



2021-2022 Mental Health Application
Part I: Youth Mental Health Awareness Training Plan
Part II: Mental Health Assistance Allocation Plan

Bay District 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 <https://fldoe.sharefile.com/r-rc3dac894fc9c4e6c9ff43fbc331a4286> by the deadline **August 1, 2021**.

There are two submission options for charter schools:

- Option 1: District submission includes charter schools in both parts of the application.
- Option 2: Charter school(s) submit a separate application from the district.

Part I. Youth Mental Health Awareness Training Plan

YMHAT Objective: provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

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Part I. Youth Mental Health Awareness Training Plan and Projected Budget

Section A: YMHA Training Plan

1. What is the percentage of employees currently trained and certified in Youth Mental Health First Aid (YMHA)?
There are 54 % of employees trained and certified as of July 22, 2021.
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
<ul style="list-style-type: none"> ● Provide at least 13 YMHA initial training sessions via YMHA funds resulting in at least 195 participants trained. ● Provide at least 26 YMHA initial training sessions via coordinating grant funds resulting in at least 390 participants trained. ● Recertify 598 expiring YMHA certifications.
3. In addition, the annual goal for the 2021-2022 school year is to train:
71 % of employees as of June 30, 2022
4. Explain the training goal(s) for the next 3-5 years.
Train approximately 6% of staff each year using YMHA funds in order to reach 90-100% of staff trained in YMHA in 5 years.
5. What is the procedure for training new personnel to the district?
Currently new personnel are provided a brief overview in a Beacon Learning Center TIPS on recognizing signs and symptoms of at-risk behavior in students. New personnel are then provided equal opportunities to enroll in YMHA training along with other employees. Currently, the Student Wellness Team is collaborating with BDS HR and BDS professional development teams in order to add YMHA to the new teacher induction plan. This will ensure all new instructional personnel have YMHA indicated as necessary before exiting the new teacher induction process.
6. Explain how the district will utilize the following three YMHA programs:
<ul style="list-style-type: none"> ● YMHA
Bay District Schools will continue to use the online Mental Health First Aid (MHFA) platform to provide the required 6 hour training virtually to employees.
<ul style="list-style-type: none"> ● YMHA Recertification
Bay District Schools will use Relias Academy's online, self-paced recertification option to recertify employees who have an expiring YMHA certificate.
<ul style="list-style-type: none"> ● Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
At this time, we are not using the Kognito At-Risk Modules.

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Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
1. Stipends (Detailed # of personnel and stipend cost per person)	Provide 26 facilitator stipends + associated benefits in order to host 13 sessions (2 facilitators per 20 participants) funded via the YMHAT allocation.	\$205.00 per session per facilitator	\$5330.00
	Provide 207.910 stipends of an average cost (\$105.27) per 6 hour day including associated benefits. (Instructional stipend rate, including benefits- \$149.00, support stipend rate, including benefits- \$71.49, licensed stipend rate, including benefits- \$95.32)	Avg \$105.27 per 6-hour professional development completion	\$21,886.75
2. Materials (Detail # of units x individual unit cost, plus shipping)			
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	Purchase 195 seats in the online YMHFA virtual platform at \$23.95 cost per seat.	\$23.95	\$4670.25
4. Additional Kognito Modules (Provide the name of training module and cost)	None		H
TOTAL 2021-2022 BUDGET:			\$31887.00
5. Additional narrative (optional): We are currently planning for coordination of funds with another grant source to provide recertification for expiring YMHFA trainings using the Relias Academy Recertification platform. These funds should be able to provide Recertification and stipends for staff whose certificates expire on or before June 30, 2022.			

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.

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.

By pairing trauma-sensitive classroom supports and social-emotional learning along with a fall and spring semester implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS and Bounceback), students dealing with traumatic stress reactions will reduce symptoms by 3% using the pre and post Pediatric Symptom Checklist-17 (PSC-17).

Using the Botvin LifeSkills Program, there will be a 10% decrease in the number of favorable attitudes toward ATOD (Alcohol, Tobacco and Other Drugs) and ATOD (Alcohol, Tobacco and Other Drug) USE by middle school and elementary youth in Bay County. This will be measured using the LifeSkills student survey, from NHPA (National Health Promotions)

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.**

Using a Tier 1 Universal Screening System of social-emotional health called the SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) will identify students at risk for social-emotional and behavioral problems. This is a brief and efficient tool for universal screening of student Grades K through 12.

