



FLORIDA DEPARTMENT OF
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2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Part II: Mental Health Assistance Allocation Plan

Volusia County School District

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 YMHAT?
There are 78 % of all employees trained and certified as of 6/14/2021
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
Volusia County Schools will continue to work to train all district employees (instructional and non-instructional). Our goal is to continue to increase numbers trained and expand knowledge of Mental Health issues to staff, thereby working towards decreasing the stigma and increasing positive interactions and resource knowledge provided on campus to all students. Plan for Volusia County Schools is to implement training into the orientation process of all instructional new hires. Ongoing trainings will be held on a monthly basis for all non-instructional staff employees.
3. In addition, the annual goal for the 2021-2022 school year is to train:
Between 85-90 % of all employees as of 6/30/2022
4. Explain the training goal(s) for the next 3-5 years.
Volusia County Schools will continue to offer trainings in a variety of ways to best suit staff. Our goal is to ensure all current staff are trained and work to integrate the course into new hire orientation. It will be integrated into all instructional staff through the 'Teacher Induction Program (TIP) and this will begin August 2021. Volusia will also offer on going monthly meeting to meet the need of current non-instructional staff not yet trained and any onboarding of new hires. During the summer, Youth Mental Health First Aid will also be a part of the summer professional learning series, Volusia LEARNS!. As this is implemented this year, our goal for the next 3-5 years will be to continue to ensure compliance with meeting the mandate that staff receive the Youth Suicide Prevention Training (Youth Mental Health First Aid) and that those trained maintain their certification. The recertification process began end of Quarter 4 for the 20-21 School Year.
5. What is the procedure for training new personnel to the district?
Currently, the course is offered in-person at Volusia Learns!, the district's summer professional learning institute. It will also be integrated into the Teacher Induction Program (TIP) for incoming instructional staff. With ongoing changes due to COVID restrictions, on-going trainings will be implemented again for the following 2021-2022 school year to allow more staff an opportunity to receive the training and practice skills to be used with their students and fellow staff, as needed. These trainings will be held on a monthly basis for all current employees who are outstanding in the training as well and new hires to the district.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> • Youth Mental Health First Aid (YMHFA)
Training will continue face-to-face with the goal for all staff to be trained, and a plan for new hires implemented, by 2024. Monthly training will restart August 2021 and occur monthly for staff to attend, including additional trainings for those in the Teacher Induction program. This will allow for both convenience with multiple opportunities as well as ensure trainings continue for all coming into the district, as Volusia County Schools works to achieve the "Suicide Prevention Certified School" designation.
<ul style="list-style-type: none"> • YMHFA Recertification
Volusia County began the recertification process during the 4th Quarter of the 2020-2021 school year. At the start of the 2021-2022 school year, recertification will continue and be implemented on a quarterly basis to ensure certifications are maintained and staff are re-introduced to the importance of mental health resources and methods of support.
<ul style="list-style-type: none"> • Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
Volusia County Schools is currently working to get all new hires trained in YMHFA. If this goes through, we will be able to limit the need for Kognito as a placeholder and ensure all staff receive the YMHFA training within the year they are hired.

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Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
1. Stipends (Detailed # of personnel and stipend cost per person)	Stipends will be utilized for substitutes on instructional staff training dates for YMHFA courses. Based on data from last year, we are looking at planning for roughly 400-450 new instructional hires to the district. <i>**See Below for additional details on stipend payments</i>	\$80.00 - \$135.00 per substitute per day of training (Compensation varies based on degree level of substitute)	\$60,750.00
2. Materials (Detail # of units x individual unit cost, plus shipping)	2016 Edition Youth Mental Health First Aid Participant manual for course trainings. Each participant receives one (1) manual.	\$18.95 each 300 manuals	\$ 5,685.00
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	Recertification Tokens for those needing their 3-year ALGEE refresher course. Online session lasting 1.5 hrs.	\$29.95 per token 340 tokens	\$10,183.00
4. Additional Kognito Modules (Provide the name of training module and cost)	None planned to be purchased for the 21-22 SY	N/A	N/A
TOTAL 2021-2022 BUDGET:			\$76,618.00

