



2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Part II: Mental Health Assistance Allocation Plan

Putnam County School District

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.

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 76.2 % of employees trained and certified as of June 28, 2021 (date). 100% of the school Counselors and Administration are trained in YMHFA.
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
PCSD training goal is to continue to train all teaching and para-professional personnel in the district in YMHFA. We will go back to in-person trainings during the 2021-2022 school year.
3. In addition, the annual goal for the 2021-2022 school year is to train:
10 - 15% of employees as of June 1, 2022 (date).
4. Explain the training goal(s) for the next 3-5 years.
PCSD plans to have 100% of our teaching and para-professional staff trained in YMHFA.
5. What is the procedure for training new personnel to the district?
The expectation for all new hires is to be trained in YMHFA during the first in-service date in October. If they cannot make that date, they are scheduled for the following in-service date.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none">Youth Mental Health First Aid (YMHFA)
PCSD will continue with the in-person model.
<ul style="list-style-type: none">YMHFA Recertification
PCSD will evaluate trainers that need recertification.
<ul style="list-style-type: none">Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
Kognito was used to train all district staff the first year. The district will no longer use Kognito, and will instead use the ACT on FACTS – 2019-2020 National Version.

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Section B: YMHA 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)	Two training sessions will be offered with 30 individuals or less receiving the YMHFA training during the summer of 2022. Trainers will also receive a stipend.	\$100.00, less taxes for trainees. \$200.00, less taxes for trainers.	\$6,800.00
2. Materials (Detail # of units x individual unit cost, plus shipping)	Six (6) cases containing 30 manuals each @ a cost of \$18.95 per manual. Manuals are used for in-person training sessions.	\$568.50 per case	\$3,411.00
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	Six (6) training sessions will be scheduled during the 2021-2022 school year. Four (4) will be scheduled during in-service days and two (2) will be scheduled over the summer. New teachers will be a priority. PCSD anticipates a total of 180 to be trained.	\$0.00	\$0.00
4. Additional Kognito Modules (Provide the name of training module and cost)	PCSD will use the free ACT-FACT model provided on the FLDOE website at the start of each school year.	\$0.00	\$0.00
TOTAL 2021-2022 BUDGET:			\$10,211.00
5. Additional narrative (optional):			
None			

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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.

To increase mental health awareness education within the community and schools through outreach and educational programs on a quarterly basis.

To increase student access to MTSS Tier 2 and 3 supports by 5-10% by hiring school counselor(s) to work exclusively with students referred for school-based mental wellness counseling, therapy, prevention, intervention and case management support.