Behavior and academic success are intimately connected and need to be intelligently addressed together. The SAEBRS is grounded in this conceptual model, which specifies that school success is predicated not just upon academic achievement, but also success within multiple inter-related behavioral domains. SAEBRS may be used to evaluate students' overall general behavior, as well as risk for problems within the following specific types of behavior:

- **Risk for Social Behavior Problems:** Student displays behaviors that limit his/her ability to maintain age appropriate relationships with peers and adults.
- **Risk for Academic Behavior Problems:** Student displays behaviors that limit his/her ability to be prepared for, participate in, and benefit from academic instruction.
- **Risk for Emotional Behavior Problems:** Student displays actions that limit his/her ability to regulate internal states, adapt to change, and respond to stressful/challenging events.

Student scores will then be reviewed by the MTSS school-based leadership teams to address student needs in both academic behavior and social and emotional wellbeing.

Moderate and high-risk students will be considered in problem-solving team meetings for Targeted Tier 2 and Tier 3 behavioral intervention. Family and student conferences for additional assessment in the areas of social, emotional and academic behavior will be scheduled. MHAA staff will complete student and parent Strengths and Difficulties Questionnaire (SDQ) to identify targeted social, emotional or academic intervention needs for treatment planning. Problem-solving teams will then develop appropriate tier plans for students. Those students identified as having traumatic experiences will participate in Cognitive Behavior Therapy evidence-based practice that uses cognitive-behavioral techniques, such as psychoeducation, relaxation, cognitive restructuring, exposure, and social problem solving.

The elementary program will use Bounce Back, an intervention that has been designed for use with students from kindergarten to fifth grade who have experienced or witnessed stressful life events such as community violence, physical accidents, physical abuse, domestic violence, and natural or manmade disasters. Clinicians use a screening tool to measure traumatic exposure and the level of resulting symptomatology to assess eligibility for the group treatment.

The secondary program will use Cognitive Behavioral Intervention for Trauma in Schools (CBITS), an intervention that has been designed for use with students from sixth to twelfth grade who have experienced or witnessed stressful life events such as community violence, physical accidents, physical abuse, domestic violence, and natural or manmade disasters.

Clinicians obtain consent from families and complete a screening tool to measure traumatic exposure and the level of resulting symptomatology to assess eligibility for the group treatment. The Child Trauma Screen (CTS) will also be used to measure symptoms and improvement. The CTS is Brief (10 items), free to use, based on research and evidence, available for children age 6-17, and intended for use by clinicians interested in screening children for trauma.

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.

All behavioral health services are provided in an effort to prevent escalation of symptoms which would necessitate a higher level of care. Services available to families include evaluating students, individual therapeutic treatment, substance use groups, writing and implementing treatment plans, and family therapy.

To improve the early identification of social, emotional, behavioral problems or substance use disorders in at-risk youth the district will use a universal screener. Any student at moderate to high risk will have individual parent and student conferencing and opportunities for input and assessment for targeted behavioral health support. School based services will include small group and individual services, in both Tier 2 and Tier 3, that incorporate cognitive behavioral therapy.

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Based on initial screening, parent and student input students will be offered services according to their need for care and the likely benefit that care will provide. School-based, educationally relevant, therapeutic intervention and/or higher levels of ongoing community based behavioral health care referrals will be made on a case by case basis.

Partnerships with community providers are vital when the child's needs are beyond the level which can be provided for in the educational setting. The Community of Care process provides families with information on all mental health resource options in the community. Referrals to community providers are for long-term services such as trauma, grief, substance abuse intervention, and medication management. Parent and adult students can request to complete a Community of Care referral with the school counselor to access these resources at any time, even if the child is not identified by the school screener as at risk.

3. Outcome Measures

- Provide the outcome measures of your EBPs and how each aligns with your overall annual program goals in Section 2

By providing a 10-week implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS and Bounceback), students dealing with traumatic stress reactions will reduce symptoms by 3% using the pre and post-Pediatric Symptom Checklist-17 (PSC-17).

