



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org



# 2021-2022 Mental Health Application

**Part I: Youth Mental Health Awareness Training Plan**

**Part II: Mental Health Assistance Allocation Plan**

Palm Beach County

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 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)?
As of 6/30/2021, 23% of District employees were trained and certified.
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
In SY22, the School District will provide a 10% increase in the number of YMHFA classes offered, from 93 in SY21 to 102 classes in SY22. In SY22, the number of employees trained will increase by 10%, from 1,118 to 1,230.  In SY22, the School District will purchase 315 Recertification tokens for those employees whose YMHFA certification will expire by the end of the school year.
3. In addition, the annual goal for the 2021-2022 school year is to train:
5.5% of employees as of June 30, 2022
4. Explain the training goal(s) for the next 3-5 years.
Each school year, the number of employees trained will increase by 10% - 1,353 in FY23; 1,488 in FY24; 1,637 in FY25; and 1,801 in FY26. Each school year, the number of classes offered will increase by 10% - 113 in FY23; 124 in FY24; 136 in FY25; and 150 in FY26.  Each fiscal year, the number of YMHFA instructors will increase by 10 instructors.
5. What is the procedure for training new personnel to the district?
Each year, the YMHFA training sessions are advertised to all School District employees in a Bulletin, the communication process that is used districtwide. The state mandate that all employees must complete the training is included in the Bulletin. The scheduled classes are created in the District's learning management system. Employees register for classes in the learning management system and have the option to earn in service points towards recertification.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> <li>• YMHFA</li> </ul> <p>The District will continue to schedule, advertise, and provide the YMHFA classes each year. District-level support will be provided for the instructors, along with scheduled office hours to provide ongoing support and technical assistance for the instructors.</p>
<ul style="list-style-type: none"> <li>• YMHFA Recertification</li> </ul> <p>Three months before an employee's YMHFA certification ends, they are notified via email about the requirement to keep their certification active with directions on how to access the prepaid online recertification class.</p>

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

Employees who have not completed the Kognito At-Risk Module will be notified by email about the requirement to complete the online module within four months. Employees who have not completed the module and new employees will be identified through the Enterprise Resource Planning (ERP) System.

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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
<b>1. Stipends</b>  (Detailed # of personnel and stipend cost per person)	Extra duty hours for staff to manage the project; including, scheduling classes, providing participants with pre and post class information and providing technical assistance, payroll, and purchasing duties. 25 hours/week x 45 weeks x \$33/hour	\$ 33/hour	\$37,125
	Part-time, in-system staff - hourly stipends for faculty, staff, and instructors who attend or teach the classes beyond their regular duty hours.		\$69,498
	<b>Certified staff</b> - \$33/hour x 4.5 hours x 13 participants x 36 classes	\$ 148.50/person	
	<b>Non-certified staff</b> - \$17/hour x 4.5 hours x 7 participants x 36 classes	\$ 76.50/person	\$19,278
	Instructors - \$42/hour x 6.5 hours x 2 instructors x 36 classes Staff earn 6.5 hours/class (teaching 4.5. hours plus 2 hours preparation)	\$ 273/instructor	\$19,656
<b>2. Materials</b>  (Detail # of units x individual unit cost, plus shipping)	Printing instructor packets @ \$4.00/packet x 70 instructors	\$4/instructor	\$280
	Post-its, headphones, and markers for instructors x 70 instructors	Post-its \$5.21/person	\$2,144
	Copy paper – 3 x \$29	Headphones \$21.10/person	
	*The headphones are provided for instructors to use during virtual classes. Most instructors do not have a private office to provide the classes.	Markers \$3.08/person	
		Paper \$87	
<b>3. National Council (YMHFA) Training</b>  (Detailed description of each training activity to include # of personnel and individual training costs)	Tuition to the National Council for Mental Wellbeing @ \$23.95 x 1,400 participants	\$23.95/participant	\$33,530
	Recertification Course Tuition @ \$29.95 x 315 participants	\$29.95/participant	\$9,434
	YMHFA Participant Manuals @ \$18.95 for 1,400 participants	\$18.95/participant	\$26,530
<b>4. Additional Kognito Modules</b> (Provide the name of training module and cost)	N/A	\$0.00	\$0.00
<b>TOTAL 2021-2022 BUDGET:</b>			<b>\$ 217,475</b>
<b>5. Additional narrative (optional):</b> Headphones provided for instructors to use during virtual classes.			

