



2022–2023 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Part II: Mental Health Assistance Allocation Plan

Brevard Public Schools

Deadline for submission to ShareFile:
on or before August 1, 2022

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 <https://fldoe.sharefile.com/r-rc3dac894fc9c4e6c9ff43fbc331a4286> by the deadline **August 1, 2022**.

There are two submission options for charter schools:

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

Part I. Youth Mental Health Awareness Training Plan

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

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

Section A: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in Youth Mental Health First Aid (YMHFA)?
25% of employees trained and certified as of 6/17/2022
2. Explain the training goal(s) for the upcoming 2022-2023 school year.
<ul style="list-style-type: none"> a. 100% of high school staff will be trained by June 30, 2023 b. 80% of middle school staff will be trained by June 30, 2023 c. 10 YMHFA sessions will be offered in June 2022 d. 10 YMHFA sessions will be offered in July 2023 e. Increase YMHFA trainers from 30 to 50 by the June 30, 2023 f. 2 YMHFA trainings will be offered each month throughout the 2022-2023 school year g. 100% of new hires will participate in YMHFA beginning August 2022
3. In addition, the annual goal for the 2022-2023 school year is to train:
80% of employees as of 6/30/2023
4. Explain the training goal(s) for the next 3-5 years.
<p>2022-2023: 100% of high school staff will be trained, 80% of middle school staff, and 60% of elementary staff will be trained in YMHFA.</p> <p>2023-2024: 100% of high school staff will be trained, 100% of middle school staff, and 100% of elementary will be trained in YMHFA.</p> <p>2024-2025: 100% of school-based staff will be trained and/or working on recertification process.</p>
5. What is the procedure for training new personnel to the district?
Youth Mental Health First Aid will be a required part of the onboarding process for all new employees. They will be trained within the first month of employment. 100% of new hires will participate in YMHFA beginning August 2022.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> ● YMHFA
YMHFA will continue to be implemented at Brevard Public Schools during the 2022-2023 school year as the primary mental health awareness training offered to employees.
<ul style="list-style-type: none"> ● YMHFA Recertification
2022-2023: Staff with expiring certificates between 7/1/2022 and 6/30/2023 will participate in the online recertification process to maintain certification.
<ul style="list-style-type: none"> ● 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)	Participants and Instructors to be paid at their hourly rate for 6.5 hours for the full certification or for 2 hours if recertification.	Hourly Salary Rate	\$76,096
2. Materials (Detail # of units x individual unit cost, plus shipping)	Cost to print copies of the Participant Processing Guide	0.81	\$364.50
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	450 participants to complete YMHFA or Recertification at \$23.95 per participant for course registration/seat = \$10,777.50. Brevard will offer trainings blended and virtually during the 2021-2022 school year. The cost is the registration for each participant to have a seat in the course (not for materials).	\$23.95	\$10,777.50
4. Additional Kognito Modules (Provide the name of training module and cost)			
TOTAL 2021-2022 BUDGET:			\$87,238.00
5. Additional narrative (optional): waiting for 2022-2023 YMHFA Budget from State (6.21.2022)			

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.

Section B: Planned Outcomes

Identify one or two specific and measurable outcomes for your district’s plan to achieve through the 2022-2023 evidence-based mental health program.

1. In the 2022/2023 School year, 86% of students referred for school-based supports will receive T2 and T3 interventions.
2. In the 2022-2023 School Year, BPS will increase the number of mental health services provided by social workers, psychologists, school counselors, and agency partners by 10%.

