



FLORIDA DEPARTMENT OF
EDUCATION
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2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Part II: Mental Health Assistance Allocation Plan

Okaloosa County School District

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

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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 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 (YMHFA)?
There are 32 % of employees trained and certified as of June 30, 2021 (date)
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
<ol style="list-style-type: none"> 1. Implementation of newly hired employees completing Kognito At-Risk Training during Newcomer's Orientation beginning June 2021. 2. 90% of school-based staff will complete Kognitio At-Risk Training by September 2021. 3. All current YMHFA trained staff will complete re-certification prior to current cycle's expiration date. 4. OCS D will conduct 32 YMHFA trainings during SY 2021-2022, with a target goal of 900+ newly YMHFA trained employees.
3. In addition, the annual goal for the 2021-2022 school year is to train:
25% of employees as of June 30, 2022 (date)
4. Explain the training goal(s) for the next 3-5 years.
<ol style="list-style-type: none"> 1. All of the Mental Health Providers and ESE Social Workers within the OCS D will become YMHFA Trainers and facilitate Kognito At-Risk Discussion Groups as needed. 2. Continue to certify and re-certify all Administrators and Instructional personnel as YMHF Aiders 3. Continue to provide Kognito At-Risk training during new employee orientation
5. What is the procedure for training new personnel to the district?
<ol style="list-style-type: none"> 1. SY 2021-2022 All newly hired employees will complete Kognito At-Risk training during their initial orientation. 2. Identification of newly hired Instructional Personnel will receive follow up communication by OCS D's YMHA Coordinator to inform of YMHFA trainings.
6. Explain how the district will utilize the following three YMHA T programs:
<input type="checkbox"/> YMHFA
<ol style="list-style-type: none"> 1. The YMHFA Trainings will be in person with maximum of 30 participants. There are 32 scheduled trainings with the target participants being Admin & Instructional staff. 2. Re-certification of the currently trained YMHF Aiders (246) have been identified and a tracking process has been created to facilitate the re-certification with Relias.
<input type="checkbox"/> YMHFA Recertification
Summer 2021 began the re-certification process of the currently trained 246 YMHF Aiders starting with identification and moving to developing a process to facilitate the re-certification with Relias. Cost for each re-certification token (seat) is \$29.95.
<input type="checkbox"/> Kognito At-Risk Modules (at all three levels: elementary, middle, high school)

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1. The initial Kognito Trainings targeted the Transportation Department where the majority of staff received the training.
2. During the 2021-2022 SY, there will be a school-based training focus with Kognito At-Risk, target goal of 95% school based staff trained.
3. Kognito will also be mandatory for new employees and offered as part of the new employee orientation process offered throughout the 2021-2022 SY.

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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)	YMHFA Trainings: 32 Trainings scheduled for 2021-2022 6.50 hours in-person with 20 trainees Trainers: \$15.38/hr (duty time) X 2 trainers \$41.00/hr (non-duty time) X 2 Trainees: (instructional): No cost for duty time \$13.00/hr (non-duty time) X 20 Substitutes: \$150 / day x 88 substitutes	\$199 per training \$533 per training \$0 \$1690 per training \$13,200	\$5,998 (30 trainings) \$1,066 (2 trainings) \$0 \$3,380 (2 trainings) \$13,200
2. Materials (Detail # of units x individual unit cost, plus shipping)	Supplies for in person training Colored paper - \$11.00 Easel paper - \$25 / ea Markers - \$5.00 Pens - \$5.00 Post it notes - \$4.00 storage boxes, easel paper)	\$50	\$1,600
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	YMHFA Training: 6.50 hours In person 2 Instructors 30 Participants Held 2-4 times/month YMHFA Manuals (420) Re-certification for 197 YMHF Aiders: (Relias) by June 30, 2022	\$18.95 \$29.95	\$4,737 \$5,900
4. Additional Kognito Modules (Provide the name of training module and cost)	N/A		
TOTAL 2021-2022 BUDGET:			\$35,881
5. Additional narrative (optional):			

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

Section A: MHAA Plan Assurances

The district assures...

- One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.
- Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.
- Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).
- Collaboration with FDOE to disseminate mental health information and resources to students and families
- The district website includes local contacts, information and resources for mental health services for students and families.
- Includes a system for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

A school board policy or procedure has been established for...