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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.**

Goal # 1: By June 30, 2022, the School District of Palm Beach County will increase student access to mental health care by 5%

Goal # 2: The School District of Palm Beach County will increase staff awareness of mental health and mental health issues through increased enrollment in professional development by 15% by June 30, 2022

### 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>Expanding school-based mental health care through the implementation of multi-tiered mental health supports.</p> <p>Sources: SHAPE System, Mental Health Technology Transfer Center <i>National School Mental Health Curriculum: Guidance and Best Practices for States, Districts and Schools</i>, National Center for School Mental Health <i>Advancing Comprehensive School Mental Health Systems</i>, Sander, Everts &amp; Johnson <i>Using Data to Inform Program Design and Implementation and make the case for School Mental Health</i>.</p>	<p>The School District of Palm Beach County will increase student access to mental health care by 5% by June 30, 2022</p> <p>a) School Behavioral Health Professionals (SBHP) will provide Tier 1 (Universal/Core) mental health awareness and support by providing mental health activities for students in classrooms, for school staff, and parents/guardians – (the mental health activities may be included in PBIS and SEL activities and support); and student-lead climate initiatives such as We Dine Together, Safe Schools Ambassadors, and Sandy Hook Promise Clubs.</p> <p>b) SBHPs will provide Tier 2 (Supplemental) mental health support to students by: helping to identify students who are presenting with behavioral or mental health challenges and intervene before there is an escalation of challenges; provide small group coaching sessions with students who may need extra behavioral and mental health support focusing issue specific topics such as: grief, divorce, transition, and on the SEL competencies; check-ins with students who are working to improve areas of concern; and student mentoring.</p> <p>c) School Counselors will provide Tier 2 (Supplemental) mental health support to identified students through the implementation of programs like Resilience Builder, Zones of Regulation, or Unstuck, and On Target.</p> <p>d) Co-located mental health professionals will provide Tier 3 Intensive individual counseling to students at no cost to families. They will do this work on the school campus and in collaboration with school team. Family engagement will occur and referral for continuing mental health care will be offered where needed.</p>	<p>Improve student access to multi-tiered supports as measured by:</p> <ul style="list-style-type: none"> <li>• student receiving a mental health referral</li> <li>• students receiving mental health services</li> <li>• parent consultation</li> <li>• staff consultation</li> </ul> <p>Improve student functioning across domains (e.g., depression, anxiety, hyperactivity, thought process, cognitive performance, medical/physical traumatic stress, substance use, interpersonal relationships, behavior in “home” setting, ADL functioning, socio-legal, work or school, danger to self, danger to others, security management needs) through the implementation of the Children’s Functional Assessment Rating Scale (CFARS) or Patient Health Questionnaire (PHQ-9)</p>	X	X	X



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	<p>e) The District Crisis Assessment, Prevention, Education and Support (CAPE) Team will provide Tier 3 Intensive response to students experiencing intense, complex, and/or chronic behavioral or mental health crises. They will respond to schools (or via telehealth where appropriate) to facilitate crisis de-escalation, assessment/intervention, and postvention/re-entry support to students in collaboration with school teams. Family engagement through case management will be provided.</p> <p>f) Community agencies with Behavioral Health Agreements will receive referrals to provide a variety of behavioral and mental health support to students and their families.</p>				
<p>Increase school staff awareness of mental health and mental health issues through professional development.</p>	<p>The School District of Palm Beach County will increase staff awareness of mental health and mental health issues through increased enrollment in professional development by 15% by June 30, 2022.</p> <p>a) Wellness Bucket Professional Development courses (PD) (e.g., Mindfulness as a Coping Strategy in Times of Stress)</p> <p>b) Department of Behavioral and Mental Health PD courses (e.g., Back to School: Strategies for a Successful Start, Signs Symptoms and Support, Suicide Prevention)</p> <p>c) Student Mental Health and Wellness Conference (e.g., BrainSMART: Keys to Cultivating Resilience and Well-Being)</p>	<p>Improve staff awareness of mental health, mental health challenges, recognizing signs of mental health distress, supporting students experiencing a mental health challenge, and school-based and community-based resources.</p> <p>Measured by:</p> <ul style="list-style-type: none"> <li>• attendance in offered PD</li> <li>• post training knowledge check and survey.</li> </ul>	X		