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
Caring Schools Community is a comprehensive, research-based social and emotional learning (SEL) program that builds school-wide community, develops students' social skills and SEL competencies and enables a transformative stance on discipline (currently utilizing). The program teaches students to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions and to respect diversity.	Goals 1-2: A school-wide SEL curriculum for grades K-8 delivered by classroom teachers daily in first period class and during advisement period for 7 th and 8 th grades.	Students will show an increase in developing SEL skills by 5-10 % as indicated on Pre and Post Survey results delivered mid school year.	X		
Ripple Effects utilizes personalized technology, trauma informed training and assessment programs to promote behavioral health, SEL competencies and to address non-academic barriers to school success (currently utilizing). Improves grades and behavior, an increases resilience. Supports student success at school, in the community, and in life.	Goals 1-2: The Ripple Effects program will be made available to students in grades 7-12, and used to support MTSS, PBIS, Special Education and discipline. The program is self-guided/self-paced, and thus requires minimal staff support. Students will be able to select specific topics to explore. The program will be assigned to students with specific issues; such as those assigned to alternate classroom/learning environments who wish to explore mental health topics independently or in conjunction with a school counselor/support staff.	Students will show increased screen time usage from 5-10% utilizing the Ripple Effects data collection-reporting tool,		X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>PBIS is an evidence-based three-tiered framework to improve and integrate all of the data systems and practices affecting student outcomes every day.</p> <p>Improves student behavior, school climate, and fewer office discipline referrals. Includes parental involvement.</p>	Goals 1-2: PBIS will be implemented as a behavior and m system of support school-wide. Classroom teachers will teach school and classroom expectations. Data will be collected on student behavior, and teams will meet to discuss options to assist struggling students.	Data collections tools will show a 5-10% decrease in negative behaviors and fewer discipline referrals.	X	X	X
<p>Project Towards No Drug Abuse (TND) is an effective, interactive classroom-based substance abuse prevention program. TND focuses on three (3) factors that predict tobacco, alcohol and other drug use, violence-related behaviors, and other problem behaviors among youth.</p>	Goals 1-2: Project TND will target high school youth, ages 14 to 19. The program will be implemented in regular and alternative (continuation) high schools, with student from diverse ethnic and socioeconomic backgrounds. TND curriculum will be provided to middle and high school students in a small group setting. Students referred to participate in this program have been involved in the MTSS process. Students have also been identified as appropriate for TND interventions after Tier-2 interventions have not been successful at meeting the emotional needs of the student, or at correcting behavioral issues that have surfaced due to suspicion of substance use or actual use. Facilitated by the school counselor or case manager.	Based on Pre and Post surveys 5-10 % of students will report an increased knowledge of factors contributing to substance use and misuse.		X	X
<p>Ever Fi is a digital program that provides guidance in SEL in the areas of health and well-being.</p> <p>Provides support in four (4) factors related to substance abuse, mental health issues, suicide and sustainability.</p>	Goals 1-2: Ever Fi will be implemented with grade levels 8-12, and as a component to classroom discussions on specific topics. The program will be offered while students are engaged in advisement period, and will be facilitated by classroom teachers.	Pre and Post surveys will indicate a 5-10% increase in areas of health and well-being.		X	X
<p>Resilience Builder Program for Children & Adolescents: Enhancing Social Competence and Self-Regulation engages students in activities designed to help youth bounce back from the</p>	Goals 1-2: The program targets middle and high school students. Thirty (30) group lessons addressing the components of resiliency and emotional regulation are available to students. Students participate in weekly small or large group settings. Students are referred to this program as a support to MTSS Tier 2 and 3 interventions, or when other Tier 2 and 3 interventions of the MTSS process have not been	Students will self-report an increase in resiliency skills. By 5-10%.		X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
challenges in their lives by increasing confidence, self-esteem, self-control and the use of coping strategies.	successful. These groups are facilitated by the school counselor or case manager.				
Motivational Interviewing (MI) is an evidence-based approach to behavior change, and used by the clinician to engage clients in the therapeutic process. MI is designed to strengthen personal motivation for, and commitment to, a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.	Goals 1-2: Motivational interviewing techniques are fluid, implemented on a continuum, and effective during the intake and entire therapeutic process. The techniques are applicable with youth (age/developmentally appropriate), adolescents and adult family members. MI techniques are utilized during individual, group therapy or telehealth sessions.	5-10% of students referred will successfully complete therapy goals.			X
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) offers treatment for children and adolescents impacted by trauma, and their parent or caregivers, with overcoming trauma-related difficulties, including child maltreatment. Techniques include Cognitive coping skills, cognitive processing of the traumatic event, psychoeducation, conjoint child-parent sessions, and relaxation skills.	Goals 1-2: Student is referred to the school-based mental wellness program after MTSS Tier 2 and 3 interventions have not proven successful at ameliorating the student's emotional and behavioral needs. Students participate in weekly/bi-weekly individual and/or group therapy or telehealth sessions.	Students treated for trauma or a stressor related disorder, will show a 5-10% decrease in trauma or stressor related symptom at case closure.			X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Cognitive Behavior Therapy (CBT) is a short-term psychotherapy treatment that uses a practical and intensive approach to solving issues such as depression, anxiety, addiction and other behavioral or emotional concerns.</p> <p>CBT is talk therapy and interventions can be brief. It is used to modify thought, behaviors, feelings and emotions. It disrupts challenges and improves distorted/irrational or faulty thinking, improves behavior that is tied to irrational or faulty thinking, and teaches skills for improving negative affective states.</p>	Goals 1-2: Student is referred to the school-based mental wellness program after MTSS Tier 2 and 3 interventions have not proven successful at ameliorating the student's emotional and behavioral needs. Students participate in weekly/bi-weekly individual and/or group therapy or telehealth sessions.	5-10% of students being treated for depression, anxiety or other mental health disorders, will show a decrease in symptoms.			X