- Students referred for a mental health screening assessed within 15 calendar days of referral.
- School-based mental health services initiated within 15 calendar days of identification and assessment.
- Community-based mental health services initiated within 30 calendar days of referral coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in student care.
- Assisting a mental health services provider or a behavioral health provider as described in s. [1011.62](#), F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. [394.463](#), F.S. Procedures include must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. [393.063](#), F.S.
- The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. [394.463](#), F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. [394.463](#), F.S. Such contact may be in person or using telehealth, as defined in s. [456.47](#), F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.

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Section B: Planned Outcomes

Identify one or two specific and measurable outcomes for your district's plan to achieve through the 2021-2022 evidence-based mental health program.

(1) To reduce the number of alternative placements during SY 2021-2022 among at risk behavior contract students by 6% through the use of Cognitive Behavioral Therapy (CBT).

Section C: District Program Implementation

Please include the following in this section:

1. Evidence-Based Program (EBP) and Description

Name and provide the essential elements of the EBP you will be implementing through a Multi-Tiered System of Supports (MTSS) using one or more of the preferred EBP/Practices found in [Blue Menu of Evidence-Based Psychosocial Interventions for Youth](#) and the [SAMHSA Evidence-Based Practices Resource Center](#).

Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.

***If you will be using another EBP other than those provided above please explain using the same format listed.**

2. EBP Implementation

This should include:

- Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies and how these will assist students dealing with trauma and violence.
- Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

3. Outcome Measures

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

4. Multi-tiered System of Support (MTSS)

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

[Appendix Examples](#)

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Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Cognitive Behavioral Therapy: Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT is based on several core principles, including:</p> <ol style="list-style-type: none"> 1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking. 2. Psychological problems are based, in part, on learned patterns of unhelpful behavior. 	<p>School based mental health providers will conduct routine sessions to at risk students who are on a behavior contract between the grades of kindergarten to 12th. Students will learn emotional recognition and awareness and problem solving and calming skills often associated with aggressive behavior. Additionally, the interventions that will be conducted with the student will have an emphasis on the learning principles and the use of structured strategies to produce changes in thinking, feeling, and behavior. Common cognitive behavioral techniques will include identifying the antecedents and consequences of aggressive behavior, learning strategies for recognizing and regulating anger expression, problem-solving and cognitive restructuring techniques and modeling and rehearsing socially appropriate behaviors that can replace angry and aggressive reactions.</p>	<p>Each of the Okaloosa County District Schools adopted a Positive Behavior System for their students this SY. These Systems provide rewards to students who demonstrate positive behaviors. The overall goal is to offer rewards to students who display desired behaviors, not just to punish undesirable ones. (Tier 1)</p> <p>Should a student require more focused efforts for behavior, and ultimately in an attempt to reduce behavior contracts and alternative placements, those identified students will be referred to the Multi-Tiered Systems of Support for a team problem solving approach.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>People suffering from</p>	<p>Parental awareness of strategies learned in</p>	<p>Should an MTSS Team</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives. CBT treatment usually involves efforts to change thinking patterns. These strategies might include: Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality. Gaining a better understanding of the behavior and motivation of others. Using problem-solving skills to cope with difficult situations. Learning to develop a greater sense of confidence in one's own abilities.</p>	<p>session will allow for additional practice at home. The home-school connection is imperative in fostering increased practice in the home setting. The School Based Mental Health provider will provide that connection and teaching to the parent or guardian to increase the likelihood of success.</p>	<p>determine a screening for School Based Mental Health Counseling is appropriate, then the School Based Mental Health Provider, after obtaining consent as well as collateral/functional information by/from the parent/guardian, will screen the student for program eligibility using the Children's Functional Assessment Rating Scale (C-FARS). The need for and level of services will be driven from the C-FARS. Should the student qualify, and the parent consent to, School Based Mental Health Counseling, our Mental Health Providers will use Cognitive Behavior Therapy as a treatment modality.</p> <p>CBT can target deficits in emotion regulation and social problem-solving skills that are often associated with angry and aggressive behavior. This will allow for increased ability to recognize feelings of anger, problem solving and calming skills which will improve the student's response to difficult or triggering situations, reducing the number of behavioral referrals and ultimately reducing the number of alternative placements among at risk students.</p>	
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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>CBT treatment also usually involves efforts to change behavioral patterns. These strategies might include: Facing one’s fears instead of avoiding them. Using role playing to prepare for potentially problematic interactions with others. Learning to calm one’s mind and relax one’s body. Not all CBT will use all of these strategies. Rather, the therapist and student work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy. CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as homework exercises</p>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>outside of sessions help develop coping skills, where they can learn to change their own thinking, problematic emotions, and behavior. Anger, irritability, and aggression are among the most common reasons for child mental health referrals. In the current version of the DSM-5, anger/irritability is the core symptom of oppositional defiant disorder, and aggressive behavior is most commonly associated with conduct disorder. However, children with other psychiatric disorders are also at increased risk of anger and aggression, and disruptive behavior disorders are often comorbid with other forms of psychopathology.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional narrative may be added [here](#)