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

Table 1: District Program Implementation

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Check and Connect Mentor Program (C&C). C&C is an evidence-based intervention with K -12 students who show warning signs of disengagement with school. There are four core components: Mentor, Check, Connect, and Family Engagement. This program impacts student outcomes with an increase in attendance, persistence in school, credit accrual and school completion rates, as well as decreases truancy, tardies, behavioral</p> <p>Health, and School Avoidance - Parents and educators may see a wide variety in the behaviors used to avoid school. These school avoidant behaviors may also impact school attendance and students need to be in attendance for students to access comprehensive school-based social, emotional, behavioral, and mental health supports.</p> <p>Check and Connect is implemented in schools by using the structured problem-solving process to identify students at risk, typically attendance, behavioral academic course completion data, and mental health referrals. Mentors attend the multi-day training and are connected with a district lead. Mentors use student data to identify students in need and connect to services. Finally, mentors connect to families to increase student engagement, attendance, and access to comprehensive school supports.</p>	<p>BPS Social Workers will participate in training and work with district leads to identify and prioritize students using multiple forms of data.</p> <p>Mentor: BPS Social workers will begin to build relationships with identified students and families and work with students and families for at least two years. Social workers will consistently meet with students weekly and work with students and families from semester to semester.</p> <p>Check: The BPS Social Worker will implement regular checks on student’s attendance, behavior, academic progress, and mental health referrals and record in progress monitoring forms. Social workers will review on at least a monthly basis to determine levels of risk for students and work with students in identifying problems, generating solutions, and choosing solutions to reduce risk.</p> <p>Connect: BPS Social Workers will provide interventions necessary to reestablish and maintain student’s connection to school and access to supports to continue learning, enhance students’ social and emotional learning, including skill development of goal setting, problem-solving, self-monitoring, and self-advocacy. Social workers will provide and coordinate provision of interventions (based on need) including counseling for social, emotional, or behavioral needs.</p> <p>Engagement with Families: School social workers will connect with student families and seek input from parents and establish two-way communication that works for both the family and the social worker. The social worker will communicate student progress to the family regularly and at least monthly and gather input in promoting the student's health and wellbeing in school.</p>	<p>Related to Goal 1: Through the use of this evidence-based mentor program, students in schools with BPS social workers will have increased direct services via school social workers.</p> <p>Outcomes: Increase in attendance and persistence in school and access to mental health supports; decrease in behavior referrals, chronic absence, and truancy referrals.</p> <p>District tracking and monitoring: District will facilitate monthly meetings with social workers for progress monitoring on metrics (below) and aggregated data 5 times per school year and send in to Check And Connect.</p> <p>Data collected will include: student attendance, behavior data (referrals, suspensions), course performance (interim and report cards), progress toward student goals (ex: making effective choices/decision making, participation in community service, problem-solving skills, alternatives to suspension).</p>			X

Additional narrative may be added [here](#)

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Conscious Discipline provides a comprehensive, trauma-informed social emotional program that is based on current brain research, child development information and developmentally appropriate practices. All aspects of Conscious Discipline focus on creating a safe, connected environment for children to learn and practice the skills needed for healthy social, emotional and academic development. Conscious Discipline methodology has been recognized by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), and it was named a national model for character education by the Florida State Legislature. Research shows that Conscious Discipline decreases aggression, impulsivity and hyperactivity while creating a positive environment in the school or home. In schools, Conscious Discipline has been shown to decrease discipline referrals while increasing teaching time and academic achievement.</p>	<p>8 anchor schools will continue (year 2) with live professional development, on site coaching, and virtual check ins with administrative teams and teacher leaders.</p> <p>6 new anchor schools (year 1) will receive live professional development, virtual coaching of teacher leaders, and administrative teams.</p> <p>A Conscious Discipline book study will be scheduled for schools twice a year.</p> <p>Office hours will be held for any interested school team or individual to discuss implementation of powers and skills learned through Conscious Discipline.</p> <p>A Conscious Discipline online resource binder will be made available for all schools to use in the implementation of Conscious Discipline.</p>	<p>Out of school suspensions (OOSS) will be used to measure the effectiveness of implementation. In 2021-2022 there were 753 OOSS in these 8 schools. In the 2023-2024 school year there will be a 20% reduction to no more than 602 OOSS.</p> <p>Out of school suspensions (OOSS) will be used to measure the effectiveness of implementation. In 2021-2022 there were 584 OOSS at these 6 schools. In the 2023-2024 school year there will be a 10% reduction to no more than 526 OOSS.</p> <p>The number of participants that enroll in the course will be used.</p> <p>Notes will be maintained to drive future professional development. Participating schools will be considered for the next round of anchor schools.</p> <p>Classroom walkthroughs will be used to identify future anchor sites based on self-initiated implementation of the ideas behind Conscious Discipline.</p>	X	X	

