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

(Sarasota County Schools)

Sarasota County

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

Part I. Youth Mental Health Awareness Training Plan
In accordance with section (s.) 1012.584, Florida Statutes (F.S.), the YMHAT allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Part II. Mental Health Assistance Allocation Plan
In accordance with s. 1011.62(16), F.S., the MHAA Plan allocation is to assist districts in establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

The application must be submitted to the Florida Department of Education (FDOE) ShareFile by the deadline August 1, 2021.

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

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

There are 20% of employees trained and certified as of 6/15/21.

2. Explain the training goal(s) for the upcoming 2021-2022 school year.

   a. Build capacity by continuing train the trainer opportunities to school-based staff.
   b. Offer YMHA on a consistent basis.
   c. Encourage schools to train 50% of their staff this school year.
   d. Offer recertification courses to staff who need to be recertified.

3. In addition, the annual goal for the 2021-2022 school year is to train:

   40% of employees as of 6/15/22.

4. Explain the training goal(s) for the next 3-5 years.

   a. Steadily increase the number of trainers at each school site and district department by offering train the trainer modules.
   b. YMHA courses are set weekly at a training site for new staff to attend.
   c. Have all school staff trained and recertifications maintained by school-based trainers.
   d. Use YMHA Grant monies to continue to pay for classes, materials/registration, substitutes, and stipends.

5. What is the procedure for training new personnel to the district?

Since the district has stopped in-person orientation, new hires are sent to their assigned location and are trained when the class is offered at a time they can attend. District supervisors, in conjunction with the District Safety Specialist are responsible for making sure their staff is trained. Training offerings will be held virtual on varying dates and times throughout the year for staff participation.

6. Explain how the district will utilize the following three YMHA T programs:

   • Youth Mental Health First Aid (YMHA)

The district will continue to offer the course weekly while encouraging school and departmental training staff to offer the course on training days to 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.

   • YMHA Recertification

The district will utilize this program to maintain certification of staff that are already trained and keep their skills to help a person who is developing or experiencing an emotional disturbance, mental health, or substance use problem in top condition.

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

The district safety specialist and other appropriate staff will work with the Human Resources team to schedule Kognito Awareness training for new staff as a supplement to YMHA. Training will be coordinated to ensure access to these training opportunities to ensure an awareness of mental health.
### Section B: YHHAT Projected Budget

<table>
<thead>
<tr>
<th>Categories</th>
<th>Detailed Description, number of activities within each category</th>
<th>Cost Per/Each</th>
<th>Total Projected Budget by Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Stipends</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Detailed # of personnel and stipend cost per person)</td>
<td>1100 Train Staff in Virtual/Blended YMHFA (credits)</td>
<td>$23.95</td>
<td>$26,345.00</td>
</tr>
<tr>
<td></td>
<td>100 Substitute Costs (Daily Rate)</td>
<td>$141.38</td>
<td>$14,138.00</td>
</tr>
<tr>
<td></td>
<td>0 Staff Stipend to take course (Daily Rate)</td>
<td>$120.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>260 Trainer Stipend Cost (hrs)</td>
<td>$37.49</td>
<td>$9,747.40</td>
</tr>
<tr>
<td><strong>2. Materials</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Detail # of units x individual unit cost, plus shipping)</td>
<td>N/A- virtual no materials needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. National Council (YMHFA) Training</strong></td>
<td>(Detailed description of each training activity to include # of personnel and individual training costs)</td>
<td></td>
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<tr>
<td></td>
<td>The district has set a goal of training an additional 700 staff members, both instructional and noninstructional and inclusive of charter school staff. Each staff member will participate in the National Council’s approved YMHFA training. All staff in need of the recertification, will be scheduled to attend a required recertification of YMHFA module.</td>
<td></td>
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<tr>
<td><strong>4. Additional Kognito Modules</strong></td>
<td>(Provide the name of training module and cost)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL 2021-2022 BUDGET:</strong></td>
<td></td>
<td>$50,230.00</td>
<td></td>
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<tr>
<td><strong>5. Additional narrative (optional):</strong></td>
<td>N/A</td>
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</table>
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.

The increase availability of providers combined with professional learning opportunities will lead to 100% of students with mental health concerns (identified as Serious and Very Serious Substantive threats and high-risk self-harm or suicidal ideation assessments as reflected by the Columbia- Suicide Severity Rating Scale (C-SSRS) will be supported by our multi-tiered system of support as measured by school district fidelity tool.