4. Multi-tiered System of Support (MTSS)

- Identify the tier(s) of the EBP being implemented

At the Tier 1 level, all students will be identified through universal screening and direct teacher, parent, student referrals. At Tier 2 level, students will have access to targeted small groups CBT which align to SEL objectives. At the Tier 3 level, students will have access to compound intervention via CBITS/Bounceback small group therapy, individual and family therapy sessions.

[Appendix Examples](#)

Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (CBITS) is a ten-week school-based group intervention. It is used to treat symptoms of Post-traumatic Stress Disorder and accompanying behavioral and emotional challenges. It is designed to help students improve school performance, such as grades, attendance, and relationships.</p> <p>1 Screening/Orientation meeting for each group member 10 Group Sessions, delivering the CBT content 1-3 Individual meetings with each group member Caregiver/Teacher Education Resources</p>	<p>LMHC (Licensed Mental Health Clinicians) will obtain consent, complete PSC-17, and deliver group sessions. Professional school counselors and/or certified master's level social workers will help co-facilitate these groups.</p> <p>Individual and family therapy sessions will be completed by licensed MHAA staff.</p>	<p>By pairing trauma-sensitive classroom supports and social-emotional learning along with a fall and spring semester implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS and Bounceback), students dealing with traumatic stress reactions will reduce symptoms by 3% using the pre and post Pediatric Symptom Checklist-17 (PSC-17).</p>	X	X	X

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<p>Bounce Back is an adaptation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for elementary school students. It is a 10-week school-based group intervention that is used to treat symptoms of Post-traumatic Stress Disorder and accompanying behavioral and emotional challenges. It is designed to help students improve school performance, such as grades, attendance and relationships.</p> <p>1 Screening/Orientation meeting for each group member</p> <p>10 Group Sessions, delivering the CBT content</p> <p>2 Individual meetings with each group member</p> <p>1 Caregiver/Child meeting with each group member</p> <p>Caregiver/Teacher Education Resources</p>	<p>LMHC (Licensed Mental Health Clinicians) will obtain consent, complete PSC-17, and deliver group sessions. Professional school counselors and/or certified master's level social workers will help co-facilitate these groups.</p> <p>Individual and family therapy sessions will be completed by licensed MHAA staff.</p>	<p>By pairing trauma-sensitive classroom supports and social-emotional learning along with a fall and spring semester implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS and Bounceback), students dealing with traumatic stress reactions will reduce symptoms by 3% using the pre and post Pediatric Symptom Checklist-17 (PSC-17).</p>	X	X	X
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<p>Botvin LifeSkills Training is an evidence-based program delivered in schools that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance abuse and other risky behaviors.</p> <p>LST is based on both the social influence and competence enhancement models of prevention. LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth resist pressures to use drugs.</p> <p>Teen ATOD (Alcohol, Tobacco and Other Drug) use and the perception of social norms regarding ATOD use can affect a student’s self-esteem, their attendance, and school performance. After the trauma caused by Hurricane Michael and then COVID-19, increased poverty rates and displacement of families have put the youth of our community more at risk for substance abuse. The positive coping skills and information LifeSkills provides will help increase the protective factors for our youth.</p>	<ul style="list-style-type: none"> ● Implement the Botvin LifeSkills Program to Bay District school students at the following Bay District Schools: Cedar Grove Elementary School, Lucille Moore Elementary School, Southport Elementary School, West Bay Elementary School, Mowat Middle School, Rutherford Middle School, and Surfside Middle School. In the following grades: 5th, 6th, 7th, and 8th-grade students. ● Make accessible the LifeSkills Parent Program to increase the knowledge, skills, and attitudes necessary for parents/adults to capably and competently convey a clear anti-drug message to youth. ● Collaborate with student coalitions and media partners to increase community awareness of the dangers of underage drinking and marijuana use. ● Increase community knowledge of the dangers of underage drinking and marijuana use through media, district, and community events. ● Work with area youth organizations and the school district in providing educational programs and training opportunities to youth in order to increase their awareness of the dangers of underage drinking and marijuana use. 	<p>There will be a 10% decrease in the number of favorable attitudes toward ATOD (Alcohol, Tobacco and Other Drugs) and ATOD (Alcohol, Tobacco and Other Drug) USE by middle school and elementary youth in Bay County. This will be measured using the LifeSkills student survey, from NHPA (National Health Promotions), at the following schools and grade levels: Cedar Grove Elementary School, Lucille Moore Elementary School, Southport Elementary School, West Bay Elementary School, Mowat Middle School, Rutherford Middle School, and Surfside Middle School in the following grades: 5th, 6th, 7th, and 8th-grade students.</p>	<p align="center">X</p>	
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Additional narrative may be added [here](#)