5. Additional narrative (optional):

**Compensation of stipends for substitute teachers varies and is based on level of experience in the field as well as degree held. As we host YMHFA trainings and need substitutes, it is not yet known who will be available for provide an exact number for stipends. With this in mind we wanted to provide a total projected budget at the high-end range and provide a sample invoice for an average range of pay. Daily pay for the 6-hour course will approximate a full day (98hr) workday for each substitute. Ranges for substitutes per hour are as follows: High School Diploma \$9.54, Associate Degree or 60 college credit hours \$10.74, Bachelor's Degree \$12.33, and Master's \$13.22.

A Sample invoice for YMHFA Substitute Stipends is attached to the end of this application. It has been calculated utilizing half total proposed stipends at the low end and half total proposed at the high end.

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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.

Within the resources and supports utilized throughout the district, goals for Volusia County Schools will be to align to the Strategic Plan of the District in terms of offering safe and supportive environments, efficient resources and program implementations, and clear communication with community stakeholders and resources. This will be shown by use of school mental health referrals, implementation of EBP programs, and more ongoing assessment of outcome measures and data supporting a decrease in concern of harms and unnecessary on-site Baker Acts for students following intervention. Specifically, objectives that will lead to the district's success are further outlined below:

- 1) Providing a safe and supportive environment to ensure that all students are provided with high quality support in terms of social and emotional and safety components is a core initiative for Volusia county this year, so we are focusing on developing intervention strategies and use of threat assessments as an integral piece of our comprehensive approach to school safety and supports. Through implementation of evidence-based programs by school-based mental health teams, individual/group counseling provided to those identified as higher-risk, and use of school-based referrals, there should be a decrease in the number of Threat Assessments for students following intervention. Our Target is to see an overall decrease in number of completed Threat assessments by 20% and see a decrease in repeated Threat Assessments for students who have received mental health supports/interventions either with the District Mental Health or outside community agency by 25%. In order to review implementation and outcomes, Threat Assessment reviews will occur monthly and quarterly and incorporate stakeholders from across the school system, school safety, and mental health to evaluate use and modify prevention programs.
- 2) Providing high quality instruction and social engagement is another core initiate for Volusia County that is implemented through a Multi-Tiered System of Supports as evidence-based programs are implemented. Use of the Panorama Education Software, specifically the SEL and MTSS intervention platforms, educators and clinicians will easily be able to manage evidence-based programs across tiers of support and use data to collaborate and improve outcomes. The Panorama survey will be administered to students, teachers, and school staff 3 times a year. We will use the Panorama survey to measure and monitor growth in student, teacher, and staff perceptions on teacher-student relationships, social awareness, engagement, school climate, school safety, and emotional regulation. These survey scores will be used to identify students for tier 2 and tier 3 interventions. The Panorama Playbook platform contains evidence-based strategies and interventions tied to these topics that will be implemented to help student scores improve in these areas.