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### Section D: Direct Employment

**Table 2: MHAA Plan Direct Employment**

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor		
Certified School Counselor (351 positions) Function 6122; job codes 61600, 61700, 61720	1:469	1:469
ESOL Bilingual School Counselors (88) Function 6123; job code 61710	1:1871	1:1871
School Social Worker	N/A	N/A
School Psychologist (140 positions) Job code 63500	1:1176	1:1176
Other Licensed Mental Health Provider		
Family Counselors (23 positions) Job code 31570	1:7159	1:7159
Professional-Mental Health (7 positions) Job code 71355	1:23522	1:23522
Social Services Facilitator (26 positions) Job code 91500	1:6348	1:6348
Social Services Facilitator Safe Schools (9 positions) Job code 91510	1:18295	1:18295
School Behavioral Health Professional (181 positions) Job code 71345	1:910	1:910

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.	The School District of Palm Beach County employs Certified School Counselors, ESOL Bilingual School Counselors, School Psychologists, Family Counselors, and Mental Health Professionals (e.g., LMHC, LP, MSW, LCSW, and other credentialed professionals). The District’s School Behavioral Health Professional position, funded through local referendum dollars, will continue to be assigned to 170 schools for the 2021-2022 school year. To afford schools the flexibility to meet the mental and behavioral health needs of their students, this position allows for a range of professional qualifications. Many applicants are clinically trained and maintain licensure in the State of Florida. In addition, and also funded through local referendum dollars, the District has created and staffed the Crisis Assessment, Prevention, Education and Support (CAPE) Team located across 4 geographic regions.

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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).

Certified School Counselors, ESOL Counselors, implement the School Board approved Student Development Plan, the Comprehensive School Counseling Program framework based on the American School Counselor Association National Model: A Framework for School Counseling Programs. Through direct services to students and services in support of students, School Counselors improve student academic achievement, social-emotional development, and college-career readiness. Elements of a School Counseling Program include, but are not limited to: supports, such as classroom and large group core-curriculum delivery, including a focus on developing student mindsets and behaviors in the areas of learning strategies, self-management skills and relationship skills, small group counseling, short-term solution-focused counseling, student academic advisement, and crisis response. School Counselors also provide indirect services, leading consultations with parents and school staff, and referring families for additional services for the benefit of the emotional, mental, and behavioral development of the child.

School Psychologists have expertise in supporting the mental health, learning, and behavior of students. They work in collaboration with schools, students, and families to provide psychological assessment and evaluation, interventions, and instructional support to develop academic and behavior skills, preventative and response services, and mental health services. In School Year 2019-2020, the District increased the number of employed full-time School Psychologists by 38%, allowing for the expansion of direct services to students and a significant reduction of the psychologist to student ratio.

The School Behavioral Health Professional position provides prevention, intervention, and intensive strategies to meet the behavioral and mental health needs of students on their school campus. They provide whole group, small group, and individual interventions based on student needs.

The Palm Beach Mental Health Plan addresses school-based mental health care through the placement of agency employed, co-located mental health professionals in schools to expand student access and supplement the work of District mental health professionals (e.g., School Counselors, School Psychologists, Family Counselors), and collaborative agencies with Behavioral Health Agreements. Co-located mental health professionals are credentialed professionals. These individuals may be behavioral or mental health professionals, licensed clinical social workers, licensed marriage and family counselors, licensed psychologists, and registered interns.

