



FLORIDA DEPARTMENT OF
EDUCATION
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2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Part II: Mental Health Assistance Allocation Plan

Clay County

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

2021-2022 Mental Health Application

Purpose

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part I includes the YMHAT Plan and Part II includes the MHAAP

Part I. Youth Mental Health Awareness Training Plan

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

Part II. Mental Health Assistance Allocation Plan

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

Submission Process and Deadline

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

There are two submission options for charter schools:

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

Part I. Youth Mental Health Awareness Training Plan

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

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Part I. Youth Mental Health Awareness Training Plan and Projected Budget

Section A: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in YMHAT?
There are 40 % of employees trained and certified as of 6/30/21 (date)
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
YMHFA Training will be conducted eight times a month for six months over the school year, in which each school will send six staff in total for training each month. Additionally, YMHFA Training will be conducted nine times over the course of the school year for non school based staff. These trainings will allow for a combined total of 1710 district staff to receive training in the 21-22 school year. Staff who have previously certified in YMHFA, who need their three year recertification training will also be offered ongoing opportunities to complete the self-paced recertification course within their weekly scheduled professional development.
3. In addition, the annual goal for the 2021-2022 school year is to train:
25 % of employees as of 6/30/22 (date)
4. Explain the training goal(s) for the next 3-5 years.
At the end of the 21-22 school year our district will have trained 65% of our total staff. Over the next 3-5 years, the district will continue with the same aggressive training approach to reach 100% of staff fully certified in YMHFA by the end of the 23-24 school year. A detailed recording system will be monitored and maintained in order to track the ongoing need for recertifications and initial training of new staff.
5. What is the procedure for training new personnel to the district?
New personnel will be required to complete the appropriate level Kognito At-Risk course. Within 1-2 years, all new personnel will have the opportunity to complete YMHFA certification.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none">Youth Mental Health First Aid (YMHFA)
The mental health awareness curriculum will continue to be the primary content for increasing awareness and understanding of mental health risks in students and intervention skills for prevention of further concerns or risks.
<ul style="list-style-type: none">YMHFA Recertification
This option will be used to refresh and enhance the learning of employees who have participated in and completed the YMHFA course after three years.
<ul style="list-style-type: none">Kognito At-Risk Modules (at all three levels: elementary, middle, high school)
This supplemental curriculum will be used for new employees to gain awareness about mental health and suicide prevention in order to support student wellness and school safety while awaiting an opportunity to become certified in YMHFA.

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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)	1,440 instructional staff will be provided with substitutes for their scheduled training days.	\$120.00	\$172,800.00
2. Materials (Detail # of units x individual unit cost, plus shipping)	1710 YMHFA Manuals	\$ 18.95	\$32,404.50
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	1000 YMHFA Recertifications	\$30.00	\$30,000.00
	8 Trainer Course Participation	\$2,000	\$16,000
4. Additional Kognito Modules (Provide the name of training module and cost)	N/A		
TOTAL 2021-2022 BUDGET:			\$ 251,204.50
5. Additional narrative (optional):			

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

Section A: MHAA Plan Assurances

The district assures...

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

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

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

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Section B: Planned Outcomes

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

1) An increased number of students at our Title I schools demonstrate trauma related behaviors and symptoms from Adverse Childhood Experiences. A River's Edge Counseling Center mental health clinician will implement the evidenced based program, Cognitive Behavior Interventions for Trauma in Schools (CBITS) for all 5th and 6th grade students who meet screening criteria at four schools: Ridgeview Elementary, Doctor's Inlet Elementary, S. Bryan Jennings Elementary, and Charles E. Bennett Elementary. Charles E. Bennett Elementary's data from the 20-21 school year has also indicated that these symptoms and behaviors are having a negative impact on the instructional environment and an increased rate of response was needed to de-escalate classrooms. To further address these trauma related behavior statistics, the school will also receive a full time mental health clinician from River's Edge Counseling who will also see students needing therapeutic services on an individual basis from any grade level. This clinician will also provide trauma informed education for faculty and staff at Charles E. Bennett Elementary to increase awareness and productive classroom practices. We expect to see a 20-30% reduction in the total number of staff responses needed to de-escalate students to reduce the negative impact on the learning environment.

2) Clay County has increased the district mental health staff for the 21-22 school year by two, bringing the total district mental health staff to four. These mental health clinicians will be serving students who do not have Medicaid or face barriers to receiving therapeutic services in the community. The district mental health clinicians will primarily use the evidenced based modality of Cognitive Behavioral Therapy (CBT) to reduce individual symptoms and behaviors that impede students' academic success and developmental progress. With the addition of two mental health clinicians, the district has effectively doubled the reach of services and expects the overall number of students served to be double from those served in the year prior.