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Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	64 (1:381)	64 (1:381)
School Social Worker	4 (1:6,109)	4 (1:6,109)
School Psychologist	9 (1:2715)	10.5 (1:2327)
Other Licensed Mental Health Provider	23 (1:1062)	25 (1:977)

Direct employment policy, roles and responsibilities	Description
<p>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>	<p>In order to support the substantial mental health, safety, and well-being needs following Hurricane Michael and two years, almost three years of the COVID-19 pandemic, Bay District Schools has coordinated district-funded positions such as school counselors and school psychologists along with staff provided via RESTART and MHAA funds. Bay District Schools has added additional Board approved job descriptions for LMHC, RMHP, certified social workers, and student support care managers. Having these additional job descriptions has allowed for the direct hire of a variety of bachelors, masters, registered, and licensed mental health professionals who are able to support the mental health, safety, and well-being of students. The direct employment of staff through the MHAA allows for a reduction in the staff-student ratio. Additionally, through RESTART dollars, we are able to further reduce the staff to student ratio in mental health services through the additional employment of -</p> <ul style="list-style-type: none"> ● (4) Licensed mental health professionals providing individual and small group counseling, evaluations to determine counseling services, re-evaluations to monitor their progress in counseling, family therapy, support for crisis response services. ● (2) Registered mental health professionals providing individual and small group counseling, evaluations to determine counseling services, re-evaluations to monitor their progress in counseling, family therapy, support for crisis response services. Total amount

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	<p>includes salary and benefits. Total amount includes salary and benefits.</p> <ul style="list-style-type: none"> ● (11) MSW (w/o DOE certification) and 4 BSW who provide psychoeducational social skills groups, therapeutic social skills groups, home visits, monitor assessments and participation in online SEL programs and provides face to face reflection and goal setting with students in the program; ● (29) Care Managers, bachelors level positions, who provide support in the de-escalation support, support of tier 2 students, case management support, home visits, and support as needed for crisis response situations ● (2) Administrative staff directing the development and implementation of a comprehensive district plan that ensures the efficient and effective delivery of school-based and/or community-based mental health/socio-emotional resources and services
<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>Currently, the Bay District Board Policy provides for the direct employment and placement for school-based Triad Student Wellness Teams to consist of licensed/registered and master’s level mental health professionals as well as a student supportive care manager (CM). This policy allows for equitable access to mental health professionals at all schools. Our placement procedure is to then examine school-related discipline referrals, Baker Acts, Community of Care referrals, and truancy in order to increase or decrease staff based on these at-risk indicators and funding sources for those team members. Additionally, Bay District Schools has contracted with a consultant (using other funds) in order to problem-solve challenges related to the 80% student contact time required of school counselors.</p>

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<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>Student Wellness Team members provide initial screening, assessment, evaluation, diagnosis, treatment planning, direct services, and community-based referral services. The MHAA supports that vision and mission. In the event that a higher level of care is necessary beyond the scope of educationally relevant mental health interventions, Bay District Schools has engaged in an MOU with many of Bay County's community-based partners. These partnerships are described in further detail below.</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:
Therapist- LMHC/LCSW, MSW, Psychiatrist	Life Management Center (LMC)	Through the Community of Care referral process and our MOU, students/families can have access to MRT, CAT team, case management, medical psychiatric evaluation and treatment, therapy, family therapy, family service planning team, and foster care treatment. Services include therapeutic mental health services unable to be provided in an educational setting.	The provider receives compensation through Medicaid or direct billing to the parent.
Therapist- LMHC/LCSW, MSW, Psychiatrist	Florida Therapy Services	Through the Community of Care referral process and our MOU, students/families can have access to case management, medical psychiatric evaluation, and treatment, individual, group, and family therapy. Services include therapeutic mental health services unable to be provided in an educational setting.	The provider receives compensation through Medicaid or direct billing to the parent.
Therapist- LMHC/LCSW, MSW, Psychiatrist, Psychiatric Nurse Practitioners, Psychiatric PAs	PanCare of Florida, Inc	Through the Community of Care referral process and our MOU, students/families can have access to case management, medical psychiatric evaluation and treatment, individual, group, and family therapy, psychiatrist, and	The provider receives compensation through Medicaid or direct billing to the parent.