Annually, provide Collaborative Proactive Solutions, an evidenced based professional learning to 100% of School Psychologists to build a comprehensive, evidence based, mental health support system and increased mental health services during the 2021-2022 school year. A pre and post assessment of learning will be used to guide on-going professional development.

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
|------------------------|-----------------------|-------------------|------|
| Positive Behavior Interventions and Supports. This practice supports Goal 2. | • Every school has a PBIS team that meets on a regular basis along with a PBIS coach to ensure the implementation of school wide PBIS. PBIS teams include- administrator, instructional and support staff, students, and parents.  
• Quarterly district wide PBIS Coaches professional learning.  
• Implementation of new monitoring system which allows teams to analyze risk data.  
• A district PBIS support team provides ongoing professional learning and guidance to school-based teams through collaboration with the University of South Florida (USF)/PBIS project. These plans include specific behavioral interventions at Tier I, II, and III, in alignment with Response to Intervention (RtI). These interventions are tied with mental health supports and the data from these interventions is routinely reviewed at School Wide Support Team (SWST) meetings and Children at Risk in Education (CARE) teams.  
• Program managers will work with school-based teams using the Tiered Fidelity Inventory to ensure implementation of PBIS at each tier.  
• Intensive three-day district wide technical assistance provided by USF/PBIS project for all school based PBIS teams focused on tier one and tier two strategies/interventions.  
• Every elementary and middle school is utilizing and participating in ongoing training for Conversation, Help, Activity, Movement, Participation, Success (CHAMPS) (Sprick, 2009). High Schools are utilizing and participating in ongoing training for Discipline in the Secondary Classroom (Sprick, 2013). Ongoing professional development and technical assistance to staff.  
• School wide PBIS Plans will be presented to the Student Advisory Committee and Parent Teacher Organization to ensure family parent awareness and participation. | 100% of district schools will:  
• have a PBIS plan as evidenced by submission and upload to the district dashboard  
• participate in classroom walk throughs as evidenced by completion of district walk through and documented on the USF PBIS walkthrough form  
• complete the Benchmark of Quality and Tiered Fidelity Inventory scoring an 80% or higher on the self-assessment as evidenced by completion of the BOQ form through USF PBIS  
• Apply for model school status as evidenced by completion of required activities with USF PBIS  
• Include a parent/guardian and student representative as evidenced by PBIS plan team member list |  |  |  |  |  |
<p>| Functional Behavioral Assessment (FBA)/Behavior Intervention Plan (BIP)- identifying and measuring individual student problem behaviors, | All district psychologists, behavior specialists and classroom teachers participate in regular development of FBA/BIPs for students who require a more targeted, intensive behavioral | • Increase in academic engagement as measured by office discipline referrals and suspensions. |  |  |  |  |</p>
<table>
<thead>
<tr>
<th>2021-2022 Mental Health Application</th>
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<tbody>
<tr>
<td>creating hypotheses and developing behavior intervention plans (based on positive behavior supports and evidence-based practices) to improve positive (desired) behaviors and decrease student problem behaviors. This practice supports Goal 2.</td>
</tr>
<tr>
<td>support plan during School Wide Support Team (SWST) and Children At-Risk in Education (CARE) school-based meetings. Parents are an integral part in the FBA/BIP team development process.</td>
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<tr>
<td>Fidelity assessments and on-going data collection of target behaviors is conducted to ensure successful behavior plan implementation.</td>
</tr>
<tr>
<td>Restorative Practices - a strategy that seeks to repair relationships that have been damaged including those damaged through bullying. Restorative Practices build class and school wide community and strengthens relationships at every level. This practice supports Goal 2.</td>
</tr>
<tr>
<td>All SCPS receive ongoing training and support for Restorative Practices through high quality professional learning offered throughout the district multiple times per year. Five elementary schools have completed full staff immersion training in Restorative Strategies and have earned the Sarasota County designation as Restorative Model Schools. Three additional elementary schools have been added to the intensive Restorative Strategies full immersion training for the 2021-2022 school year. Each school will commit to using restorative practices across all environments and in all tiers of support. The district Student Services team will coach and provide feedback to support this important work. Tier II and Tier III supports are reviewed and implemented through SWST meetings, as more intensive needs may be indicated.</td>