Section C: District Program Implementation

Please include the following in this section:

1. Evidence-Based Program (EBP) and Description

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

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

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

2. EBP Implementation

This should include:

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

3. Outcome Measures

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

4. Multi-tiered System of Support (MTSS)

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

[Appendix Examples](#)

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Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a skills-based, child group intervention that is aimed at relieving symptoms of Post-Traumatic Stress Disorder (PTSD), depression, and general anxiety among children exposed to multiple forms of trauma. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, and natural and man-made disasters. It uses cognitive-behavioral techniques	<p>Parental permission is given for students to complete a brief screening instrument to determine students in need of the program. The program consists of ten group sessions (6-8 children/ group) of approximately an hour in length, usually conducted once a week in a school setting. In addition to the group sessions, participants receive 1-3 individual sessions, usually held before the exposure exercises. CBITS also includes two parent education sessions and one teacher education session. CBITS teaches six cognitive-behavioral techniques:</p> <ul style="list-style-type: none"> • Education about reactions to trauma • Relaxation training • Cognitive therapy • Real life exposure • Stress or trauma exposure • Social problem-solving <p>Licensed Mental Health professionals from River's Edge Counseling facilitate this program.</p>	The impact of trauma related experiences through behavioral and emotional symptoms will be reduced as evidenced by a reduction in referrals, suspensions and classroom disruptions from the targeted student population.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, eating disorders, and severe mental illness.</p> <p>Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life.</p> <p>In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications.</p> <p>District mental health staff will use the Strengths and Difficulties Questionnaire (SDQ) as a pre and post assessment for each student.</p>	<p>District mental health staff will meet with students who have been referred for mental health services on a weekly basis for 8-10 weeks. CBT treatment can involve efforts to change thinking patterns. These strategies might include:</p> <ul style="list-style-type: none"> • Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality. • Gaining a better understanding of the behavior and motivation of others. • Using problem-solving skills to cope with difficult situations. • Learning to develop a greater sense of confidence in one's own abilities. <p>CBT treatment may also involve efforts to change behavioral patterns. These strategies might include:</p> <ul style="list-style-type: none"> • Facing one's fears instead of avoiding them. • Using role playing to prepare for potentially problematic interactions with others. • Learning to calm one's mind and relax one's body. 	Students referred for services will see a reduction in negative thoughts and behaviors as evidenced by the before and after outcome of the SDQ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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	1:476	1:470
School Social Worker	1:2,222	1:2,000
School Psychologist	1:2,000	1:2,000
Other Licensed Mental Health Provider	1:8,000	1:5,715

Direct employment policy, roles and responsibilities	Description
Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff- to-student ratios.	The increased number of district mental health staff enables an increase in overall students to be served through individual and group services. The additional staff for the 21-22 school year increases our capacity to see students on a one to one basis and meet the needs of a greater population of students at an increased number of schools.
Describe your district's established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs.	School-based mental health positions provide greater opportunity for a range of preventative, early intervention, and intervention services to a greater number of students. The administrative support towards the programs that are implemented by these direct-care staff also create additional time for student interactions. The district will continue to work with local university programs to provide internship assignments in school social work, school psychology, and school counseling, thus enabling more direct student services provisions for students.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	Current agreements with outside providers will continue to include the use of the county Mobile Response Team, the Community Action Treatment Team, Student Assistance Program, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), individual and group therapy, and case management.

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:
	Please refer to attached	Budget Narrative	

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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:	\$837,316.88
School district expenditures for mental health services provided by staff who are employees of the school district:	\$714,319.06
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$475,113.60
Other expenditures (see below):	\$ 1,193,919.22
Total MHAA expenditures:	\$ 2,383,351.88

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

Type: Narrative description with detailed cost	Total Amount
Please refer to attached Budget Narrative	
Total Other Expenditures:	\$ 0.00

2021-2022 Mental Health Application

District Certification

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

School (MSID) Number	Charter School Name
0664	Clay Charter Academy
0667	St. Johns Classical Academy

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

David S. Broskie

Printed Name of District Superintendent

July 27, 2021

Board Approval Date

2021-2022 Mental Health Assistance Allocation Plan Budget Narrative

Clay County District Schools

Unexpended Mental Health Assistance Allocation Funds	
Due to the overall uncertainties created from the COVID-19 Pandemic, many of our contracts were not fulfilled for the entire budgeted amounts and proposed personnel allocations were frozen. This generated a larger surplus of unspent funds from prior years' allocations. The following budget reflects a determined and dynamic plan to effectively use all financial resources available in order to further the work of establishing and expanding mental health services in our district. FY 19-20 = \$66,595.63 FY 20-21 = \$770,721.25	
Total:	\$ 837,316.88
2021-22 District Mental Health Assistance Allocation Conference Report Calculation	
This amount reflects the amount after the deduction of the Charter school allocation disbursements. Clay Charter: \$37,657.00 St. John's Classical: \$34,728.00	
Total:	\$ 1,546,035.00
2021-2022 Total Mental Health Assistance Allocation Funds	
Total:	\$ 2,383,351.88
Proposed Mental Health Assistance Allocation Expenditures	
School District Mental Health Staff	
Administrative staff oversees and supports the mental health efforts within the district, enabling direct-care mental health staff to have fewer planning and researching obligations towards effective programming and implementation. This in turn provides additional one on one and group time with students. District wide mental health clinicians also allow for the district to provide a liaison to families following a Baker Act, as well as further supporting the district crisis response team. Offering a complete system of care for our students includes the collaboration of physical health services that are often needed for students with medical needs related to their mental health care. Administrative oversight for district nurses coordinates and encourages this work. Funding the positions of social worker and school psychologist decreases the staff-to-student ratio to provide more direct services to additional students. (Budgeted amount includes salary, benefits, insurance, and mileage) <u>Title, Credential, (Positions)</u> Supervisor of Mental Health, LCSW (1) Coordinator of Nursing, BSN (1) Counseling Specialist, FDOE Certification in School Counseling PK-12 (.15) School Social Worker, LCSW and/or FDOE Cert. in School SW PK-12 (1.44) Mental Health Clinician, LMHC (2.5) Registered Mental Health Clinical Intern (1) School Psychologist, FDOE Cert. in School Psych. (.7) Behavior Resource Teacher (.5) Case Manager (1)	
Total:	\$ 714,319.06