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Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

Position	Current Ratio as of August 1, 2022	2022-2023 Proposed Ratio by June 30, 2023
School Counselor	700:1 Elementary 450:1 Middle School 313:1 High School	700:1 Elementary 450:1 Middle School 313:1 High School
School Social Worker	2199:1	2073:1
School Psychologist	2073:1	1961:1
Other Licensed Mental Health Provider		

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.	In the 2022-2023 school year, 3 additional school social workers will be hired to provide direct and in-direct services to students and families to assist in reducing staff-to-student ratios from 2199:1 to 2073:1.
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).	BPS has defined multiple pathways for students to be identified/referred for supports and connected to receive Tier 2 and Tier 3 mental health services and supports. School teams use multiple types of data to ensure student progress. The district uses several sources and types of data (mental health referrals, SRI, discipline, attendance, threat assessment data, EWS data) to identify where new school social worker staff are placed to support students at risk.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	BPS contracts with community-based mental health providers as funds allow it to provide social work services in schools. Other community providers have an MOU to come on campus for individual counseling and they bill the student’s insurance provider. These agencies are referred through the mental wellness pathways from school staff or families and provide individual student counseling supports based on student needs, such as Cognitive-behavior therapy (CBT), motivational interviewing, Zones of Regulation, or Trauma-focused CBT (When appropriate).

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.

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Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided

Mental Health Provider:	Agency:	Services Provided:	Funding Source:
22 Master’s Level Therapists 9 Licensed Clinicians	Lifetime Counseling Center	Individual counseling, groups	Medicaid, Private Insurance and BPS funding
22 Master’s Level Therapists	KinderKonsulting	Individual counseling	Medicaid
2 Master’s Level Therapists	IMPOWER	Individual Counseling	Medicaid
14 Masters Level Therapist and 6 Certified TCM’s	Children’s Home Society	Individual Counseling (Currently Telehealth only except at Endeavor), Targeted Case Management	Medicaid and No Insurance
25 Master’s Level Therapists 3 Licensed Clinicians	Holding Hands	Individual, Family, and Group Counseling Targeted Case Management Psychosocial Rehabilitation Services	Medicaid
Licensed Clinicians contracted through MRT	Mobile Response Team	Crisis evaluation, de-escalation, counseling, follow-up care	State funded

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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:	(6.21.2022) waiting for final end of year. Numbers below based on roll forward of \$24,233.19 and 2022/23 allocation of: \$3,448,907
School district expenditures for mental health services provided by staff who are employees of the school district:	\$2,815,018.18
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$121,000
Other expenditures (see below):	\$512,888.82
Total MHAA expenditures:	\$3,473,140.19

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

Type: Narrative description with detailed cost	Total Amount
Mental Health Education Programs and Trainings	\$59,352.82
Mileage/Miscellaneous	\$48,629.00
Charter Schools Allocation	\$404,907.00
Total Other Expenditures:	\$512,888.82

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Certification

This application certifies that the Brevard Public School's 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
6501	Palm Bay Academy
6507 and 6541	Odyssey Charter (6507) and Odyssey Prep (6541)
6508 and 6509	Sculptor Charter (6508) and Royal Palm (6509)
6511 and 6523	Educational Horizons Charter (6511) and Emma Jewell (6523)
6515	Imagine Schools at West Melbourne Charter
6540	Viera Charter
6329, 6543 and 6554	Pineapple Cove Lockmar (6329) Pineapple Cove Palm Bay (6543) and Pineapple Cove – West Melbourne (6554)
6558	Pinecrest 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

Printed Name of District Superintendent

Board Approval Date