</tr>
<tr>
<td>A reduction in office discipline referrals and suspensions for students who have participated in Restorative Practices. 100% of students participating in Restorative Practices intervention will report satisfaction in conflict resolution process and agree to mutually developed respect agreements as evidenced through the student climate survey.</td>
</tr>
<tr>
<td>Collaborative Proactive Solutions: Collaborative &amp; Proactive Solutions (CPS) is an evidence-based, trauma-responsive approach to working with children with social, emotional, and behavioral challenges in schools. Rather than focusing on a child’s challenging behaviors (and modifying them), CPS helps solve the problems that are the root cause of those behaviors. Problem-solving is collaborative (not unilateral) and proactive (not reactive). This practice supports Goal 2.</td>
</tr>
<tr>
<td>School psychologists and behavior specialists will participate in Collaborative Proactive Solutions book study and professional learning which prepares them to become the school-based facilitators. Through the School Wide Support Team (SWST), students struggling to meet behavior expectations will be identified early. The school psychologist and/or the behavior specialist will work with the student and teacher to facilitate a Collaborative Proactive Solutions meeting.</td>
</tr>
<tr>
<td>Increase in academic engagement as measured by office discipline referrals and suspensions. Increased attendance rates measured by daily attendance rate. Increased parent participation in the problem-solving process.</td>
</tr>
<tr>
<td>Evolution- Suite 360: a research and evidence-backed, comprehensive mental health education program that is aligned to state standards. Students in grades 6-12 are provided formal, educational information about mental health care as well as actions to take if they or someone they care about experiences symptoms of a mental health problem. This practice supports Goal 1.</td>
</tr>
<tr>
<td>A comprehensive implementation calendar has been developed and distributed to all schools for grades 6-12, outlining the 8 interactive modules. Modules are facilitated by either their classroom teacher, school counselor, school psychologist, school social worker, or school nurse educator.</td>
</tr>
</tbody>
</table>
| Every student in grades 6-12 will have the opportunity to participate in the 8 mental health modules addressing the 10 required components: (a) Recognition of signs and symptoms of mental health disorders; (b) Prevention of mental health disorders; (c) Mental health awareness and assistance; (d) How to reduce the stigma around mental health disorders; (e) Awareness of resources, including local...
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<table>
<thead>
<tr>
<th>Inner Explorer: A series of daily mindfulness practices, incorporating key areas of character development such as self-awareness, self-regulation, social awareness, and responsible decision making. This practice supports Goal 1.</th>
<th>Behavior specialists will receive a two-hour overview and application training. School counselors will receive follow up training and support throughout the school year. These trainings and supports will allow behavior specialists and school counselors to facilitate future professional learning opportunities and provide support at their school sites. Behavior cluster classrooms will incorporate Inner Explorer into their daily schedule.</th>
<th>Quarterly usage reports will indicate daily use in behavior cluster classrooms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character Strong- character education designed for daily implementation in the schools focusing on 10 traits: courage, respect, perseverance, gratitude, honesty, kindness, empathy, responsibility, cooperation, and creativity. Each trait includes content for classroom, home, staff, and playground. Middle and high school students will focus on belonging, well-being, engagement, and leadership. This practice supports Goal 1.</td>
<td>• Civility Squad to compliment character traits outlined in character strong with monthly videos created for all students k-12. • Temperature checks • Creating the Foundation: Awareness, Readiness, and Implementation: Two-hour training provided via zoom by Character Strong for behavior specialists from cluster sites, behavior cluster teachers, school counselors from behavior cluster sites, school social workers, school psychologists. As a result, from this training, behavior specialists and school counselors will be lead contact and Character Coach to support their school-based teams • Daily Character education will occur in the elementary behavior cluster classrooms, high school behavior cluster classrooms, our center school behavior classrooms and Triad. • Monthly Character Strong parent letter and home activity guide will be sent home monthly to support character education within the home and community setting.</td>
<td>• Reduction in substantiated bullying referrals • Climate survey will show an increase in parent, student and staff feelings of belonging (under 50%)</td>
</tr>
<tr>
<td>Cognitive Behavior Intervention in</td>
<td>• Motivational Interviewing- collaborative,</td>
<td>• Increase in academic</td>
</tr>
</tbody>
</table>

