral health issues from 647 to 1295 (50%) by June 2022 as measured by MyStudent 15,15, 30 data.
- Pasco County Schools will increase access to appropriate community services for children, youth, and families who may experience behavioral health issues from 661 to 1322 (50%) by June 2022 as measured by the number of referrals made to community resources.

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
Safe-at-Home School Intervention Services Gulf Coast JFCS, community partner	Scope of Services (see attachment)	CFARS Access to this community-based mental health services will be tracked through our referral process. (Goal 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coping Cat is a research-based cognitive-behavioral therapy intervention (cognitive behavioral therapy focuses on exploring relationships among a person's thoughts, feelings and behaviors in order to help them feel better/cope better) that helps children recognize and analyze their anxious feelings and develop strategies to cope with situations that may provoke anxiety. The program focuses on four connected components: (1) recognizing anxious feelings and the physical reactions associated with anxiety (2) clarifying feelings in situations which are anxiety-provoking (3) developing a plan to cope (for example, changing anxious self-talk to coping self-talk, or determining what coping strategies might be effective) (4) evaluating performance (how well are they doing with skills learned in the program) and administering self-reinforcement.	Each school-based threat assessment team review targeted data to identify (a) specific students and (b) areas of need for Tier 3 mental health. Students identified at the elementary level who have not had school-based or community-based tier 3 support for anxiety will be offered small group intervention using Coping Cats curriculum. Parent passive consent would be obtained for all students participating in Tier 3 interventions. One session of 50 min for 16 weeks is the typical format depending upon student's capacity and needs. The session format includes: <ul style="list-style-type: none"> • Psychoeducation, involving information for children and families about how anxiety can develop and be maintained, and how it can be treated • Exposure tasks, which give the child the chance to be in the feared situation and have a mastery experience • Somatic management, which teaches relaxation techniques • Cognitive restructuring which addresses FEAR: Feeling frightened, expecting bad things, attitudes and actions that will help, and results and rewards • Problem solving to generate and evaluate specific actions for dealing with problems • Homework: One STIC task (where STIC stands for "Show That I Can") is assigned per week. • Parent psychoeducation can be incorporated into the group format. 	Coping Cat will be used with students who are more likely to be able to: (1) Recognizing anxious feelings and the physical reactions associated with anxiety (2) Clarifying feelings in situations which are anxiety-provoking (3) Developing a plan to cope (for example, changing anxious self-talk to coping self-talk, or determining what coping strategies might be effective) (4) Evaluating performance (how well are they doing with skills learned in the program) and administering self-reinforcement. Access to this school-based mental health service will be tracked through our referral process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	C.A.T. Program also may be used with middle/high school students identified to be in need of Tier 3 support of anxiety.				
Dialectical Behavior Therapy (DBT) is designed for individuals who need assistance with managing their emotions, increasing their tolerance for distress, and developing relationships with others. DBT is a research supported, effective form of treatment for individuals with Borderline Personality Disorder, Depression, Anxiety, OCD, Bipolar disorder, PTSD, and eating disorders. While DBT works well with these issues, it is also effective for anyone who needs help with emotion regulation, distress tolerance, and interpersonal relationships. The following strategies could be the focus of support provided to the student: <ul style="list-style-type: none"> • Mindfulness • Distress Tolerance • Emotional Regulation • Interpersonal Effectiveness 	Current research suggests that DBT may also be effective for children and preadolescents (aged 8 – 13) who struggle with intense emotions, disruptive behaviors, and challenging relationships. We have purchased additional curriculum for implementation of DBT strategies with elementary/middle school students.	<p>The goals of DBT include:</p> <ul style="list-style-type: none"> • increase in positive social interactions • emotional regulation in targeted areas/events/people • dealing with stressful situations and crisis situations <p>Access to this school-based mental health services will be tracked through our referral process.</p>			X
Check-in/Check-out (CICO): a tier 2 behavior intervention designed primarily to improve students' mild to moderate problem behavior. CICO provides a structure for positive adult contact to be made with the student throughout the day. Both externalizing and internalizing behaviors can be supported through CICO or Modified CICO models of intervention.	Students identified for the intervention check-in with the identified school support staff at the start of each school day, and checkout with the support staff before leaving school. At check-in, the students are provided with a Daily Progress Report (DPR) that lists the schoolwide expectations and a place to rank student behavior in corresponding columns. Teachers rank the student at specified blocks of time throughout the day (i.e., each class period in secondary schools; each subject area block of time in elementary schools, etc.), and provide corrective feedback and/or positive reinforcement. At check-out at the end of the day, the CICO coordinator totals the percentage of points earned to determine whether each student has met their individual goal for the percentage of points on the DPR available. If the student meets their goal, they receive a reinforcer. Students take their DPR to show to their parents and obtain a parent signature, and return it the following day at morning check-in	<p>CICO intervention can reduce verbal/physical aggressive behavior, noncompliance, disengagement, disruptive behavior, social conflict, or other behavior related to peer attention.</p> <p>The modified CICO can support behavioral manifestations of internalizing behaviors and provide improved use of positive coping strategies, compliance with school expectations, and goal setting.</p> <p>Access to this school-based mental health services will be tracked through our referral process.</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: 2020: 163.7, 2021: 163.5	Ratio: 469.15: 1	Ratio: 469.73:1
School Social Worker: 2020: 62, 2021: 69	Ratio: 1,238.72 :1	Ratio: 1,113.05: 1
School Psychologist: 2020: 42, 2021: 44.5	Ratio: 1,828.59: 1	Ratio:1,725.86: 1
Other Licensed Mental Health Provider	0	0

