



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

(Orange County Public Schools)

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 <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: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in Youth Mental Health First Aid (YMHFA)?
There are 13% of OCPS employees trained and certified as of June 22, 2021.
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
The training goal is to have 50% of the instructional staff trained by the end of summer 2022. During the school year, there will be approximately twelve trainings a month in order to complete training for an additional 27% of instructional staff. Through summer professional development opportunities, another 10% will be trained. Other funds will be used to pay for substitute teachers so that school based staff can be released for trainings. More training will be provided for district employees that have interaction with students such as bus drivers and food and nutrition staff. The number of OCPS employees that are certified trainers will be increased.
3. In addition, the annual goal for the 2021-2022 school year is to train:
50% of OCPS instructional employees as of June 20, 2022.
4. Explain the training goal(s) for the next 3-5 years.
Our goal is to have 100% of our instructional staff trained by the end of 2023, and 100% of our entire staff trained by 2025.
5. What is the procedure for training new personnel to the district?
New personnel are first trained with the Kognito Mental Health Awareness Training within the first three months they are hired. They are informed that YMHFA training is a requirement. All staff can register for the YMHFA trainings offered each month. In 2021-2022, we will schedule twelve trainings per month. New counselors, psychologists and social workers are encouraged to take the course during the first nine weeks of the school year.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none">• YMHFA
Training will be offered approximately twelve times a month during school months for all OCPS staff. It will also be offered as part of the summer professional development opportunities for staff.
<ul style="list-style-type: none">• YMHFA Recertification
Training is offered several times a month to ensure that current YMHFA trained staff can recertify.
<ul style="list-style-type: none">• Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
A communication is sent to all principals during the preplanning week reminding them that all new staff need to complete the mental health awareness training. This information is also shared during principal trainings in June and July. District student services staff support schools with training on how to access the system and the required wrap up session.

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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
<p>1. Stipends (Detailed # of personnel and stipend cost per person)</p>	<p>Stipend Pay: Summer training sessions.</p> <ul style="list-style-type: none"> • 13 sessions in the month of June • 25 attendees per session = 325 people trained • Benefits provided 	<p>\$20 per hour X six hours = \$120</p> <p>325 people trained x \$120 = \$39,000</p> <p>Benefits 8% of total = \$3,120.00</p>	<p>\$42,120.00</p>
<p>2. Materials (Detail# of units x individual unit cost, plus shipping)</p>	<p>Youth Mental Health First Aid Manuals</p> <p>25 manuals per class x 10 classes per month = 250 manuals per month</p> <p>Ten months = 2500 manuals</p>	<p>\$20 per manual x 2500 manuals</p>	<p>\$50,000.00</p>
<p>3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)</p>	<p>Recertification training course to allow for staff who are reaching the 3 year expiration of their training. 195 recertification seats purchased at 29.95 per token,</p>	<p>29.95 x 196</p>	<p>\$5,870.00</p>
<p>4. Additional Kognito Modules (Provide the name of training module and cost)</p>	<p>The Trauma Informed Practices for K-12 Schools from Kognito will be a valuable resource to support teachers and staff with pandemic recovery.</p>	<p>Flat fee</p>	<p>\$134,940.00</p>
TOTAL 2021-2022 BUDGET:			\$232,930.00
<p>5. Additional narrative (optional):</p>			

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.

Using Panorama survey data collected Spring 2021, the number of students answering positively to the topic of "Sense of Belonging" will increase by 10% for students in grades 6-12 districtwide. Currently the "Sense of Belonging" metric is at 36%. We will accomplish this by implementing Social Emotional Learning (SEL) skills school wide, then providing targeted groups at Tier 2 and individual supports at Tier 3, student social emotional needs will be met and this will create connections to schools.

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

Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>OCPS will implement evidence-based mental health services by providing Social Emotional Learning (SEL) and Emotional Regulation for students in grades K-12. The development of SEL skills supports the development of protective factors for students who may be experiencing early signs of mental illness. The intervention at Tier 2 will allow students to improve their social emotional functioning and reduce the likelihood of at-risk students developing social, emotional, or behavioral problems. Social emotional learning allows us to also focus on building positive relationships. Research is clear that the impact of trauma can be mitigated by developing positive relationships with a trusted adult. Therefore SEL instruction also supports the development of these relationships to reduce the impact of trauma.</p>	<p>Schools will use Early Warning System data, Panorama survey data or DESSA data to determine which students need additional support at Tier 2. These targeted groups will address self-awareness, self-management, and social awareness, responsible decision making and building positive relationships. These Tier 2 intervention groups will be delivered in six week increments.</p>	<p>Panorama survey data and DESSA data will show student growth, and EWS data will monitor attendance, discipline referrals and grades.</p>		X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.</p> <p>CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.</p> <p>CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).</p>	<p>School Social Workers and Licensed Mental Health Counselors will administer the sessions to students in grades 6-12. Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range.</p>	<p>Improve: Emotional regulation (child reported), and anxiety symptoms (child reported).</p>		X	X