<p>Solution-Focused Brief Therapy (SFBT) aides the individual with change by constructing solutions, rather than by focusing on problems.</p> <p>Identifies previous ways that the student has resolved personal, emotional or behavioral problems, and allows the individual to repeat the previous successful behavior. SFBT can have immediate results and is brief. It is effective with reducing symptoms of anxiety, depression and behavioral issues.</p>	Goals 1-2: Student is referred to the school-based mental wellness program after MTSS Tier 2 and 3 interventions have not proven successful at ameliorating the student's emotional and behavioral needs.	After practicing solution-focused interventions, 5-10% of students will self-report using solution-focused interventions during weekly therapy sessions.			X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Bio-psychosocial Assessment is comprehensive and systemically considers biological, psychological and social factors and their complex interactions in Affecting health, illness and delivery of services.	Goals 1-2: Student is referred to the school-based mental wellness program after MTSS Tier 2 and 3 interventions have not proven successful at ameliorating the student's emotional and behavioral needs. Students are assessed during the intake process and after parental consent is received. Students receive a screening, and initial assessment using the mentioned assessment, and evaluation tools that identify and lend guidance to the development of an individual plan of care designed to meet the specific needs of the student.	Within two weeks of case opening 5 -10% of students will have a completed bio-psychosocial assessment to identify the needs of the student and allow access to therapy.			X
Individual Mental Health Treatment Plan is a written guideline and individualized plan of care that includes the goals and objectives to be addressed during therapy.	Goals 1-2: Parent, child and student will participate in the development of the Individual Mental Health Treatment Plan.	5-10 % of students will be able to self-report successful completion of goals and objectives as listed on the individual mental health treatment plan.			X
Child Functional Rating Assessment (CFARS-Pre and Post Assessments) is designed to measure day to day functioning among children and adolescents with mental health impairment. Behavioral descriptions are provided to assist in assigning an impairment level for the child in each of the domains.	Goals 1-2: The CFARS will be administered by the therapist; with parental input in an effort to measure students' functional rating at case opening and closing.	5-10 % of students will complete the CFARS screening tool to identify problematic symptoms which will allow access to appropriate counseling and therapy interventions.			X
Child and Adolescent Trauma Screen (CATS-Youth Report) is a brief, freely accessible screening instrument based on the DSM5 criteria for Post-Traumatic Stress Disorder. The screening measures potentially traumatic events and post-traumatic stress symptoms. This assessment will measure indicators of potentially traumatic events as well as,	Goals 1-2: The CATS Youth Report will be provided to student by the therapist at the initial session in an effort to measure potential traumatic events and post –traumatic stress symptoms.	5-10 % of students will complete the CATS screening tool and identify trauma related symptoms which will allow access to appropriate counseling and therapy interventions			X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
identify post-traumatic symptoms the require intervention during therapy.					
Columbia-Suicide Severity Rating Scale (CSSRS) is a suicidal ideation and behavior rating scale.	Goals 1-2: The CSSRS measurement will be provided during the initial session by the therapist and measure suicide ideation and behavior.	5-10% of students will complete the CSSRS measurement and have access to counseling and/or therapy support. .			X
DSM-5 Parent/Guardian-Rated Level I Cross-Cutting Symptom Measure – Child 6-17 assesses mental health domains that are important across psychiatric diagnosis and is intended to help clinicians identify additional areas of inquiry that may have significant impact on the child’s treatment and prognosis.	Goal 1-2: DSM-5 Parent/Guardian-Rated Level I Cross-Cutting Symptom Measure – Child 6-17 assesses mental health domains that are important across psychiatric diagnosis and is intended to help clinicians identify additional areas of inquiry that may have significant impact on the child’s treatment and prognosis. The assessment will be administered during the initial session with input being provided by the parent/guardian.	This measurement will be used with 5-10% of students ages 6-17 and provide access to counseling and/or therapy.			X
DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Child Age 11-17 assesses mental health domains that are important across psychiatric diagnosis and is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual’s treatment and prognosis.	Goal 1-2: DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Child Age 11-17 will be administered by the therapist during the initial session and assesses mental health domains that are important across psychiatric diagnosis and is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual’s treatment and prognosis.	This measurement will be used with 5-10% of students ages 11-17 and provide access to counseling and/or therapy support.			X
Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) is a manual for assessment and diagnosis of mental disorders	Goal 1-2: Clinicians will reference the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) to assess and diagnose mental disorders.	Identify 5-10% of students who require a mental health /substance abuse diagnosis and/or support.			X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
The above-mentioned assessments will be implemented in a clinical-therapeutic setting, and for the purpose of assessment, evaluation, diagnosing and treatment of a mental health and/or co-occurring substance abuse issue. Assessments can be delivered concurrently.					X