School and community resources; (f) The process for accessing treatment; (g) Strategies to develop healthy coping techniques; (h) Strategies to support a peer, friend, or family member with a mental health disorder; (i) Prevention of suicide; and (j) Prevention of the abuse of and addiction to alcohol, nicotine, and drugs.

- Increased knowledge of mental health warning signs and supports and services available to all students as measured by Suite 360 pre and post assessments.
Schools- school based, group and individual intervention designed to reduce symptoms of PTSD, depression, and behavioral problems and to improve functioning, grades, attendance, peer and parent/ family support. This practice supports Goal 1.

- goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to specific goal within an atmosphere of acceptance and compassion. School psychologists and school social workers have received professional learning and work with students individually to provide this intervention.
- Coping Cat- a cognitive behavioral intervention for children with anxiety. It incorporates four components: recognizing emotional and physical reactions to anxiety, clarifying thoughts and feelings, developing plans for coping, evaluating performance and giving self-reinforcement. School psychologists implement this intervention in the high school setting when students are referred through the School Wide Support Team (SWST).

Student Assistance Program (SAP): Sarasota County's SAP Specialists are staffed by First Step and are housed at each school. There is regular and frequent collaboration with school based SWSTs. SAP Specialists deliver substance use and mental health prevention and intervention services and connect students to community providers for more intensive services. Using a systems approach, the SAP Specialists use effective practices to resolve these issues.

- An increase in student emotional well-being and academic success as measured by SAP quarterly reports and student SAP satisfaction surveys.

Check-in/Check-out (CICO): School PBIS teams will receive ongoing training and technical assistance to develop and maintain a Tier 2 CICO system. Successful implementation includes:
1. Morning check-in with a CICO Mentor
2. Monitoring, Evaluation, and Feedback allowing the teacher to communicate with the CICO mentor and parent on a point card.
3. End of day check-out with the CICO mentor
4. Parent/family participation

The goal is to prevent future problem behavior by checking in with students daily to share clear expectations, feedback, and support and can be implemented by teachers in less than 10 minutes per day.

100% of district schools will:
- Document and Implement a Tier 2 CICO plan
- Maintain reports including the number of students receiving CICO
- Maintain monitoring reports of CICO student point sheets
## Section D: Direct Employment

### Table 2: MHAA Plan Direct Employment

<table>
<thead>
<tr>
<th>Position</th>
<th>Current Ratio as of August 1, 2021</th>
<th>2021-2022 Proposed Ratio by June 30, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Counselor</td>
<td>1:435</td>
<td>1:435</td>
</tr>
<tr>
<td>School Social Worker</td>
<td>1:1,525</td>
<td>1:1,525</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>1:1,619</td>
<td>1:1,619</td>
</tr>
<tr>
<td>Other Licensed Mental Health Provider</td>
<td>1:1,262</td>
<td>1:1,016</td>
</tr>
</tbody>
</table>

### Direct employment policy, roles and responsibilities

**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).**

Sarasota County is employing 84 school-based certified school counselors assigned directly to schools based on population and identified unique school needs. All schools have a minimum of one school counselor, with secondary schools having additional counselors depending on grade level, total population and unique school needs. Sarasota County is employing 23 school psychologists, and 1 contracted school psychologist. Additionally, we are employing two school psychologist Master level interns for the 2021-2022. Each school in the district is assigned a psychologist to serve the schools, based on student population and identified unique school needs. These psychologists are strategically positioned within a “Professional learning Community” to serve schools within a “feeder pattern” and for the promotion of mental and behavioral wellness. Sarasota County employs 12 Social Workers (SW) and 12 Home School Liaisons (HSL). In addition, is one master level SW intern for the 2021-2022 school year. SW are assigned to multiple school sites based on student population and identified unique school needs. Each Title 1 identified school is also supported by an HSL. There are 12 HSLs assigned to title 1 schools throughout the district. School SW and HSLs support mental and behavioral health efforts throughout each tier of intervention and support. Additional Behavior Specialists have been added for the 21-22 school year so every elementary school will now have an onsite behavior specialist to further support the emotional, behavioral, and mental wellbeing.
School referrals are then shared with our school based mental health therapists for screening and assessment. All services for school-based mental health services are initiated within 15 days of identification and assessment. Activity is recorded in the PCG data base and threat assessment tool system.

All student referrals for screening come from the recommendation of school based SWST, including parent-based referrals and administrative based referrals. When a need for community-based mental health services are determined, the school-based staff making the determination for recommendation to community mental health services is responsible for ensuring initiation of services within 30 days of referral. Documentation is maintained in the SWST notes and maintained by the SWST facilitator.

Upon initial enrollment and annually thereafter, families are asked to indicate if their student has any mental health concerns/conditions. This information is immediately filtered to our school-based health services providers (school nurses). The school health services provider reaches out to the family to further understand student need. The school health provider makes all necessary referrals to the school wide support team (SWST). The SWST team determines needs of the student through intentional coordination of services the student's primary healthcare provider and any other mental health providers involved in the student's care. The SWST team regularly reviews and monitors progress of students and adjusts as necessary to ensure maximized support for the student.