Contracted Mental Health Services

Agreements MOUs and Contracts are in process with listed community partners to provide direct mental health services to students on school site on an as needed basis in a delivery format that is most appropriate for the given situation (group, individual). Included in the contracts are the implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS). A shared funding model between the agencies and the district will capitalize on Medicaid funding options. Contracts will provide approximately 50% of the total cost (\$32,994.00) for a full time clinician to service 1-2 schools each or will provide for 2 full days of service at one school (\$26,395.20) when a blended funding model is not an option. (The Medicaid hourly rate for therapeutic services is \$73.32.) These agencies all employ staff who are licensed or registered under Chapter 491 and the Florida Department of Health to provide clinical, counseling, and psychotherapy services.

Community Partners

Clay Behavioral Health Center
Children's Home Society
Youth Crisis Center
Right Path Behavioral
River's Edge Counseling

Total: \$ 475,113.60

A new approach for improving the efficiency and timeliness of referrals and connection to services will be implemented through an agreement with Flagler Health's Care Connect+ to use the B.R.A.V.E. platform as a referral hub that will link all district mental health referrals with the appropriate community provider depending on geography, insurance status, and overall need. The use of this indirect service program is at no cost, however, the district will make quarterly deposits to Flagler Health of \$15,000 each to cover non insured services for students. Any unused funds will be reimbursed to the district at the close of the school year.

Total: \$ 60,000.00

Youth Mental Health First Aid

An aggressive training approach will be implemented to reach the goal of 100% of all school personnel to receive the evidenced-based youth mental health awareness and assistance curriculum. Any supplemental allocations received from the Part I application for the Youth Mental Health Awareness Training Plan will support this proposed budget. However, strategies and budget detail are provided in Part I of this application and far exceed the specific supplemental allocation for this program from FDOE. The importance of this training for staff is evident in this designated budget line.

Total: \$ 251,204.50

District Wide Education

Suite 360 Mental Health curriculum will be implemented to meet Rule 6A-1.094124, F.A.C. to provide five hours of instruction in the areas of mental and emotional health, child trafficking prevention, and substance use and abuse prevention.

Total: \$ 44,250.00

Instruction and education in the CASEL competencies of responsible decision making, self-awareness, self-management, social awareness, and relationship skills are evidentially proven as an effective prevention strategy. The 7 Mindsets program will be implemented district wide to provide this content on a developmentally appropriate level for all students.

Total: \$ 235,300.00

Transition Programs	
A student who effectively transitions to school is more likely to have higher academic achievement, fewer attendance issues, and develop and sustain positive social relationships with peers and adults, which serves as overall prevention for increased risk behavior. To promote successful transitions for rising 7th and 9th grade students, the district will continue to build effective and engaging orientation programs through ongoing training and the adoption of the evidenced based programs Link Crew and WEB through the Boomerang Project. Costs include training, materials, orientation day supplies, and stipends.	
Total:	\$200,000.00
Professional Development	
In order to continually address the evolving needs and challenges of our students, effective professional development must be a priority for our mental health staff. Individual training opportunities to further learn and practice effectual evidenced based therapy modalities will enable our staff to meet the mental health needs of our students. These learning opportunities will occur within the format of conferences, training programs, and group seminars.	
Total:	\$ 300,000.00
Awareness Campaigns	
<p><u>Mental Health Awareness</u></p> <p>To provide for ongoing education in resiliency and advocate for meeting the needs of students facing adversity, the district will promote awareness of mental health resources through the recognition of May's mental health awareness month through additional lessons and activities and at all schools.</p> <p><u>Suicide Awareness</u></p> <p>Suicide is the second leading cause of death in ages 10-24. The need for further education and awareness surrounding this public health issue is essential to promoting the safety of our students. The district will recognize September's Suicide Awareness month through additional lessons and activities at all schools.</p>	
Total:	\$ 40,000.00
Supplies and Equipment	
General supplies needed for mental health staff and programming including computer hardware and software.	
Total:	\$ 63,164.72
Total 21-22 MHAAP Budget:	\$ 2,383,351.88