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	13-Ratio is to 10,122	15-Ratio is to 10,122
School Social Worker	0-Ration is to 10,122	No proposed changes
School Psychologist	7-Ration is to 10,122	No proposed changes
Other Licensed Mental Health Provider	6-Ratio is to 10,122, of which three (3) are employed by the Department of Student Services, and three (3) by the Department of Exceptional Educational Services.	No proposed changes

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.	<p>The following staff will receive training on the process for completing and submitting electronic School-Based Mental Health Referral located in BIP-STAR: School administrators, mental health providers, district case manager and school (guidance) counselors.</p> <p>Additional training and updates on the referral process will occur for staff during the pre-planning period, and prior to the start of the 2021-2022 school year. Mental health referral forms are readily accessible and able to be created in a timely manner, updated, and the status/disposition of the referral is available for review.</p>

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Direct employment policy, roles and responsibilities	Description
	<p>Mental health therapists/school counselors will be co-located at schools in all regions of the Putnam County School District, and as a result, are readily accessible for support and interventions.</p> <p>The Department of Student Services School-Based Mental Wellness Department will benefit from hiring two (2) additional school counselors (as funding allows) to focus on providing MTSS counseling Tier 2 and 3 levels of interventions (small/large group and individual counseling).</p> <p>The responsibilities of the two (2) school counselors will include delivery of services for decreasing emotional, social and behavioral issues that impede upon students' learning and emotional/mental well-being; that if not addressed, could lead to a diagnosable mental health disorder.</p>
<p>Page 14 Putnam County School District</p>	<p>Three (3) mental health (clinical therapists) will focus solely on issues that require clinical interventions, and thus reducing caseloads that in turn allow clinical staff to meet with students more frequently.</p> <p>School counselors will implement PBIS and MTSS interventions to offset or reduce factors that may lead to a mental health referral.</p> <p>Initial screening of referrals by the Intake Coordinator/Lead Mental Health Clinical Therapist to determine appropriateness for clinical mental health counseling, case management, prevention or intervention services.</p> <p>Professional development/training and review of PBIS, Caring Schools Community and MTSS program guidelines.</p> <p>Professional development and training opportunities to be provided to all staff, in an effort to increase knowledge of current/advanced counseling and therapeutic treatment approaches and treatment modalities.</p> <p>District-hired mental health professionals will be trained in Youth Mental Health First Aid.</p> <p>BIP-STAR (electronically generated) progress notes, treatment plans, consent forms, monthly progress reports and case management referrals.</p> <p>An electronic mental health referral form that requires the referring staff to provide the following information on students referred for school counseling or clinical services: Demographic</p>