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**

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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><u>Merrell's Strong Kids & Strong Teens: A Social and Emotional Learning Curriculum</u></p> <p>An evidence-based program focused on Social and Emotional Learning (SEL) guided by a Theory of Action and lessons align with the <u>CASEL</u> competencies. It is designed for students in grades K-12 as both a prevention and an early intervention (EI) program. The Strong Kids curriculum has been evaluated and continues to be studied within a multitiered model, across age and grade levels, and various settings. The strongest evidence exists for a unilateral increase in knowledge of social and emotional content across studies. Implementation varies between age groups, but each have the flexibility to be segmented into parts to meet needs of students.</p> <p><u>Strong Start-Grades K-2:</u> Comprised of ten (10) 45-min lessons, which can be lengthened or shortened for feasibility of implementation, skills, and developmental level of the child. Included are adaptations for culturally and linguistically diverse learners.</p> <p>Sessions (individual and small group) are held during school hours and cover a wide range of topics such as self-awareness, mindfulness and relaxation, problem solving skills, effective communication skills, and emotional regulation and coping skills.</p> <p><u>Strong Kids-Grades 3-8 & Strong Teens-Grades 9-12:</u> Comprised of twelve (12) one-hour lessons, which can be lengthened or shortened for feasibility of implementation, skills, and developmental level of the student. Included are adaptations for culturally and linguistically diverse learners.</p> <p>Sessions (individual and small group) are held during school hours and cover a wide range of topics such as emotional strength training; communication; empathy and perspective taking; anger regulation; cognitive distortion, problem solving skills; stress management;</p>	<p>Used in conjunction with other EBP and counseling modalities as a comprehensive, intensive intervention program.</p> <p><u>Strong Start-Grades K-2:</u> District Mental Health Therapists will conduct the sessions to students ages 5-8. Students will learn to identify feelings, learn about other people's feelings, learn how to be a friend, learn how to relax and feel calm, and learn about solving problem using art, writing, discussion, and practice exercises to relate concepts and emphasis problem solving strategies. Sessions are structured and include 1) Purpose and objectives with specific SEL competencies to address; 2) Review of activities and materials; 3) Instructor Reflection; 4) Introduction of new activities through art, games, stories, and application of skills; and 5) Family Communication Bulletin for further engagement.</p> <p>District Mental Health Therapist will review skills the student has learned in Strong Start with the student's parent(s)/guardian(s).</p> <p><u>Strong Kids-Grades 3-8 & Strong Teens-Grades 9-12:</u> District Mental Health Therapists will conduct the sessions to students ages 8-18. Students will learn to identify feelings, navigate relationships, manage academic and social pressures, and learn about solving problem using art, writing, discussion, and practice exercises to relate concepts and emphasis problem solving strategies. Sessions are structured and include 1) Purpose and objectives with specific SEL competencies to address; 2) Review of activities and materials; 3) Instructor Reflection; 4) Introduction of new activities through art, worksheets, stories, and application of skills.</p> <p>District Mental Health Therapist will review skills the student has learned in Strong Kids and Teens sessions with the student's parent(s)/guardian(s) with session reviews, as appropriate.</p>	<p>Through the use of this evidence-based program, elementary and secondary students ages 5-18 will learn about emotions and the social-emotional skills they will use in life: i.e., managing anger, reducing stress, and solving interpersonal problems.</p> <p>This use of skill-building will reduce current issues with anger, anxiety, behavioral concerns, depression, impulsivity and increase self-esteem, problem-solving skills, and goal setting.</p>	X	X	X

