



Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	4
Section A: MHAA Plan Assurances	4
Section B: Planned Outcomes	5
Section C: Charter Program Implementation	5
Section D: Direct Employment	6
Section E: MHAA Planned Funds and Expenditures	8
Section F: Charter Governing Board Approval	8

Introduction

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 mentalhealth. This application is separated into two primary sections: Part II includes the YMHAT Plan and Part III includes the MHAA Plan.

Part I. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62, F.S., the MHAA Plan allocation is to assist districts with 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) by August 1, 2022.

There are two submission options for charter schools (MHAA Plan Only):

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

Part I: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The Charter School Assurances

One hundred percent of the state funded proportionate share is 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.

Yes

Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.

Yes

Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

Yes

Collaboration with FDOE to disseminate mental health information and resources to students and families.

Yes

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.

Yes

A Charter school board policy or procedures has been established for

Students referred to a school-based or community-based mental health services provider, for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 calendar days of referral.

Yes

School-based mental health services are initiated within 15 calendar days of identification and assessment.

Yes

Community-based mental health services are initiated within 30 calendar days of referral.

Yes

Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems or payors for which such individuals may qualify if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.

Yes

District schools and local mobile response teams use the same suicide screening instrument approved by FDOE pursuant to s. 1012.583, F.S., and Rule 6A-40010, Florida Administrative Code.

Yes

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. Such procedures 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.

Yes

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. Note: All initiated involuntary examinations located on school grounds, on school transportation or at a school sponsored activity must be documented in the Involuntary Examinations and Restraint and Seclusion (IERS) platform.

Yes

Parents of students receiving services are provided information about other behavioral health services available through the student's school or local community-based behavioral health service providers. Schools may meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services.

Yes

Planned Outcomes

Identify two specific and measurable goals that will be accomplished within the 2022-23 school year, and specify which component of Charter Assurance 1.a. directs that goal (refer to the Guidance Tab if needed).

Establish a school-wide SEL program as evidenced by:

1. Explicit SEL Instruction: Students have consistent opportunities to cultivate, practice, and reflect on social and emotional competencies in ways that are developmentally appropriate and culturally responsive.
2. SEL Integrated Instruction: SEL objectives are integrated into instructional content and teaching strategies for academics.

Charter Program Implementation

Evidence-Based Program	CASEL Guide to Schoolwide SEL
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
The purpose of the CASEL Guide to Schoolwide SEL is to provide research-informed, field-tested guidance and tools that support schools in coordinating and building upon evidence-based SEL practices and programs to achieve systemic implementation. This year's plan focuses on 3 key areas: 1. Explicit SEL instruction: Students have consistent opportunities to cultivate, practice, and reflect on social and emotional competencies in ways that are developmentally appropriate. 2. SEL integrated with academic instruction: SEL objectives are integrated into instructional content and teaching strategies for academics. 3. Supportive school and classroom climates: Schoolwide and classroom learning environments are supportive, culturally responsive, and focused on building relationships/community.	
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.	
Social and emotional competencies serve as a foundation for achieving academic goals, while academic instruction also provides a ripe opportunity for teaching and practicing SEL. Through schoolwide SEL, our school can ensure that SEL is woven throughout academic instruction. SEL implementation is intricately tied to school climate, defined by the National School Climate Center as the "quality and character of school life. SEL efforts both contribute to and depend upon a climate where all students and adults feel respected, supported, and engaged. School team regularly assess and intentionally cultivate a supportive climate in your school.	
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.	
Regional Mental Health Counselors will provide training for teachers in the importance and methodology of incorporating SEL in classroom instruction. It is important that teachers, rather than counselors or support staff, take the lead on delivering explicit SEL instruction. By taking ownership of teaching SEL, teachers also enhance their own social and emotional learning. Counselors will train teachers in developing lesson plans, activities, and screenings based on the CASEL model.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:900

2022-2023 proposed Ratio by June 30, 2023

1:900

School Social Worker

Current Ratio as of August 1, 2022

1:900

2022-2023 proposed Ratio by June 30, 2023

1:900

School Psychologist

Current Ratio as of August 1, 2022

n/a

2022-2023 proposed Ratio by June 30, 2023

n/a

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

n/a

2022-2023 proposed Ratio by June 30, 2023

n/a

Direct employment policy, roles and responsibilities

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.

Direct employment of school-based service providers will reduce staff-to-student ratios by allowing the school to dedicate counselor time and effort exclusively to crisis response and prevention. This has created a more responsive and proactive setting.

Describe your school'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).

By utilizing counseling data, the school is able to more effectively assign students to the appropriate resource and adjust resources based on need. The addition of telehealth provides additional flexibility in meeting students' needs regardless of location.

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

School-based and community-based partnerships exist at each tier of our service plan: Tier 1-general counseling, Tier 2- ongoing counseling on and off school site, Tier 3- intensive counseling and information sharing to include residential placement and transitions.

Community Contracts/Interagency Agreements

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.

Mental Health Provider: eLuma TeleHealth

Agency: eLuma

Services Provided: Evaluation and counseling services

Funding Source: State Funds

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)

\$ 71,592.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan

\$ 9,474.00

Grand Total MHAA Funds

\$ 81,066.00

MHAA planned Funds and Expenditures Form

Please complete the MHAA planned Funds and Expenditures Form to verify the use of funds in accordance with (s.) 1011.62 Florida Statutes.

The allocated funds may not supplant funds that are provided for this purpose from other operating funds and may not be used to increase salaries or provide bonuses. School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

The following documents were submitted as evidence for this section:

6540_VCS_MHAA_Planned_Expenditures_Report_2022-2023.pdf
6540 VCS MHAA
Document Link

Charter Governing Board Approval

This application certifies that the **Brevard Public Schools** governing board has approved the 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(14), F.S.

Governing Board Approval date

Wednesday 8/31/2022