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Direct employment policy, roles and responsibilities	Description
	<p>information, telephone/email contact information for parent/guardian, presenting problems, time/situation when behaviors of concern are most likely to occur and noting the best time to see student at school.</p> <p>Availability of Telehealth options allow for group sessions, so that more students can receive interventions whether virtual or brick and mortar. Telehealth options reduce the amount of time spent traveling, and allows for increased time with students.</p> <p>Maximum caseloads of 25 students per therapist.</p>
	<p>90-day plan of care (treatment plans) utilizing solution-focused/appropriate interventions.</p> <p>Referrals to partnering agencies for students who present with mental health symptoms, co-occurring diagnoses that substantiates a higher level of care, more intensive or prolonged treatment, and who will need to receive services during summer months or school holidays/breaks.</p>
<p>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>	<p>Staff receive a thorough training on the job roles and responsibilities during orientation, and during monthly individual supervisions. Staff are provided and trained on ancillary support tools, such as electronic documentation procedures, and are linked to a case manager to refer to for all non-counseling and clinical student needs. The district has identified and completed memorandums of understanding with community mental health agencies and partners to reduce the caseloads of district employed staff. The Department of Student Services administrative staff meet to discuss the progress and needs of the program on a consistent basis. A recent review and assessment revealed the need for school counselor support.</p> <p>The monthly program evaluation report: A monthly case report for the School-Based Mental Wellness program will capture the number of students receiving services, declined for services, closed and pending cases. This report is submitted to administration. Data from this report is referenced to assess the strength and outcome measures of the program.</p>
<p>Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.</p>	<p>Providers play a significant and integral role in the implementation of services provided by the School-Based Mental Wellness Department. These staff are essential. Their training and level of expertise/experience lends to the success</p>

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	the students make in improving emotional, social, behavioral and mental health factors that plague many of the student in our schools and communities.
	<p>The role of the school-based and community providers is:</p> <ul style="list-style-type: none"> • To provide professional and qualitative services; interventions to students referred for therapy, counseling, case management, and related services in a timely and efficient manner. • To communicate the progress of each student on a monthly, or as needed, basis in a timely manner, and to comply with all elements of the memorandum of understanding that delineates the responsibilities of the represented agency. • To adhere to all ethics and guideline of the professional or governing board that in turn allow the partner/professional to continue direct service delivery to student referred to the agency for services • To remain in a collaborative and professional partnership with the Putnam County School District.

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:
1 - M.A. in Counseling 1 - TCM, B.A. in Social Work (FCB Certified)	A Helping Hand, Inc.	Mental health counseling, therapy and case management. Referral for psychiatric. Direct.	Medicaid/State Insurances
1 – M.S. Public Health, Certified Health Education Specialist 1 – M.D., LL.M.	Step By Step, Inc.	Mental health counseling, therapy and case management. Referral for psychiatric, if assessed. Direct.	Medicaid/various funding sources
1 - M.S., Cert. Rehabilitation Counselor 1 - M.S., Registered Intern 1 - M.S., LMFT 1 - DMFT, Ed.D. 1 - M.S., LMHC 1 - M.A.	Children’s Home Society Outpatient/Mobile Response Team	Mental health counseling, therapy and case management. Referral for psychiatric, if assessed. Crisis support/de-escalation/trauma minimization. Direct	Medicaid/various funding sources
2 - B.A. Counselor 1 - M.S. Therapist 1 - B.A. Targeted Case Manager	All Therapies Support LLC	Mental health counseling, therapy and case management. Referral for psychiatric, if assessed. Direct.	Medicaid/various funding sources

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Mental Health Provider:	Agency:	Services Provided:	Funding Source:
Director & Case Manager	BRAVE	Care coordination, navigation services, resources, support and referrals Indirect.	Various funding sources

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$ 0.00
School district expenditures for mental health services provided by staff who are employees of the school district: (4 District-based clinicians (Mental Health, Marriage & Family, Social Workers), (1) certified school counselor, (1) case manager and charter school allocation at a total average of \$512,682.00 for staff ** Amounts include benefits)	\$512,682.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$0.00
Other expenditures (see below):	\$1146.00
Total MHAA expenditures:	\$513,828.00

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

Type: Narrative description with detailed cost	Total Amount
In –County Travel	\$1146.00
Total Other Expenditures:	\$1200.00

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Certification

This application certifies that the Putnam 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

Richard Surrency, Sr.
Printed Name of District Superintendent

July 13, 2021
Board Approval Date

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Section A: MHAA Plan Assurances

100% of state funding from the mental health allocation will be used to:

- Coordinate and provide mental health assessment, diagnosis, prevention and intervention services, treatment, and recovery services to students whose mental health or wellness is compromised, has a mental illness or co-occurring substance abuse diagnosis, and students at high risk of such diagnosis for the purpose of creating a safe school and community environment.
- Coordinate services with a student's primary care provider and with other mental health providers involved in the student's care.
- Provide professional development and training opportunities to all staff for the purpose of identifying and recognizing the signs and symptoms of mental illness, development of strategies to improve crisis management, prevention and intervention skills; thus improving the overall safety of all students.
- 100% of the funded allocation amount will be utilized to retain current employees, hire future staff, provide professional development opportunities and secure mental health & therapy support aides. Mental health assistance allocation funds received by the Putnam County School District will not supplant other funding sources, increase salaries, or provide staff bonuses or incentives.
- Putnam County School District will collaborate with FDOE to obtain educational resources that address mental health awareness education, intervention and prevention strategies, and disseminate mental health information and resources to students and families. All available platforms, including social media, community outreach, district website and educational programs will be utilized.
- A current community resource guide will be maintained on the district's website. Information listed will include the names and contact numbers of community and local mental health/behavioral health service providers, and those located in surrounding and nearby counties. The community resource guide will be updated accordingly.

School-Based Mental Health referrals are submitted electronically in BIP-STAR. Data on all students referred for mental health prevention or intervention services will be collected and compiled in a Microsoft office excel document. The document will capture the following data:

- Student's name, date of birth, school, referring staff/individual, and provider/agency student is referred to.
- Identification of students who received a mental health screening or assessment.
- Identification of students referred to school-based mental health service providers.
- Identification of students referred to community-based mental health service providers.
- Identification of students referred who received school- based interventions, services or assistance.
- Identification of students who received community-based interventions, services or assistance.

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The following procedures have been established to ensure that all time frames for initiation of screenings, assessments and services by schools and partnering agencies are completed:

An overview of the processes for submitting referrals for mental health services, time frames for initiating screenings, assessments and services will be provided to all school district staff and partnering agencies involved in the coordination and delivery of mental or behavioral health support to students.

All forthcoming working agreements and memorandums of understanding will reflect such time frames for commencement of screenings, assessments and initiation of services for partnering agencies.

Schools/Charter Schools/Community Partners:

- Students referred for mental health screenings will be assessed within fifteen (15) days from the referral date.
- School-based mental health services will be initiated within 15 calendar days of identification and assessment.
- Community-based mental health services will be initiated within 30 calendar days of referral coordination. Coordination with the student's primary mental health care provider and other mental health providers involved in the student's care will occur in the same time frame.

Standard protocol(s) for crisis intervention and de-escalation will be implemented, when deemed necessary, in an effort to de-escalate a student crisis situation, before initiating an involuntary examination and to support the mental health service provider. These interventions can include the following, and in the manner of which services are viable:

- Administrator and staff will immediately ensure the safety of the student and others.
- Notification of the school administration of student crisis.
- Notification of the parent/guardian of the student's crisis situation and assistance request.
- School administrator to verify with staff that de-escalation strategies are completed and that contact has been made with the mobile response team prior to a student's removal.
- Notification of the Mobile Response Team to determine student appropriateness and eligibility for crisis support.
- Guidelines and procedures disseminated to staff on verbal de-escalation strategies to utilize with all student populations.
- Written guidelines and procedures disseminated to staff on managing a student experiencing an emotional, behavioral or mental health crisis.
- School administrator will access BIP STAR to determine if student has been referred for school-based mental health school counseling (receiving tier 1 and level 2 supports of the MTSS process), referred for school-based clinical mental health services, prevention services or referred for community-based prevention, intervention or clinical mental health services.
- School administrator will access Skyward to determine if student is under counselor care.

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- Administration to make contact with the district's lead mental health therapist or assigned school therapist to verify student involvement with a school counselor, district mental health therapist or community-based therapist and request support and assistance.
- Use of approved and appropriate verbal de-escalation techniques.
- Completion of a school-based mental health referral.