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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>The School District of Palm Beach County continues its efforts on aligning existing, and creating new mental and behavioral supports within its School Behavioral and Mental Health Framework. The efforts focus on the enhancement of systems and procedures (e.g., school teams and, mental health awareness training), the creation of new systems and procedures (e.g., universal process for mental health referral, Caring First application, and co-location of behavioral or mental health agency professionals onto school campuses), strategies to enhance student access to evidence-based mental health supports by District-employed, contracted, and collaborative mental health professionals, and fidelity monitoring tools. The Framework is based on a multi-tiered continuum of supports that is designed to connect students to people, programs, and practices based on their level of need. Universal supports are core supports that are available to all students. Supplemental/targeted supports are interventions that some students receive within schools. Intensive, individual supports are available for students experiencing mental health challenges, with a mental health diagnosis or are at-risk of a mental health diagnosis.</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
6 MSW, 1 BSW, 1 MA, 1 MS	Aid to Victims of Domestic Abuse	Direct and Indirect	Interagency Behavioral Health Agreement
N/A, mentoring, coaching	American Association for Caregiving Youth	Direct and Indirect	Interagency Behavioral Health Agreement
N/A Level 1 prevention services	Best Foot Forward	Direct and Indirect	Interagency Behavioral Health Agreement
N/A Level 1 prevention services	Big Brothers, Big Sisters	Direct and Indirect	Interagency Behavioral Health Agreement
10 MA	Boys Town South Florida	Direct and Indirect	Interagency Behavioral Health Agreement
1 LCSW, 1 MSW 1 registered SW intern 1 registered MFT intern	Camelot Community Care	Direct and Indirect	Interagency Behavioral Health Agreement
3 LCSW, 2 LMHC	Catholic Charities of Palm Beach	Direct and Indirect	Interagency Behavioral Health Agreement
6 LCSW, 8 LMHC 8 registered SW interns 4 registered MHC interns 1 registered MFT intern	Center for Child Counseling	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
3 LCSW, 4 LMHC, 2 LMFT 5 registered SW interns 4 registered MHC interns 3 registered MFT interns	Center for Family Services	Direct and Indirect	Interagency Behavioral Health Agreement

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5 LMHC, 1 LMFT 2 registered SW interns 14 registered MHC interns	Center for Trauma Counseling	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
1 LCSW, 1 LMHC, 1 MSW 3 registered MHC interns	Children's Home Society of Florida	Direct and Indirect	Interagency Behavioral Health Agreement
8 LCSW, 4 LMHC, 1 LMFT 10 registered SW interns 13 registered MHC interns 1 MFT intern	Community Partners of South Florida	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
1 LCSW, 4 LMHC, 1 MFT 1 BCAP, 1 MCAP 1 registered MFT intern	Drug Abuse Treatment Association	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
3 LCSW, 1 LMHC, 3 registered SW interns 2 registered MHC interns 1 registered MFT intern	Families First of Palm Beach County	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
1 LMHC 2 registered MHC interns 4 Doctoral Psychology interns	Faulk Center for Counseling	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
Case Management	Gulfstream Goodwill Industries	Direct and Indirect	Interagency Behavioral Health Agreement
N/A Level 1 prevention services	Hanley Foundation	Direct and Indirect	Interagency Behavioral Health Agreement
1 LCSW, 1 LMHC	Healthy Mothers Healthy Babies	Direct and Indirect	Interagency Behavioral Health Agreement
4 LMHC 4 registered MHC interns 1 registered SW intern	Invo Healthcare	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
5 LCSW, 8 LMHC, 7 MS 4 registered SW interns 7 registered MHC interns	Legacy Behavioral Health Center	Direct and Indirect	Interagency Behavioral Health Agreement
2 LCSW, 1 LMHC, 1 LMFT 1 registered SW intern 2 certified addiction prof	Living Skills in the Schools	Direct and Indirect	Interagency Behavioral Health Agreement
5 LCSW, 6 LMHC, 5 LMFT 6 registered SW interns 7 registered MHC interns 15 registered MFT interns	Marriage and Family Services	Direct and Indirect	Interagency Behavioral Health Agreement/School Based
N/A	Mental Health Association of Palm Beach County	Not providing services at this time	Interagency Behavioral Health Agreement
1 PhD, 1 MSW, 1 MS	Multicultural Community Mental Health Center	Direct and Indirect	Interagency Behavioral Health Agreement
10 LCSW, 19 LMHC 11 registered SW interns 21 registered MHC interns 3 registered MFT interns	Multilingual Psychotherapy Centers	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
1 LCSW 2 registered SW interns	PACE Center for Girls	Direct and Indirect	Interagency Behavioral Health Agreement
3 Case Managers	PBSO Alternative Intervention	Direct and Indirect	Interagency Behavioral Health Agreement