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<p>positive thinking; and goal setting.</p> <p>These topics and methods derive from SEL Competencies that endorse 5 key areas for building SEL skills (self-awareness, self-management, social awareness, relationship skills, and decision making). Lessons involve skill practice and communication strategies for the classroom and families.</p>					
<p><u>Well-Being Promotion Program (WBPP)</u></p> <p>An evidence-based program focused on positive psychology interventions in the schools. WBPP aligns with other theoretical frameworks and initiates, such as Humanistic Theory, Social Emotional Learning (SEL), trauma informed care, positive behavioral supports, positive youth development, and resilience.</p> <p>The WDPP can be utilized with grades 3-12. There are ten (10) sessions outlined with the manual that can be used with individuals, groups, and in classrooms. Length of time spent in each session can vary due to participant involvement and developmental level of student. Cultural considerations in defining happiness, assessment/determinants of subjective well-being, and considerations for positive intervention strategies are also accounted for.</p>	<p>District Mental Health Therapists will conduct the sessions to students within grades 3-12. Focus is placed on the positive psychology approach to mental health care (Subjective Well-Being (SWB)) which includes: Life Satisfaction, Positive Emotions, and Negative Emotions. School Psychologists will also implement program into sessions with students on an ongoing basis.</p> <p>Students will learn the importance of happiness and gratitude, identify character strengths, increase optimistic thinking, and discuss their “Best Possible Self in the Future” using scales/surveys, personal reflections, discussion, and practice exercises to relate concepts and emphasis high SWB for complete mental health.</p> <p>Sessions are structured and include 1) Goals and agenda setting; 2) Outline of procedures/activities; 3) Discussion; 4) Writing prompt or activity; and 5) Homework.</p> <p>District Mental Health Therapist and School Psychologists will review skills the student has learned in Strong Start with the student’s parent(s)/guardian(s).</p>	<p>Through the use of this evidence-based program, elementary and secondary students across grades 3-12 will learn about social and emotional health and the significance of positive and negative emotions in daily lives: i.e., gratitude, character strengths, purposeful activities, thought process and self-reflection.</p> <p>Through use of this program within a multi-tiered approach, students can improve: Life Satisfaction and Social Emotional Health (student report via scales/surveys) and positive and purposeful decision-making skills.</p> <p>At Tier 1, emphasis can be placed schoolwide on themes such as gratitude, optimism, character strengths, and strong relationships for example.</p> <p>At Tier 2, strategies can be implemented for individuals who have a specific risk factor or would benefit from growth in a particular outcome.</p> <p>Interventions at Tier 3 are more individualized and would apply to students who did not respond to Tier 1 or 2 services, exhibit low subjective well-being paired with mental health problems and referred to District Mental Health Team for additional services, or have already been identified with emotional and/or behavioral issues.</p>	X	X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><u>Integration of Solution-Focused Brief Therapy & Use of Valid/Reliable Screeners</u></p> <p>Solution-Focused Brief Therapy (SFBT) is an evidence-based, strengths-based intervention approach to psychotherapy that clinicians will utilize in sessions and groups to approach goal setting and collaborate with student to move into a future-orientated path. Clinicians will utilize aspects of SFBT in sessions to assist students in meeting and maintaining goals.</p> <p>SFBT can be utilized with all ages and with a variety of issues, including behavioral, relational, and psychological problems. SFBT has also been found to be effective in a diverse range of clinical populations.</p> <p>SFBT has identified 3 key areas to follow and to increase the fidelity of the model: (1) use of conversations centered on clients' concerns; (2) conversations focused on co-constructing new meanings around client concerns; (3) use of specific techniques to help clients co-construct a vision of a preferred future and drawing upon past success and strengths to help resolve issues (SFBTA Research Committee, 2007). Systematic qualitative review also further categorized SFBT techniques and core components into 7: 1. The therapist uses the miracle question; 2. Use of scaling questions; 3. A consulting break and giving the client a set of compliments; 4. Assigning homework tasks; 5. Looking for strengths or solutions; 6. Goal setting; 7. Looking for exceptions to the problem</p>	<p>District Mental Health Therapists, alongside school-based clinicians/staff, will conduct the sessions to students within grades K-12. Focus is to build upon the resources and skills students have and help them to identify their use in solving their own problems. Clinicians will utilize this, among an array of personal therapeutic approaches and skill sets, to work with at-risk students on campuses with the goal to manage negative feelings, behavioral issues, and collaborate to solve problems.</p> <p>Students will learn the importance of goal setting, identifying strengths, finding solutions, and collaboration using scales/surveys, personal reflections, discussion, and practice exercises to relate concepts to improve coping skills and mental health.</p> <p>Sessions are structured weekly or bi-weekly for 40-45min and session length will last a total of 8-10 sessions per student.</p> <p>District Mental Health Therapist will review skills the student has learned in session with the student's parent(s)/guardian(s), school staff, and/or outside providers as warranted for additional strength building and reinforcement.</p>	<p>Through the practice of this evidence-based intervention, elementary and secondary students ages 5-18 will learn about emotions and the social-emotional skills they will use in life as well as become motivated to find solutions and make behavioral and lifestyle changes, i.e., managing anger, reducing stress, and solving interpersonal problems.</p> <p>This use of skill-building will reduce current issues with anger, anxiety, behavioral concerns, depression, impulsivity and increase self-esteem, problem-solving skills, and goal setting.</p> <p>Various scales and surveys will be integrated into sessions, as appropriate, for clinicians to measure progress with students. Examples include but are not limited to: Patient Health Questionnaire (PHQ-9), Columbia-Suicide Severity Rating Scale (C-SSRS), SAFE-T Protocol with C-SSRS, Generalize Anxiety Disorder Screener.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Sanford Harmony: <u>https://www.harmonysel.org/</u></p> <p>Sanford Harmony is a social and emotional learning program for Pre-K-6 grade students. Harmony fosters knowledge, skills, and attitudes boys and girls need to develop healthy identities, create meaningful relationships, and engage productively by providing SEL learning resources, tools, and strategies.</p>	<p>Teachers at Tier 1 (classroom lessons, about 22)</p> <p>School Counselors at Tier 2 (small group reviewing selected lessons as needed)</p> <p>School Counselors at Tier 3 (short-term individual counseling reviewing concepts)</p> <p>District Mental Health Team assist schools implementing this program with running small groups and utilizing this curriculum with sessions and classroom integration efforts</p>	<ul style="list-style-type: none"> • Teacher Report • Behavior Report Card Scores • Discipline referrals • Suspensions • Threat assessments <p>All tracked by school counselors and information placed in FOCUS student system.</p> <p>Ongoing communication and meeting between all stakeholders for ongoing implementation of strategies and modifications to improve outcomes.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Additional narrative may be added [here](#)