Putnam County School District will ensure that law enforcement officers will be provided instruction on how to contact a mental health professional, who may initiate an involuntary examination, prior to initiating an involuntary examination; with the exception being when a student poses an imminent danger to self or others. Putnam County School District will enter into contracts/interagency agreements with one or more community behavioral health providers, the mobile response team direct or contracted school district employee.

Section D: Direct Employment

- **One (1) Lead Clinical Licensed Mental Health Counselor/Case Manager/Intake Coordinator-Licensed Mental Health Counselor (LMHC):** provide intake, timely and efficient provision of community and school-based clinical therapeutic services, crisis screenings, assessments to students and families referred for mental health services and treatment. Clinical oversight and supervisory support to school-based clinical counselors and case manager/social worker. Serve as community liaison and responsible for ensuring that all services provided meet the requirements of the approved district mental health plan, and facilitate youth mental health first aid trainings. Services will be provided in the traditional or a virtual platform environment. This is a 12-month position.
- **One (1) Coordinator of Prevention and Social Emotional Learning Services-Certified School Counselor:** The Coordinator will be responsible for, but not limited to, working closely with the school-based clinical counseling program staff to ensure that all elements of MTSS/PBIS processes are fluid in supporting the social and emotional wellbeing of students, coordination and delivery of social/emotional learning content and training, and coordinate district-wide EWS data network, student, teacher and parent surveys and opinion polls. Additional responsibilities include counseling of students for trauma and grief support as supported by MTSS/Response to Intervention (RTI) guidelines, organization and coordination of youth mental health first aid trainings for district staff and advisement, guidance and trainings as relevant to conducting behavioral threat assessments (BTA) and team meetings. Services will be provided in the traditional or a virtual platform environment. This is a 12-month position.
- **Administrative Assistant/Community Liaison.** The responsibilities of the position include, but are not limited to, assisting administration with special projects, reports and surveys as assigned, planning and publicizing. Coordinating and conducting various outreach/educational programs focused on the delivery of mental health awareness and education. Promote and encourage the involvement of parents, and other community groups and organizations, in the development of relationships between students, the school, home and community. Administrative support: customer service, data entry, typing, filing, set up and maintenance of student information/data and confidential mental health records. Maintain a database for tracking all student data and disseminating monthly and annual program outcome reports. Develop and maintain a tracking system for monitoring the effectiveness of school-based mental health interventions in addressing Early Warning System Indicators (e.g., grades, referrals and attendance). Maintain a system for tracking all incoming mental health referrals and case activity. Coordinate with district staff to research, identify and, when appropriate, apply for grants and additional funding resources. This is a 12-month position.

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- **One (1) Licensed Clinical Social Worker -(LCSW):** Provide mental health assessment, diagnosis, intervention, treatment and recovery services to students with mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses, provide support during behavioral threat assessment team meeting, and serve as trainers for youth mental health first aide. This is a 10-month position.
- **One (1) Registered Clinical Social Worker Intern-RSWI:** Provide mental health assessment, diagnosis, intervention, treatment and recovery services to students with mental health or co-occurring substance abuse diagnoses, and students at high risk of such diagnoses, provide support during behavioral threat assessment team meeting, and serve as trainers for youth mental health first aide. This will be a 10-month position.
- **One (1) Licensed Clinical Mental Health Counselor-LMHC:** Provide mental health assessment, diagnosis, intervention, treatment and recovery services to students with mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses, provide support during behavioral threat assessment team meeting, and serve as trainers for youth mental health first aide. 10-month position.
- **One (1) Case Manager:** Coordinate and facilitate the delivery of services to support the student's emotional and behavioral needs. Coordinate access to school and community resources. Services will be provided in the traditional school environment and/or a virtual platform. This is a 10- month position.
- **Two (2) School Counselors (pending funding):** Foster family and community partnerships to support the social/emotional and academic development of all students. Provide preventative education and skill building, along with counseling for students during times of transition, separation, heightened stress and critical change. This is a 10- month position.
- The district has not retained contracted service providers.
- Students will have access to services available from a school psychologist upon being referred to and/or receiving services from the Department of Exceptional Student Education (ESE).