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1 LCSW, 3 LMHC, 1 MSW 1 registered MNC intern	Palm Beach County Youth Services	Direct and Indirect	Interagency Behavioral Health Agreement
1 LCSW 1 registered SW intern 1 registered MHC intern	Ruth and Norman Rales Jewish Family Service	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
2 LMHC, 1 MSW 3 registered MHC intern	Sequel Care of Florida	Direct and Indirect	Interagency Behavioral Health Agreement/Contract
1 registered MHC intern	Social Age Counseling	Direct and Indirect	Interagency Behavioral Health Agreement
1 LCSW, 7 LMHC, 4 MSW, 4 MHC 6 registered SW interns 10 registered MHC interns	Chrysalis Health	Direct and Indirect	Interagency Behavioral Health Agreement
2 LMHC	Dick Webber Children's Healing Institute	Direct and Indirect	Interagency Behavioral Health Agreement
1 LCSW, 1 MSW 1 registered SW intern	Trustbridge	Direct and Indirect	Interagency Behavioral Health Agreement
N/A Level 1 prevention program	Urban League of Palm Beach County	Direct and Indirect	Interagency Behavioral Health Agreement





## 2021-2022 Mental Health Application

### District Certification

This application certifies that the Palm Beach 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
3941	Ben Gama
4081	Florida Futures Academy
3396	G. Star
2801	Palm Beach Maritime Academy
3924	Palm Beach Maritime Academy High School
3401	Quantum High School
4051	Renaissance Charter School at Central Palm
4050	Renaissance Charter School at Cypress
4002	Renaissance Charter School at Summit
4001	Renaissance Charter School at Wellington
3431	Renaissance Charter School at West Palm Beach
4103	SLAM Boca Raton Charter
4111	SLAM High School
4090	Sports Leadership Arts and Management SLAM Middle School
3413	Somerset academy Boca
4041	Somerset Academy Boca Middle
4013	Somerset Academy Canyons High
4091	Somerset Academy Lakes
4012	Somerset Academy Canyons Middle
3421	Worthington High 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

Michael J. Burke

\_\_\_\_\_  
Printed Name of District Superintendent

May 19, 2021

\_\_\_\_\_  
Board Approval Date

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### Charter School Certification

This application certifies that the \_\_\_\_\_ n/a \_\_\_\_\_ 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.

n/a

\_\_\_\_\_  
Charter School Administrator Signature:

Michael J. Burke

\_\_\_\_\_  
Printed Name of District Superintendent

n/a

\_\_\_\_\_  
Governing Board Approval Date:

# APPENDIX

### Resources for Program Implementation

#### 1. Evidence-Based Program and Description

This is a three-module series about implementing evidence-based programs. The modules in this series are as follows:

**Module 1:** Selecting Evidenced-Based Programs for School Settings, which covers using data to inform EBP selection, engaging stakeholders, assessing and building readiness, and reviewing and selecting EBPs; **Module 2:** Preparing to Implement Evidence-Based Programs in School Settings, which covers creating an implementation plan and team, understanding fidelity and adaptations, building staff and organizational competencies, and scheduling implementation; and **Module 3:** Implementing Evidenced-Based Programs in School Settings, which covers executing implementation, collecting data and monitoring progress, overcoming barriers and challenges, and planning for sustainability.