- Staff assignments were developed with student need and data analysis. A full-time school psychologist is assigned to the Sarasota County Alternative School TRIAD, to ensure maximized services for our most at risk population, a full time school psychologist is also assigned to Oak Park, our separate day school to ensure the behavioral and cognitive needs of our students most in need of services are met and a full time school psychologist is assigned to the district's pre-k diagnostic team. A full-time bilingual psychologist is available to meet the needs of our English as second language learners.

- Decrease student service personnel: student ratio by adding a Mental Health Program Specialist. This specialist will provide direct support to the district school Triad, as well as K-12 schools throughout the district as needs arise.

- Decrease student service personnel: student ratio by adding three Student Service Program Managers to support North, Mid, and South County schools. Each Program...
Manager brings a unique and specialized skill set to the team. One program manager is a certified school counselor, one program manager is a nationally certified school psychologist, and at this time there is one open position. These program managers will be available to consult and provide direct supports and services to our most intensive cases.

- Contracted Mental Health Services to include the addition of 7 Mental Health Therapist for the district’s 5 comprehensive high schools, Oak Park, and Triad.
- Effective identification of at-risk students to assist in utilizing time most effectively through expanding the school based SWST to include appropriate personnel during meetings and requiring other student support services staff, not necessary for meetings to provide direct services to students.
- Professional learning for all counselors and behavior specialists in the Harmony and Zones of Regulation curriculum to support students within the classroom setting.
- Professional learning opportunities for all counselors, psychologists, social workers and teachers on the Inner Explorer mindfulness app to support all students.
- Professional learning for all cluster site counselors and behavior specialists in Character Strong’s social emotional learning and character development curriculum.
- Professional learning for all psychologists as Collaborative Proactive Solutions (evidence-based model of psychosocial treatment) facilitators
- Professional learning for all counselors, psychologists, social workers, homeschool liaisons, and school-based teams in the Public Consulting Group data base streamlining operations and improving programs and instruction.

Reduce additional duties for counselors such as testing/proctoring, cafeteria monitoring, parking lot duties, coordinating paperwork and data entry of all new students.

Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.

Counselors:
Provision of school-wide lessons/interventions focused on:
- Social skills
- Large group guidance
- Health and wellness decision making
- Emotional regulation
- Conflict resolution
- Attendance
- Mindfulness through Inner Explorer, k-12
- Harmony class wide activities such as class meetings and Buddy Up
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• Data informed decision making
• Facilitate positive behavior intervention and support, including restorative strategies and CHAMPS
• Monthly Civility Squad Lessons k-12
• Weekly Crisis Text Line reminders and supports 6-12th
• Continue to facilitate the implementation of the annual school guidance plan
• Kognito professional learning facilitator
• Referral and identification of students in need of targeted support and supplemental instruction
• Small group social skills development
• Check in - Check out Interventions (CICO)
• Supports PBIS initiative at the school level
• Restorative conferences/meetings
• Classroom observations
• Attendance progress monitoring
• Progress monitoring involving student grades
• SWST facilitator
• Graduation/Dropout monitoring with Project 10
• Assists in the development of 504 plans
• Refers for community counseling
• Provides crisis response with students identified at-risk for self-harm and/or harm to others
• Facilitates re-entry plans for those students when intensive mental health intervention occurs
• Participates on multi-disciplinary teams focused on providing wraparound services to struggling students
• Provides individual student planning focused on dropout prevention and on-time graduation
• Completes threat assessments, as part of the multi-disciplinary team
• Provides Counseling As A Related Service

Psychologists:
• Participate in the design and implementation of behavior intervention curricula
• Lead teams in designing and implementing school-wide universal screening systems and using this data to guide core instruction and to help identify students at-risk
• Collaborate with family members and other professionals who support students with academic and behavioral challenges
• Advocate for the mental health needs of all students by leading efforts to incorporate regular instruction and progress monitoring (routine checks of student
proficiency during the Instructional year to verify growth)