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Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	1:385	1:347
School Social Worker	1:2,647	1:2,555
School Psychologist	1:2,337	1:2,271
Other Licensed Mental Health Provider	1:3,382	1:2,921

Direct employment policy, roles and responsibilities	Description
<p>Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.</p>	<p>Volusia County Schools believes in the importance of an integrated student services approach to addressing the needs of our students. School-employed mental health professionals are trained to address mental health, social-emotional and behavioral needs. School counselors, school psychologists, school social-workers, and behavioral specialists provide the vast majority of school-based mental health services. They are specially trained in school system functioning and learning, as well as how students' behavior and mental health impacts their ability to be successful in school.</p> <p>Direct employment of mental health providers at the school-based level will reduce ratios by ensuring more staff are available at any given time for the students throughout Volusia County Schools. With the increase of anxiety, depression, academic strain, and social pressures for our students (especially coming out of this past year with COVID), there is a demand for more comprehensive social and emotional supports. Volusia County schools will continue to work to look at ratios in the coming year and expand services whenever possible. Continuing to evaluate needs and build capacity within school-based mental health services will be an ongoing goal for Volusia County Schools.</p>
<p>Describe your district's established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).</p>	<p>Since the initial allocation funding began, Volusia County Schools has strived to better align staff to student ratios, mental health assistance needs for students and staff, and review how to access and implement various resources across the continuum of school mental health services. Each quarter, the district mental health team reviews data to examine multiple components that impact the services provided to students (i.e., in-house and agencies referrals, threat assessments, concern of harms to self and others, Handle with Care Notifications).</p>

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	<p>Climate surveys were implemented this year for all school-based personnel to complete to allow for greater feedback regarding school-based mental health services and their relationship and communication between the district mental health services for Tier 2 and 3 supports.</p> <p>In combining the above listed data reviews and reports from schools, Volusia County Schools evaluates yearly the distribution of services across all schools. In order to expand the delivery of direct mental health services in a timely manner to all schools throughout the District, the mental health staff to be funded by this allocation will be strategically distributed in regions throughout the District. This regional configuration will allow for an immediate response from a highly qualified team of mental health professionals to address a crisis or acute mental health needs.</p> <p>Although Volusia County Schools currently does not have an official written policy or procedure in place for increasing the time of direct mental health services provided, the district has been working to improve available resources and staff to implement those resources. During the 21-22 School Year, Volusia County Schools will draft and execute an official policy for increasing and improving time that personnel spend providing direct mental health services. Volusia County Schools will continue to expand upon its use of allocation funds to train educators, provide resources to meet the needs of students and families, and track data to determine areas that require additional review and revision for allocation, Medicaid, and other funding options in relation to staffing and implementation.</p>
<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>Community collaboration is critical to providing the full continuum of mental health services. Meeting the full continuum of student needs is also dependent on collaboration between schools and community mental health providers. Typically, community providers offer supplementary or intensive services that go beyond school capacities. An MTSS approach facilitates effective collaboration while ensuring that services provided in school are appropriate to the learning context and those that are provided after school hours are appropriately linked to and supported in the school setting. Partnerships are most effective when coordinated by school-employed mental health professionals, are defined by clear memoranda of understanding, and reinforce an appreciation for the unique contribution each group makes to creating more seamless and comprehensive service delivery. This not only reduces gaps, redundancy, and conflict, it also reduces stress on families and supports their roles as primary caregivers and decision-makers regarding their child's development.</p> <p>Volusia County Schools has an agreement with 5 community agencies to provide school-based behavioral mental health</p>