Below is a series of interactive, self-paced learning modules on selecting, preparing for and implementing EBPs in school settings.

- [Selecting Evidence-Based Programs for School Settings](#)
- [Preparing to Implement Evidence-Based Programs in School Settings](#)
- [Implementing Evidence-Based Programs in School Settings](#)

Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the [Evidence-Based Practices Resource Center](#) that aims to provide communities, clinicians, policy makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

- [Selecting Evidence-Based Programs](#)
- [Evidence-Based Module Series](#)

#### 2. Assessment Resources

[The SHAPE System Screening and Assessment Library](#) includes instruments appropriate for use in school mental health. Search for the screening or assessment tools that fit your school(s) by focus area (academic, school climate or social/emotional/behavioral), assessment purpose, student age, language, reporter and cost. The Center for School Mental Health team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information.

- [School Mental Health Screening Playbook](#)
- [Desrochers, J., & Houck, G. \(2013\). Depression in Children and Adolescents: Guidelines for School Practice. Handout H: Mental Health Screening in Schools](#)

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### 3. EBP/Practice Implementation for Co-Occurring Mental Health or Substance Use Diagnoses

[Co-Occurring Mental Health or Substance Use Diagnoses](#) Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-Occurring Substance Use

[Blue Prints](#) This interactive search enables you to identify Blueprints – certified interventions based on specific criteria – and browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy but require follow-up research before being recommended for large-scale adoption.

**Table 5: District Program Implementation Examples**

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><b>Example 1</b>  <a href="#">Bounce Back</a>                      Bounce Back based on the <a href="#">Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</a> is comprised of 10 hour group sessions, two-to- three individual sessions and one-to-three parent education sessions that last over a three-month period.</p> <p>Group sessions are typically held during school hours and cover a range of topics, such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies and emotional regulation and coping skills.</p> <p>These topics and methods derive from established successful interventions for children with Post-Traumatic Stress Disorder (PTSD), including a gradual approach of anxiety-provoking situations <b>and</b> a modified trauma narratives approach.</p>	<p>School Social Workers and Family Therapists will administer the sessions to students ages 5-11. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities and create personal storybooks as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with “courage cards” tailored to each student. 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>The school Social Worker and Family Therapist review the skills the children are learning in Bounce Back, with the student’s parent.</p>	<p>Improve:                      Post-Traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported) and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>		X	

## 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	<p>Parents can support the children practicing the skills at home.</p> <p>The school Social Worker and Family Therapist will help each child develop a “My Story” trauma narrative. Near the end of the program, the School Social Worker and Family Therapist meets with the parent and child to share the child’s story.</p> <p>The Bounce Back Program is a trauma-informed equitable Program; appropriate for children and families of diverse ethnic and social backgrounds.</p>				
<p><b>Example 2</b>  <a href="#"><u>Support for Students Exposed to Trauma (SSET)</u></a>                      A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.</p>	<p>SSET is delivered in an easy-to-use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program.</p> <p>Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation.</p> <p>The program consists of 10 – 45 minute lessons designed to be delivered during one class period. These lessons focus on:</p> <ul style="list-style-type: none"> <li>• common reactions to trauma</li> <li>• relaxation techniques</li> <li>• coping strategies</li> <li>• learning to approach difficult situations</li> <li>• developing a trauma narrative</li> <li>• problem- solving</li> </ul>	<p>Through the use of this evidence-based program, middle school students ages 10-14 will learn to deal with real-life problems and stressors and increase levels of peer and parent support</p> <p>To increase skill-building techniques to reduce current problems with:</p> <ul style="list-style-type: none"> <li>• anxiety or nervousness</li> <li>• withdrawal or isolation</li> <li>• depressed mood</li> <li>• acting out in school</li> <li>• impulsive or risky behavior</li> </ul>	X	X	