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		health-related medical treatment. Services include therapeutic mental health services unable to be provided in an educational setting.	
MSW under licensed supervision	Anchorage Children's Home	Through the Community of Care referral process and our MOU, students/families can have access to school-based groups, family therapy, group home, transitional living, care management, and substance use treatment programs. Services include therapeutic mental health services unable to be provided in an educational setting.	The provider receives compensation through Medicaid or direct billing to the parent.
Psychiatrist, psychiatric nursing staff	Emerald Coast Behavioral Hospital	Through the Community of Care referral process and our MOU, students/families can have access to acute care assessment, evaluation, and stabilization. Services include therapeutic mental health services unable to be provided in an educational setting.	The provider receives compensation through Medicaid or direct billing to the parent.
LMHC/LCSW	Gulf Coast Children's Advocacy Center	Through the Community of Care referral process and our MOU, students/families can have access to trauma-related individual counseling, care management, Child Protection Team, trauma therapy, family advocacy, sexual and child-related death-related services. Services include therapeutic mental health services unable to be provided in an educational setting.	The provider receives compensation through Medicaid or direct billing to the parent.
Masters-level providers, LCSW, LMHC supervisors	Northwest Florida Health Network (formerly Big Bend)-Managing Entity	Through the Community of Care referral process and our MOU, students/families can have access to child welfare and behavioral health, case management, substance abuse treatment, residential treatment, outpatient and individual treatment, assessment, and prevention. Services include therapeutic mental health services unable to be provided in an educational setting.	The provider receives compensation through Medicaid or direct billing to the parent.

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Masters-level providers, LCSW, LMHC supervisors	Families First	Through the Community of Care referral process and our MOU, students/families can have access to substance abuse treatment, case management, parenting classes, psychiatric and med management, and in-home parenting programs. Services include therapeutic mental health services unable to be provided in an educational setting.	The provider receives compensation through Medicaid or direct billing to the parent.
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Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$1,590,572.02
School district expenditures for mental health services provided by staff who are employees of the school district:	\$2,522,411.02
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
Other expenditures (see below):	\$153,128.00
Total MHAA expenditures:	\$2,675,539.02

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

Type: Narrative description with detailed cost	Total Amount
2 Online platforms. Frontline: provides secure accessibility for staff to submit Community of Care referrals, housing of electronic behavioral health records, and provides Medicaid billing services and assistance; Telehealth- provides Telehealth access for students.	\$54,600.00
Mileage: Used to reimburse staff for home visits, travel to schools, etc.	\$8,000.00
Supplies: Provides toner, printers, office furniture, office supplies, printers, books, fidget toys, behavior incentives (i.e. games), paper, folders, therapeutic counseling items, etc.	\$6,000.00
Mifi & Phone Stipend for the Supervisor of Student Wellness Programs to support schools during crisis level incidents or problem-solve issues related to student socio-emotional wellness that may occur after hours or while out in the field.	\$1720.00
Xerox	\$2400.00
Trauma-Sensitive Classroom (TSC) expansion into 3 elementary schools heavily affected by Hurricane Michael and COVID-19. Contract with Yale University to target trauma-sensitive classroom strategies to match special emotional wellness skills needed most by teachers and students, provide virtual and face-to-face and hybrid training opportunities to teachers. Includes travel, supplies, consultation expenses. Approximately 102 teachers and 1400 students will benefit from the TSC project.	\$80,408.00
Total Other Expenditures:	\$153,128.00

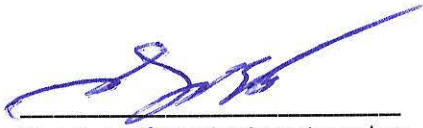
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Certification