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	<p>services for students who are at risk of emotional and behavioral challenges. Currently, Volusia County Schools has an agreement with the following entities: Adapt Behavioral Services, Children’s Home Society of Florida, Chrysalis Health, Devereux Services, and Stewart Marchman Healthcare.</p> <p>Services are currently in all public schools throughout our district (excluding charter schools that opt out of the VCS Mental Health Plan). Students are referred by student services personnel, school-based administrators or parents and are seen by registered interns or licensed mental health therapists weekly. In addition, our community mental health partnerships provide support to our separate class/EBD units, Title 1 schools, full-service and comprehensive schools, low performing schools, schools with high disciplinerefferrals and schools with high concern of harm intervention.</p> <p>The Volusia County Schools’ District Mental Health Team will work closely with community-based mental health partners to link families to services and help support the individual needs of our students. Students that are identified as being “moderate to high risk” through mental health and behavioral assessments and evaluations, will be referred to outside agencies and primary care providers for additional support. In addition, our District Mental Health Teams will work in conjunction with our providers to ensure that the strategies and resources recommended by our community providers are implemented in the school setting.</p> <p>The District Mental Health Teams funded by the allocation will serve as a bridge between community mental health and the education setting.</p> <p>The referral process for our community agencies differs depending on the agency. Volusia County Schools has a district contact, Coordinator of School Social Work, that assists in ensuring our students’ needs are addressed in a timely and adequate way. In emergency situations, the Coordinator of School Social Work can swiftly navigate the system and ensure that students’ needs are addressed immediately. The Volusia County School district continues to meet with the mental health community providers to review the mental health plan and elicit input and recommendations.</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:
Eduardo Gonzalez- Licensed Mental Health Counselor Marcia Williams- Registered Clinical Social Worker Intern	ADAPT	Direct & Indirect Services to Students: Counseling,	MOU

2021-2022 Mental Health Application

Myraida Valdes, Regional Manager-Masters of Social Work Dr. Sharon Older, Agency Executive Director- BCBA-D; Qualified Supervisor MHC		Telehealth	
Amber Martin- Registered Mental Health Counselor Intern Waynetha Ferguson- Registered Mental Health Counselor Intern Maria Cox- Registered Mental Health Counselor Intern Laura Sosa- Registered Mental Health Counselor Intern Terri Bailey- Registered Mental Health Counselor Intern Malvin “Doug” Munson- Registered Mental Health Counselor Intern Bria McAllister- Registered Mental Health Counselor Intern Kemeisha Harris- Registered Mental Health Counselor Intern Jazmine Hunt- Registered Mental Health Counselor Intern Stacy Rowe, Clinical Supervisor- Licensed Mental Health Counselor	Children's Home Society	Direct & Indirect Services to Students: Counseling, Case Management	MOU
Teah Michael- Registered Clinical Social Worker Intern Alison Petykowski- Registered Clinical Social Worker Intern Kirsten Gagnier- Registered Clinical Social Worker Intern Shanice Fluitt- Registered Clinical Social Worker Intern Chaconna Downs- Registered Clinical Social Worker Intern Nicole Bogue- Registered Clinical Social Worker Intern Brittney Rickerson- Registered Clinical Social Worker Intern Sari Mabe, Outpatient Program Director- Licensed Mental Health Counselor	Chrysalis Health	Direct & Indirect Services to Students: Counseling, Telehealth, Case Management	MOU
Jill Arlaud- Registered Marriage and Family Therapist Intern Jessica DiMaria, Clinical Supervisor- Licensed Clinical Social Worker	Devereux Services	Direct & Indirect Services to Students: Counseling, Telehealth	MOU
Marla Johnson- Licensed Mental Health Counselor Glenn Scanes- Registered Mental Health Counselor Intern DeLaney Anderson-Davis- Registered Mental Health Counselor Intern Laurie Smith- Registered Mental Health Counselor Intern Katarzyna Potocka- Licensed Clinical Social Worker Angelina Vickers- Registered Mental Health Counselor Intern Chaemonte Lewis-Community Care Coordinator Donnett Harris-Gadiare, MS-Community Case Coordinator Dr. Melanie Smith, Program Therapy Supervisor- Licensed Mental Health Counselor	Halifax Behavioral Services	Direct & Indirect Services to Students: Counseling, Care Coordination, Medication	MOU & MHAA
Karrie Spencer-School Based Substance Abuse/Mental Health Counselor-MEd	SMA Healthcare	Direct & Indirect Services to Students: Substance Abuse Screening	MHAA