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.	To reduce the ratio additional student services staff will be hired and funded by the MHA. To ensure the student ratio will be reduced, we will continue to pursue active recruitment & retention of student services staff. Due to the shortage of school counselors, school social workers will be hired in those positions and provided any necessary support as needed.
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).	<p>A new position will be allocated to all secondary schools, a Social Services Coordinator funded by ESSER Funds. These non-student services staff will be allocated to provide support for attendance thus providing student services staff with additional time to support students' mental health needs.</p> <p>Communication to all school-based administrators to reinforce the need for student services to prioritize their allocation to supporting student mental health needs.</p> <p>Through the development of the student referral tracker tool, district mental health data will be collected and reviewed to ensure staff are providing direct mental health services to students. When data review indicates support is needed, adjustments to allocation or support will be provided.</p> <p>Additionally, the tracking data will be reviewed in order to identify students with the greatest need of intervention who may be in need of additional tier 2 & 3 behavioral & mental health interventions. The school-based threat assessment teams will meet regularly and monitor student progress. Regular identification, response, and review of student mental health needs will assure students are provided triaged/targeted time with mental health services & providers.</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>Through the referral process, students will be identified as needing Tier 2 & 3 mental health services provided by school-based student services team members including cognitive behavioral-based intervention/counseling such as Coping Cats, DBT, and Check-In/Check-Out. School-based student services will be integral in the screening, identification, direct service provision, and monitoring for these services. Students identified as needing community-based mental health will be referred to appropriate service provider in a timely manner, in accordance with state statute.</p> <p>Pasco County Schools will continue our collaboration with Central Florida Behavioral Health Network as our managing entity. CFBHN will then engage in contracts with various community providers, monitor referral data, ensure services are provided and monitored the services outlined in the contracts. The agencies will bill CFBHN and in turn bill PSC monthly for services. Mental health expansion opportunities are reviewed and monitored in order to identify any gaps in services as well as continue support of existing services. Through the utilization of the data we are able to target our neediest students and schools.</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:
Various *	Central Florida Behavioral Health	Indirect	MHA
Various *	Bay Care Behavioral Health, Inc.	Direct and Indirect	MHA
Various *	Children’s Home Society of Florida, Suncoast Region	Direct and Indirect	MHA
Various *	Chrysalis Health	Direct	MHA
Various *	Crisis Center of Tampa Bay, Inc.	Direct and Indirect	MHA
Various *	Gulf Coast Jewish Family and Community Services	Direct	MHA
Various *	Healing Educational Alternatives for Deserving Students, LLC	Direct and Indirect	MHA
Various *	Hope Restored Clinical Counseling	Direct and Indirect	MHA
Various *	Lifespan Services, Inc.	Direct and Indirect	MHA
Various *	Phoenix Counseling Services, Inc.	Direct	MHA
Various *	Premier Community Health Care Group, Inc.	Direct	MHA
Various *	Trauma Treatment of Pasco, LLC	Direct	MHA
Various, Valid Fl. Drivers Lic.	Uber Health	Indirect	MHA
BCBA, CBA	ABA Solutions	Direct	MHA

*All subcontracts generated by CFBHN indicate required licenses to provide the services outlined with the fee schedule developed by Pasco County Schools. All direct services are provided by a LCSW, LMHC, LMFT, LCP or Psychiatrist.

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary: 2021/22 Allocation: 3,191,295.00	Total
21/22 Allocation:	\$ 3,191,295.00
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$ 782,872.59
TOTAL Allocation 21/22:	\$ 3,974,167.59
School district expenditures for mental health services provided by staff who are employees of the school district:	\$ 1,664,400.01
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$ 650,000.00

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Allocation Expenditure Summary: 2021/22 Allocation: 3,191,295.00	Total
Charter Proportionate Share: (Opting Out)	\$ 117,442.47
Other expenditures (see below):	\$ 1,542,325.11
Total MHAA expenditures:	\$ 3,974,167.59