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Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	1:511	1:511
School Social Worker	1:3834	1:3834
School Psychologist	1:2788	1:2359
Other Licensed Mental Health Provider	1:2556	1:1917

Direct employment policy, roles and responsibilities	Description
Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.	Direct employment allows for increased access to mental health providers through direct report school assignments. This also allows for additional staff at each school, increasing the availability of multiple providers on campus, aligning with OCSD's tiered approach to mental health services.
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).	School Based Mental Health (SBMH) providers spend the majority of each day conducting student sessions, individual and group. Minimal meeting attendance is expected outside of MTSS and Threat Assessment. This SY two high enrollment high schools will increase 2 SBMH providers on each campus to reduce ratios and increase service ability.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	OCSD utilizes a School Based approach whereby DOH licensed and/or intern providers or DOE certified providers are first line of connection to quality mental health services. Our local area has a significant wait list, particularly for those who are un/under-insured. By providing CBT in the schools we assist student who would not otherwise have access to services.

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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:
Master's in Psychology MSW LMHC LCSW	Bridgeway Center, Inc.	Provides direct services and telehealth services to students in specific schools. As a community referral resource, provides outpatient and community based counseling and services to students and their families.	No cost to district
MS in MHC	Children's Home Society	Provides direct in-school counseling to students in specific schools in Crestview.	No cost to district
MD, ARNP, D.O. LMFT, LCSW, LMHC ABPP, PsyD, PhD	Mental Health Association of Okaloosa-Walton Counties	Referral source for "Brain Health" Initiative	No cost to district
LMFT, MH intern	Mobile Response Team	Provides direct Onsite Crisis diversion service, assessments for Baker Acts and wrap around student / family services	No cost to district
LCSWs LMHCs	Magellan Health	Provides direct services to military connected students in our schools	No cost to district
Bachelors Degree Childwelfare field – Community Outreach Coordinator LMHC / MCH	Children's Advocacy Center of Okaloosa-Walton Counties	Provides direct Child Safety Matters curriculum to participating elementary school students and Mandatory Reporter Training at various school sites.	No cost to district
Nationally Certified Trainers through HOPE SQUAD National Advisors – DOE Certified and School Counselors	United for a Good Cause	Facilitates in-school peer to peer suicide prevention programs called HOPE SQUAD	No cost to district

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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:	\$382,121
School district expenditures for mental health services provided by staff who are employees of the school district: <i>(15 School-based Mental Health Providers = LCSW – 3; LMFT – 2; LMHC- 6; RCSWI – 2; RHMI – 2 at an average cost of \$74,241.33 each **amounts include benefits)</i>	\$1,120,479
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):	\$ 240,778
Total MHAA expenditures:	\$ 1,743,378

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

Type: Narrative description with detailed cost – From Project Book (9110)		Total Amount
Object Number	Group Name	
300	Purchased Services (Professional Development, Charter School Distribution, Mileage, Software, printing)	\$96,580
500	Materials and supplies (general operating supplies and technology supplies)	\$10,000
600	Capital outlay (computer hardware, ipads, software for use in small groups)	\$9,500
700	YMHFA training for staff	\$65,039
900	Transfers / Reserves	\$59,659
Total Other Expenditures:		\$ 240,778

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District Certification

This application certifies that the OKALOOSA 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
	All OCSD Charter Schools will participate in OCSD’s Mental Health Assistance Allocation Plan

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

Marcus Chambers
Printed Name of District Superintendent

July 26, 2021
Board Approval Date

Signature of School Board Chairman

Timothy Bryant
Printed Name of School Board Chairman