• Classroom observations to support the problem-solving process for students
• Assists teachers and school teams in selecting evidence-based interventions and progress monitoring tools matched to student behavioral and mental health needs
• Supports regular progress monitoring and data reviews, including reviews of treatment integrity for behavior and mental health
• Consults with teachers and other school staff to boost understanding and interpretation of progress data to determine if students are making adequate progress and whether intervention changes are needed
• Leads small-group interventions to support students' social skills and mental health (NASP, 2015b)
• Conducts threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources
• Provide small group services through tele-practice when necessary and appropriate
• Participates in functional behavior and academic assessments to customize individual plans for students' interfering behaviors and development of appropriate behaviors and academic skills
• Assists school teams in selecting evidence-based interventions that align to the intensive needs of specific students
• Examines the systems that influence the development of students and to support better alignment with student development and needs
• Provides individualized counseling and therapy for students with intensive mental health needs
• Collaborates with parents and school teams as part of the frequent review and interpretation of Tier 3 data to determine whether a student should be referred for a comprehensive evaluation
• Completes comprehensive psychological evaluations that may include behavioral and social-emotional functioning
• Collaborative Proactive Solutions facilitator
• Provides Counseling as a Related Service for children with IEPs
2021-2022 Mental Health Application

Social Workers and Home School Liaisons

- Collaborate with family members and other professionals who support students with academic and behavioral challenges
- Advocate for the mental health needs of all students by leading efforts to incorporate regular instruction and progress monitoring (routine checks of student proficiency during the instructional year to verify growth) of student wellness at the universal level
- Lead teams in designing and implementing school-wide universal screening systems and using these data to guide core instruction and to help identify students at-risk
- Family support provided through case management, access through student emergency funds and family assistance for application of Seasons of Sharing
- Monitor student attendance
- Conduct home visits
- Classroom observations to support the problem-solving process for individual students
- For a student with behavioral problems or academic concerns, small group instruction in a targeted skill are led by the SW and/or Home School Liaison when appropriate
- The social academic instructional group curriculum is structured around a specific evidence-based curriculum or lead a small group to support students
- Assist with the implementation of daily progress monitoring, such as the Daily Report Card or Check In/Check Out, and school social workers are often involved in the daily progress monitoring for students who may have special education IEPs
- In addition, lead small-group interventions to support students' social skills and mental health
- Threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources
- Provide small group services through tele practice when necessary and appropriate
- Individualized counseling to students
- Home visits
- One-on-one parent education training/support
- Completion of social histories and parent rating scales as part of a comprehensive evaluation
- Provide individualized services through tele practice when necessary and appropriate
2021-2022 Mental Health Application

Contracted Mental Health Therapists

- Collaborate with family members and other professionals who support students with academic and behavioral challenges
- Threat assessments and suicidal ideation/self-harm assessments, referrals for community services and resources
- Provide small group services through telepractice when necessary and appropriate
- Individualized mental health therapy for students with intense mental health needs
- Home visits
- One on one parent education training/support
- Classroom observations
- Assists teachers and school teams in selecting evidence-based interventions and progress monitoring tools matched to student behavioral and mental health needs
- Supports regular progress monitoring and data reviews, including reviews of treatment integrity for behavior and mental health
- Consults with teachers and other school staff to boost understanding and interpretation of progress data to determine if students are making adequate progress and whether intervention changes are needed

Nurse Educators

It is the position of the National Association of School Nurses (NASN) that registered, professional school nurses serve a vital role in promoting positive behavioral health outcomes in students through evidence-based programs and curricula in schools and communities. Behavioral health, which encompasses mental health, is as critical to academic success as physical well-being. As members of interdisciplinary teams, school nurses collaborate with school personnel, community healthcare professionals, students, and families in the assessment, identification, intervention, referral, and follow-up of children in need of behavioral health services. School nurses, because of their regular access to students, are uniquely qualified to identify students with potential behavioral health concerns. School nurses can serve as advocates, facilitators, and counselors of behavioral health services within the school environment and in the community.

School nurses are in a unique position to play an active role in mental wellness promotion, mental health screening, and early intervention programs and to assist in managing the ongoing treatment of mental health and substance use disorders in the school setting. The CDC notes that schools are one of the most efficient systems for reaching children and youth to provide health services and programs, as approximately 95% of U.S. children and youth attend school. School
nurses are educated to identify somatic complaints and co-occurring behavioral health concerns. Thus, school nurses are often a student’s first point of entry into behavioral health services. School nurses are also part of the normal school experience and are easily accessible to students seeking assistance with behavioral health issues. Visiting the school nurse may be viewed as less stigmatizing for students than seeking a school behavioral health provider. It has been reported that school nurses spend approximately one third of their time providing mental health services.