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Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	1,000,129.38
School district expenditures for mental health services provided by staff who are employees of the school district: <i>(30 District-based clinicians (Mental Health, Marriage and Family, and Social Work) at an average of \$63,339.96 each **Amounts include benefits)</i>	1,900,199.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers: <i>(Stewart Marchman: 2 Clinicians at \$65,000 each – Total Contract max \$130,000 and Halifax Behavioral Services: 2 Coordinators at \$75,000 each – Total Contract max \$150,000 **Amounts include benefits and allocated expenses)</i>	285,000.00
Other expenditures (see below):	\$ 1,060,000.00
Total MHAA expenditures:	\$ 3,495,328.38

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

Type: Narrative description with detailed cost	Total Amount
MENTAL HEALTH SPECIALIST (1)	100,000.00
6-12 COUNSELING SPECIALIST (1)	90,000.00
K-5 COUNSELING SPECIALIST (1)	90,000.00
SCHOOL COUNSELOR (1 FTE)	60,000.00
TRAVEL, TRANSPORTATION, COMMUNICATIONS & OFFICE EXPENSES FOR EVALUATION, TRIAGE, TRAINING AND RESOURCES FOR SCHOOLS	80,000.00
INFORMATIONAL PRODUCTS AND MATERIALS TO CONNECT CHILDREN, YOUTH & FAMILIES WHO MAY EXPERIENCE BEHAVIORAL/MENTAL ISSUES WITH APPROPRIATE SERVICES	85,000.00
MATERIALS - PRINTING MATERIALS FOR COMMUNITY RESOURCES AND SCHOOL-BASED MENTAL HEALTH SUPPORTS/CURRICULUMS/PARENT RESOURCES	25,000.00
PROFESSIONAL DEVELOPMENT TO TRAIN EDUCATORS & MENTAL HEALTH CLINICIANS ON CURRENT THREAT ASSESSMENT & EVIDENCE-BASED STRATEGIES TO PROPERLY DETECT, ASSESS & RESPOND TO STUDENT NEEDS	65,000.00
MENTAL HEALTH CURRICULUM TO BE IMPLEMENTED BY MENTAL HEALTH CLINICIANS TO PROVIDE YOUTH & CHILDREN WITH APPROPRIATE MENTAL & BEHAVIORAL SUPPORT & INTERVENTIONS (I.E. MERRELL'S STRONG KIDS)	70,000.00
YOUTH MENTAL HEALTH FIRST AID BOOKS & CERTIFICATION TO ASSIST EDUCATORS & OTHER SCHOOL STAFF IN HOW TO DETECT AND RESPOND TO MENTAL HEALTH ISSUES & CONNECT CHILDREN, YOUTH & FAMILIES WITH APPROPRIATE MENTAL/BEHAVIORAL HEALTH SERVICES	55,000.00
CHARTER SCHOOL ALLOCATION	40,000.00
MENTAL HEALTH EDUCATIONAL VIDEOS TO INFORM YOUTH & CHILDREN ON RECOGNIZING THE SIGNS & SYMPTOMS OF MENTAL HEALTH & CONNECTING THEM WITH APPROPRIATE RESOURCES (MEETS 5 HOUR MENTAL HEALTH STATE REQUIREMENT FOR EDUCATION)	300,000.00
Total Other Expenditures:	\$ 1,060,000.00