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

Type: Narrative description with detailed cost	Total Amount
<p>Travel: To support out of county travel of staff to enhance professional development of mental health supports, and provide in county travel needed to ensure coaching supports are provided regarding mental health supports.</p>	\$15,000
<p>Social Emotional Learning (AIR) Expanded scope of work around Social Emotional Learning in instructional practices in order to support students in developing the necessary skills to reflect on their own learning, master academic content, engage in positive social interactions, and become lifelong learners through a contract with AIR.</p>	\$250,769.00
<p>Research-based behavioral intervention, strategies development and implementation: Access to complete electronic Functional Behavior Assessment (FBA) plans, research-based behavior interventions and online professional development regarding understanding behavior and developing effective behavioral interventions as well as mental health strategies. (Insights to Behavior)</p>	\$225,000.00
<p>Evidence-based Tier 1, 2 and 3 Resources: Purchase evidence based resources to support the district in providing resources to support staff and parents in supporting students mental health needs. These materials will be used to support professional development, increase awareness or to implement mental health interventions. e.g. Coping Cat, DBT</p>	\$60,000.00
<p>Materials, resources and supplies to support schools, staff and students mental health. Purchase materials, supplies and training materials to provide supports to assist with mental health supports and mental health professional development.</p>	\$82,806.11
<p>Professional Development: To pay current employees trainer pay to provide professional development, or to pay contracted trainers to provide professional development, or to pay a train the trainer fee for current staff to be trained and in turn provide professional development to provide mental health trainers or to contract with others mental health trainers to provide evidence-based mental health trainings for staff related to co-occurring mental health, substance abuse diagnoses, students at risk of such diagnosis, traumatic setting events and behavioral interventions e.g. Youth Mental Health First Aid, PREPaRE, Positive Behavior Intervention Supports (PBIS), Nonviolent Crisis Intervention (CPI), Conscious Discipline as well as other mental health related trainings to support staff and students.</p>	\$110,000.00
<p>Stipends, Substitutes, Summer Stipends: To attend mental health related training Stipends (paid to employees who attend training outside of contracted hours), or to pay for a substitute (to be hired, so staff can attend training during contracted hours thus ensuring classroom coverage) and summer stipends (paid to employees who attend training during the summer for 10 month employees) needed to provide evidence-based mental health training or support to attend training related to co-occurring mental health, substance abuse, identifying students at risk of such diagnosis, behavioral interventions training as well as de-escalation strategies to prevent the self-harm of students. Included but not limited to: Mental Health training, CPI training, Ukeru, Summer Behavior Institute, Positive Behavior Support training, Conscience Discipline, Social Emotional Learning and Trauma Informed Care.</p>	\$251,850.00
<p>Stipends: YMHFA and Kognito Training Stipends are paid for eligible staff when they attend training outside of contracted work hours. These stipend funds are needed to supplement the YMHFA allocated funds which includes the goal of training 25% of all staff this year.</p>	183,150.00
<p>Parent Training:</p>	\$10,000.00

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Type: Narrative description with detailed cost	Total Amount
Provide funding to obtain guest speakers, parent resources and child care in order to provide training to parents in the awareness of mental health signs in their children, how to develop supportive skills and how to access mental health resources.	
Assessment Protocols for screening and assessment: Funding to purchase behavior rating scales and pre/post data outcomes.	\$50,000.00
Alternatives to Suspension: Provide support to student to maintain their access to instruction while providing targeted skill development, related to academic and social/emotional deficits as an alternative to suspension. Additional duty (after contracted hours) is paid to staff that provide this support after hours for students. Provides all 33 secondary/alternative schools and charter schools that opt into the district plan with \$3,750 for ATS programs. (33 secondary schools x \$3,750 = \$123,750.00)	\$123,750.00
Threat Assessment Tool: An electronic threat assessment tool to capture all of the necessary information from beginning to the end of the process thus providing transparency and supporting best practices. MySafetyNet (Focus Module in our student information system). This tool will be an extension of our student information system and will document all threats to self and others. This will enable threat assessment teams to monitor threats to self, initiate safety plans and capture data for students needing additional mental health supports and prompt additional services as needed, then allow for the documentation of services provided.	\$40,000.00
Instructional Assistants for Behavior Support: Substitute instructional assistants are allocated to provide additional adults assistants in order to collect behavioral data, provide observational data and provide additional staff assistance temporarily for safety & security of a specific student.(Temporary Assignments)	\$90,000.00
Telehealth Support: To provide funding for current employed mental health staff certified to provide telehealth mental health services to students and families after their contracted hours to support the needs of student when gaps in community services occur.	50,000.00
Total Other Expenditures:	\$1,542,325.11

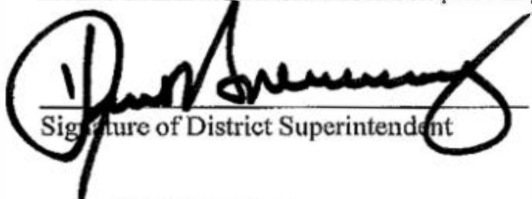
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Certification

This application certifies that the **Pasco 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
4301	Day Spring Academy
4328	Pepin Academy
4333	Innovation Prep
4334	Dayspring Jazz
4330	Union Park
TOTAL:	\$ 117,442.47

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

Kurt Browning

Printed Name of District Superintendent


 Board Approval Date