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	1:472	1:451
School Social Worker	1:1693	1:3992
School Psychologist	1:1648	1:1592
Other Licensed Mental Health Provider	1:4818	1:4473

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.	Each year the district has increased student services personnel (psychologists, social workers, school counselors and mental health counselors) in order to decrease staff to student ratios.
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).	The student services team members meet to determine the needs of schools and students. The work is collaborative across the team to ensure student needs are met. Using the Multi-Tiered System of Supports (MTSS) process, student needs are matched to appropriate interventions. A focus calendar has been created which provides school based teams with the mental health activities that student services staff should be engaged in to support student mental health and wellness. Documentation of direct services is collected and reviewed monthly in order to monitor the amount of time spent on direct services.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	School based mental health providers ensure that the appropriate interventions are in place at Tier 1. Using data including Early Warning Systems (EWS), they provide targeted support at Tier 2. A primary focus is on building SEL skills, managing anxiety, emotion regulation and anger management which are addressed at Tier 2 and Tier 3. School based staff also intervene and provide follow-up for any students with suicidal ideation. Community based partners provide supports at Tier 3 with more individualized mental health interventions. They also support by providing referrals for students who may need wraparound services in the community.

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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:
Licensed Mental Health Counselor	Aspire Heath Partners	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Deveraux	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Kinder Konsulting	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Hispanic Family Counseling	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	A Better Therapy	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Impower	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Psychamerica Behavioral	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	North Star Counseling	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Adapt Behavioral Services	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Children's Home Society	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	A Great Life Services	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Central Florida Recovery	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Anthropos Florida	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	Advanced Psychiatric Solutions	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	CJA Behavioral Consulting	Individual Counseling/direct service	No cost Agreement
Licensed Mental Health Counselor	A Children's Place	Individual Counseling/direct service	No cost Agreement

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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:	\$1,517,546.00
School district expenditures for mental health services provided by staff who are employees of the school district: 34 LMHC, 16 school psychologists, 40 social workers, 5 school counselors	\$7,922,177.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$30,000.00
Other expenditures (see below):	1,696,816.00
Total MHAA expenditures:	\$9,648,993.00

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

Type: Narrative description with detailed cost	Total Amount
Supplies	\$25,256.00
Professional conferences (NASP, FASP, FASSW, FSCA, FMHCA)	\$25,000.00
Mileage reimbursement (in county for staff travel for the delivery of services to students)	\$45,000.00
Community Connect (mental health and community resource for parents)	\$25,000.00
Furniture and technology (work spaces and laptops for new staff)	\$30,000.00
Community partnerships with La Amistad Behavioral Health to provide day treatment services for students with significant mental health needs	\$91,000.00
Assessments, Protocols	\$10,000.00
Administrative salaries for the Mental Health Services team: 3 directors, 5 program specialist, 2 senior administrators and one application specialist	\$1,088,802.00
Clerical salaries: 2 secretaries	\$90,204.00
Charter schools proportionate share	\$266,554.00
Total Other Expenditures:	\$1,696,816.00

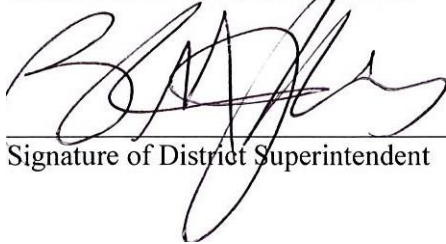
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Certification

This application certifies that the Orange 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
0120	Aloma Charter High School
0085	Chancery Charter High School
0133/0146	Cornerstone Academy and Cornerstone High School
1002	Econ River Charter School
0152	Innovations Middle Charter School (6-8)
0272/0172	Innovations Montessori Ocoee K-8 and Innovations Montessori High School
0072	Oakland Avenue Charter
0200	Orlando Science Elementary Charter School
0084	Sheeler Charter High School
0202	Sunshine Charter High School
0065	UCP Downtown Charter School (Infant-5)
0090	UCP East Orange Charter School
0070	UCP Pine Hills Charter School
0183	UCP Transitional Learning Academy
0068	UCP West Orange (Toddlers) Charter School

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

Barbara M. Jenkins, Ed.D.
Printed Name of District Superintendent

June 22, 2021
Board Approval Date