



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

(Insert District Name)

10-0664 Clay Charter Academy (Florida Charter Educational Foundation, Inc.)

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.

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.

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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 % of employees trained and certified as of (date)
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
3. In addition, the annual goal for the 2021-2022 school year is to train:
% of employees as of (date)
4. Explain the training goal(s) for the next 3-5 years.
5. What is the procedure for training new personnel to the district?
6. Explain how the district will utilize the following three YMHAT programs:
• Youth Mental Health First Aid (YMHFA)
• YMHFA Recertification
• Kognito At-Risk Modules (at all three levels: elementary, middle, high school)

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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)			
2. Materials (Detail # of units x individual unit cost, plus shipping)			
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)			
4. Additional Kognito Modules (Provide the name of training module and cost)			
TOTAL 2021-2022 BUDGET:			0
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) The school's mental health program will increase access to mental health support for its students.
- (2) Treatment plan goals of students on the counselor's caseload will be met and symptomology will be reduced.

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
Attitude is Altitude - K-12 curriculum that focuses on Social and Emotional learning, positivity and anti-bullying. The curriculum aligns with the Collaborative for Academic, Social and Emotional Learning (CASEL) standards.	Attitude is Altitude will be implemented by teachers in designated grade levels through classroom lessons.	Improved student self-esteem Increase in student motivation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invo Multidisciplinary Program to Address Childhood Trauma (IMPACT) - Utilizes a multidisciplinary approach to the treatment of youth with mental health/substance use challenges. A multidisciplinary team works collaboratively bringing best practices into the evaluation, treatment and service delivery process. Interventions are delivered by licensed mental health professionals who receive regular support from a board certified behavior analyst. Behavior support and therapeutic interventions are provided while encouraging academic support and progress. Interventions draw on each youth's strengths, incorporates family members and group-based	Inteventions align closely with cognitive-behavioral therapy (CBT) techniques and applied behavior analysis with the explicit goal of reducing mental health symptoms, improving functioning in a variety of domains, encouraging youth and their parents to understand the nature of mental health and/or substance related disorders and how to use newly-learned skills to maintain positive functioning and recovery. In CBT, youth are taught about the link between thoughts and emotions, and how they may affect subsequent behavior. By replacing maladaptive thoughts with adaptive thoughts, youth are able to make better decisions about how to act or behave and how to apply good coping skills. CPT also makes use of established behavior principals such as positive reinforcement to reward adaptive behavior and extinguish unhealthy behaviors. Trauma-focused CBT is a subspeciality within CBT that allows providers to focus closely on Adverse Childhood Experiences (ACEs). This therany addresses	Treatment plan goals will be met Some examples of goals may include: a) Improved decision making b) Improved coping skills c) Increased resiliency	<input type="checkbox"/>	<input checked="" 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
	(continued from above) specifics of the trauma, teaching effective parenting skills to caregivers, and capitalizing on the healing therapeutic alliance between therapist and student. Services may be provided via individual therapy, group therapy and/or family therapy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to community providers - School may refer some students to providers in the community for mental health services.	School may refer some students to community-based providers. School personnel will attempt to obtain a release of information from the family to allow for collaboration with the community-based therapist. If the release is granted, school personnel will follow up with the therapist regarding treatment progress. If the release is not granted, school personnel will follow up with the family and/or student regarding progress.	Symptomology will be reduced	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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	N/A	N/A
School Social Worker	N/A	N/A
School Psychologist	In partnership with district	In partnership with district
Other Licensed Mental Health Provider	0.25 FTE	0.59 FTE

Direct employment policy, roles and responsibilities	Description
Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.	The school will secure licensed mental health providers who will work on site for at least a total number of hours commensurate to a minimum of 90% of the school's MHAA. The school will maximize third-party billing opportunities to allow for increased financial resources to allow for expanded provider service schedules and a reduction in staff-to
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.	Through mental health team meetings the school will identify students who are at the greatest need of intervention. We will use an MTSS model to allocate resources based on student need. Students identified as needing Tier 3 interventions will have the greatest number of touchpoints, followed by those identified as needing Tier 2
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	Providers/partners will work collaboratively with the school mental health team to ensure that services are aligned and coordinated to meet the needs of the students on the caseload. Services will be initiated timely, in accordance with state statute.

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:
LMHC/LCSW/LMFT	Invo-Progressus Therapy	Assessment, therapy, collaboration	MHAA, 3rd party
BCBA	Invo-Progressus Therapy	Consultation/Collaboration (indirect)	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:	\$17,450.32
School district expenditures for mental health services provided by staff who are employees of the school district:	\$0.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$37,657.00
Other expenditures (see below):	0
Total MHAA expenditures:	\$55,107.32

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

Type: Narrative description with detailed cost	Total Amount
N/A	
Total Other Expenditures:	0

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District Certification

This application certifies that the _____ 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

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

Printed Name of District Superintendent

Board Approval Date

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Charter School Certification

10-0664 Clay Charter Academy (Florida Charter Educational Foundation, Inc.)

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.

Governing Board Chairperson Signature: _____

Charter School Administrator Signature: _____

Governing Board Approval Date: 6/10/2021