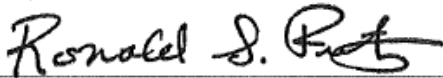
2021-2022 Mental Health Application

District Certification

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

School (MSID) Number	Charter School Name
7621	Ivy Hawn Charter School of the Arts

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

Ronald S. Fritz

Printed Name of District Superintendent

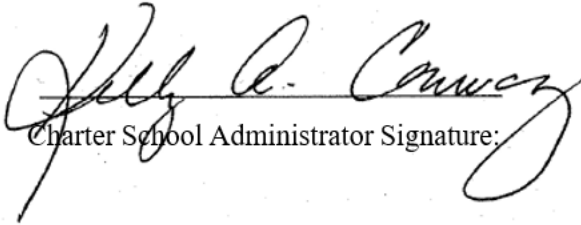
07/27/2021

Board Approval Date

2021-2022 Mental Health Application

Charter School Certification

This application certifies that the Ivy Hawn Charter School for the Performing Arts 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:

Ronald S. Fritz
Printed Name of District Superintendent

07/27/2021
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>Example 1 Bounce Back Bounce Back based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is comprised of 10 one-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 and 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>Example 2 <u>Support for Students Exposed to Trauma (SSET)</u> 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"> • common reactions to trauma • relaxation techniques • coping strategies • learning to approach difficult situations • developing a trauma narrative • problem solving 	<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"> • anxiety or nervousness • withdrawal or isolation • depressed mood • acting out in school • impulsive or risky behavior 	X	X	

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><u>Panorama</u></p> <p>Panorama's Playbook includes interventions from 20+ leading SEL curriculum providers. It provides evidence-based professional development activities that are sustained, intensive, collaborative, job-embedded, data-driven, and classroom-focused.</p> <p>Climate surveys will be given at specific times throughout the school year to students, teachers, and staff to gather information to assess and implement data driven programs.</p>	<p>Utilization of pre-populated and modified survey questions throughout the school year given to students, teachers, and staff.</p> <p>Use of data will be classified by the type, tier, and appropriate grade levels for each strategy, so that staff can quickly evaluate the strategies that make the most sense.</p> <p>Platform will be implemented and results utilized by the following: -Teachers at Tier 1 -School Counselors at Tier 2 -School Counselors, School Psychologists, School Social Workers, and District Mental Health Team at Tier 3</p> <p>Mental Health Team members will assist with implementing Playbook recommended interventions through small groups, etc. based on survey results</p>	<ul style="list-style-type: none"> • Teacher Report • Panorama survey • Behavior Report Card Scores • Discipline referrals • Suspensions • Threat assessments <p>All tracked by school counselors.</p>	X	X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

2021-2022 Mental Health Application

School District of Volusia County
Payroll Invoice

<h2 style="margin: 0;">Sample Invoice for Substitute Stipends</h2>						Batch: _____ ADJ Code: _____ Run: _____																																									
Date: _____						Payroll Use Only																																									
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Please submit a separate invoice for employees in different benefit categories requiring reimbursement from internal accounts. <u>Sign-in sheets are to be retained at your work site.</u> Do not change size of invoice. Fit columns to page if needed. Contact Budget for Stringlines. Refer to Payroll Schedule for Invoice deadlines.																																															
SSN	Name (enter below)	Dates of service	Round time to nearest ¼ hour	Hourly or Approved Pay Rate	Amt Due																																										
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*** Other: Amount to be paid for each type of work performed is listed in the Salary Manual located in the VCS Website under Human Resources - Substitute Salary Schedule and Other Hourly Rates - Staff Development Or Special Project Non-Contracted Pay Rates. All other amounts are listed under individual contracts. Non-Exempt employees may not be paid a flat amount.																																															
** The Grand Total is what will be charged to the above account string. Use this amount when writing an Internal Acct check.																																															
Administrator _____					Date _____																																										

Revised: 6/20/2017
Owner: Payroll

Invoice with Benefits

2007-208-VCS
Print Locally