As integral members of school behavioral health service teams, school nurses:

- Work on the front lines and are familiar with and educated to recognize warning signs such as changes in school performance, mood changes, complaints of illness before or during the school day, problems at home, self-harm, and suicidality.
- Adhere to appropriate guidelines regarding confidentiality.
- Promote student success by developing and implementing Section 504 plans, the health portion of the Special Education Individual Education Program (IEP), and the Individualized Healthcare Plan (IHP). Using these tools, the school nurse can assist in the re-entry of students into the school environment following homebound instruction or hospitalization and serve as a care coordinator among community behavioral health and primary care providers, the family, and school personnel.
- Provide behavioral health screening and basic behavioral health skills that include education about mental health and substance use disorders, psychotropic medication information, and cognitive behavioral skills.
- Recognize care coordination as a critical component of comprehensive behavioral health services and regularly make referrals and connect parents and children with school and community behavioral health resources. School nurses’ regular contact with students allows them to provide ongoing assessment, monitor treatment compliance, and provide timely feedback to families, physicians and mental health professionals regarding a student’s response to treatment, thus allowing for better medical management of behavioral health conditions and health outcomes.
- Regularly provide educational programming to teachers, administrators, parents and guardians, and students about behavioral health concerns and assist with crisis intervention planning.

School nurses recognize that positive behavioral health is essential for academic success. School nurses are critical to the school mental health team in that they can help address and reduce the stigma of a behavioral health diagnosis, decrease fragmentation of care, and
remove barriers to behavioral health services. School nurses, because of their regular access to students and their experience with care coordination, are also uniquely equipped to assist school and community-based behavioral health professionals in providing services including prevention, assessment, early identification/intervention, and treatment of mental illness and substance use disorders.

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

<table>
<thead>
<tr>
<th>Mental Health Provider:</th>
<th>Agency:</th>
<th>Services Provided:</th>
<th>Funding Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Licensed Mental Health Therapists; Licensed Mental health Counselors, Licensed Clinical Social Worker</td>
<td>First Step</td>
<td>On campus mental health therapy wrap around supports. Coaching and professional learning provided to staff. Middle and High Schools</td>
<td>MHAAP</td>
</tr>
<tr>
<td>21 Licensed Mental Health Therapists; Licensed Mental health Counselors, Licensed Clinical Social Worker</td>
<td>Florida Center</td>
<td>On campus mental health therapy wrap around supports. Coaching and professional learning provided to staff. Elementary Schools</td>
<td>MHAAP</td>
</tr>
<tr>
<td>3 Licensed Mental Health Therapists; Licensed Mental health Counselors, Licensed Clinical Social Worker</td>
<td>First Step- Mobile Response Team</td>
<td>The mobile response team will be utilized to assist students that are in an emergent crisis. Our staff will work collaboratively with our partners from First Step of Sarasota’s Mobile Response Team to help stabilize students in crisis and connect the student and family to appropriate community and mental health services. This team will be used to help reduce the number of involuntary Baker Act determinations.</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Centerstone</td>
<td>The Community Action Treatment (CAT) Team will continue to be a partner with the school district to provide support for students with substance abuse, mental health, and co-occurring disorders. This service will help reduce the number of out of home placements and to reduce the number of hosp</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Forty Carrots Family Center</td>
<td>Nurturing healthy children and family development through research-based, relationship-centered education and mental health services.</td>
<td></td>
</tr>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Girls Inc.</td>
<td>Mentorship, Research based small group program for girls.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Girls on the Run Greater Tampa Bay</td>
<td>Positive youth development program for girls 3rd-8th grade.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>NAMI</td>
<td>Family Support Groups, Mental Health Therapy Supports, Lean on Me provides the access necessary to bridge mental health wellness and academics</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Teen Court</td>
<td>Educational youth development activities that are designed to meet the specific needs of at-risk youth and student volunteers (ages 8-18).</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Big Brothers, Big Sisters</td>
<td>One-to-one mentoring relationships to children ages 6-18.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Camelot Community Care Inc.</td>
<td>Mental Health Therapy for students 5-18.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Jewish Family Children’s Services – Challenge to Change (CTC)</td>
<td>CTC counselors meet with at-risk students to tackle such issues as life skills, anger management, bullying and drug and alcohol prevention.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Circuit 12 Educational Interagency Agreement</td>
<td>Effectively addresses educational, developmental or other disabilities, job training and employment issues by including all parties who are involved with a child in the dependency case planning process.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Sarasota Housing Authority</td>
<td>Engages young people, enrich their lives, inspire them to dream and empower them to set and work toward goals that will enable them to break the intergenerational cycle of poverty.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Sarasota YMCA Youth and Family Services</td>
<td>Provides temporary housing and safe care for youth ages 10 to 18 who have run away, are experiencing family conflict or have been locked out of their homes. Respite services for parents who are having a difficult time with their child. Master’s Level Residential Counselor and a Case Manager provide individual, group and family counseling.</td>
<td></td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Take Stock in Children</td>
<td>A transformative model for 100% low-income youth in grades 6-12 by combining a volunteer mentor, college readiness and coaching, and a Florida Prepaid Project STARS scholarship.</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>United Way</td>
<td>Partners with a number of service providers through 2-1-1 to help people find solutions to a temporary emergency need related to food, shelter, and safety necessities.</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Brotherhood of Men Mentoring Group</td>
<td>Provides a supportive environment, fostering life-skill enhancement and personal development in young males.</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>1 DOE certified staff</td>
<td>School House Link/Homeless Education</td>
<td>Advocate helping students in transition attend and succeed in school.</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Valerie’s House</td>
<td>Grief support program for children who have lost a loved one and/or parents and caregivers as they cope with the loss of a spouse or child.</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Tidewell Hospice</td>
<td>Grief specialists help grieving children and teens, ages 5-18, through peer-support groups and activities.</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>Interagency Agreement: N/A</td>
<td>Crisis Text Line</td>
<td>A live, trained Crisis Counselor receives the text and responds, all from a secure online platform.</td>
<td>Interagency Agreement</td>
</tr>
</tbody>
</table>
Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