This application certifies that the _____ Bay District _____ 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

William V. Husfelt, III
Printed Name of District Superintendent

August 24, 2021
Board Approval Date

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Charter School Certification

This application certifies that the _____ Charter School Governing Board approved the school's Mental Health Assistance Allocation Plan, which outlines the program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

Charter School Administrator Signature

Printed Name of Charter School Administrator

Governing Board Approval Date

Detailed Information Required as per Florida Statute 1011.62 (16)

Please provide the personnel and fiscal information requested below, which may be provided on this form or in any format storing this information (e.g., Excel Worksheet)

Section E: Planned Expenditures Table 4:

MHAA Planned Expenditures Allocation Expenditure Summary

School district expenditures for mental health services provided by staff who are employees of the school district funded by the Mental Health Assistance Allocation

Title:	Credentials:	Type of Service (Direct or Indirect):	Amount:
15 Licensed Mental Health Professionals	Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist,	Direct: Provides individual and small group counseling, evaluations to determine counseling services, re-evaluations to monitor their progress in counseling, family therapy, support for crisis response services.	\$84,670.69 per employee to include salary, benefits (workers comp, retirement, and FICA) and a 4% pay increase should pay increases be provided for the 2021-2022 school year. \$1,270,060.44
1 Supervisor of Student Wellness Programs	Licensed Mental Health Counselor and Professional School Counselor	Indirect: Works directly with the Director of Student Wellness Programs to assist with the development and implementation of a comprehensive district plan that ensures the efficient and effective delivery of school-based and/or community based mental health/socio-emotional resources and services; collaborates and communicates with district and school-based school counselors, ESE staff, MTSS staff, etc; supervises the	\$99,402.22 includes salary, benefits (workers comp, retirement, and FICA) and a 4% pay increase should pay increases be provided for the 2021-2022 school year. \$99,402.22

Title:	Credentials:	Type of Service (Direct or Indirect):	Amount:
		implementation of YMHFA.	
1 Assistant to the Supervisor of Student Wellness Programs	N/A	Indirect: Supports the supervisor of student wellness programs; coordinates YMHFA professional development for staff.	\$43,192.23 includes salary, benefits (workers comp, retirement, and FICA) and a 4% pay increase should pay increases be provided for the 2021-2022 school year. \$43,192.23
1 Instructional Specialist Assistant	N/A	Indirect: Supports the needs of the Student Wellness Team through secretarial-related responsibilities.	\$44,026.92 includes salary, benefits (workers comp, retirement, and FICA) and a 4% pay increase should pay increases be provided for the 2021-2022 school year. \$44,026.92
1 Botvin Life Skills Teacher.	Florida Teaching Certificate, Prevention/Universal Direct License	Direct: Provides preventative instruction in research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, opioid misuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.	\$90,463.47 includes salary, benefits (workers comp, retirement, and FICA) and a 4% pay increase should pay increases be provided for the 2021-2022 school year. \$90,463.47
2 MSW with DOE Certification	Master's of Social Work with DOE Social Worker Certification	Direct: Provides psychoeducational social skills groups, therapeutic social skills groups, home visits, monitor assessments	\$63,064.50 avg per employee includes salary, benefits (workers comp, retirement, and FICA) and a 4% pay increase

Title:	Credentials:	Type of Service (Direct or Indirect):	Amount:
		and participation in online SEL programs and provides face to face reflection and goal setting with students in the program.	should pay increases be provided for the 2021-2022 school year. \$126,129.00
14.5 Registered Mental Health Professionals	Registered for licensure under the state of Florida with supervision by licensed mental health counselors	Direct: Provides individual and small group counseling, evaluations to determine counseling services, re-evaluations to monitor their progress in counseling, family therapy, support for crisis response services.	\$58,561.15 avg per employee includes salary, benefits (workers comp, retirement, and FICA) and a 4% pay increase should pay increases be provided for the 2021-2022 school year. \$849,136.74

x	x	Total Number of Employees	Total Amount of MHAA Funds Invested
		35.5	\$2,522,411.02

School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers funded by the Mental Health Assistance Allocation

x	Total Number of Employees	Total Amount of MHAA Funds Invested
	0	0

Please submit this information (this form/your document) to your assigned MH Application Reviewer