<table>
<thead>
<tr>
<th>Allocation Expenditure Summary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpended Mental Health Assistance Allocation funds from previous fiscal years:</td>
<td>($62,265.63)</td>
</tr>
<tr>
<td>School district expenditures for mental health services provided by staff who are employees</td>
<td>$38,000.00</td>
</tr>
<tr>
<td>of the school district: 1 program specialist dedicated to social emotional well being and student mental health</td>
<td></td>
</tr>
<tr>
<td>School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with 34 community-based mental health program agencies or providers from Florida Center and First Step.</td>
<td>$1,450,000.00</td>
</tr>
<tr>
<td>Other expenditures (see below):</td>
<td>$309,011.00</td>
</tr>
<tr>
<td>Total MHAA expenditures:</td>
<td>$1,797,011.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type: Narrative description with detailed cost</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2 and tier 3 social emotional intervention resources to be used by psychologists, social workers, and school counselors to provide targeted and intervention support to students in need of support and intervention</td>
<td>$12,561.00</td>
</tr>
<tr>
<td>Restorative Strategies Staff Training Contracts: trainers will provide tier 1 community building and build</td>
<td>$12,400.00</td>
</tr>
<tr>
<td>Professional Development, registration and travel to grow and professionally learn at state, local and virtual conferences that support social emotional well being and mental health.</td>
<td>$14,500.00</td>
</tr>
<tr>
<td>Charter School required allocation</td>
<td>$269,550.00</td>
</tr>
</tbody>
</table>

Total Other Expenditures: $309,011.00
2021-2022 Mental Health Application

**District Certification**

This application certifies that the **Sarasota 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.

<table>
<thead>
<tr>
<th>School (MSID) Number</th>
<th>Charter School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>0074</td>
<td>Sarasota Military Academy, High School and Prep Campuses</td>
</tr>
<tr>
<td>0081</td>
<td>Suncoast School for Innovative Studies</td>
</tr>
<tr>
<td>0083</td>
<td>Sarasota School of Arts and Sciences</td>
</tr>
<tr>
<td>0120</td>
<td>Dreamers Academy</td>
</tr>
<tr>
<td>0090</td>
<td>Island Village Montessori 0103</td>
</tr>
<tr>
<td>0103</td>
<td>Imagine School at North Port</td>
</tr>
<tr>
<td>0113</td>
<td>Sarasota Academy of the Arts</td>
</tr>
<tr>
<td>0100</td>
<td>Sarasota Suncoast Academy</td>
</tr>
<tr>
<td>0122</td>
<td>State College of Florida Collegiate School Venice</td>
</tr>
<tr>
<td>0102</td>
<td>Student Leadership Academy</td>
</tr>
<tr>
<td>0106</td>
<td>Imagine School at Palmer Ranch</td>
</tr>
<tr>
<td>0110</td>
<td>Sky Academy Venice</td>
</tr>
<tr>
<td>0117</td>
<td>Sky Academy Englewood</td>
</tr>
</tbody>
</table>

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.

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Signature of District Superintendent

Printed Name of District Superintendent

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: ________________________________

Governing Board Approval Date: __________________________