



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2023-24 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	3
Section A: MHAA Plan Assurances	3
Section B: Planned Outcomes	0
Section C: Charter Program Implementation	4
Section D: Direct Employment	5
Section E: MHAA Planned Funds and Expenditures	6
Section F: Charter Governing Board Approval	7

Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The Charter School Assures

One hundred percent of state funds are used to establish or 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

Other sources of funding will be maximized 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

A system is included 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

Yes

Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.

Yes

A charter governing board policy or procedure 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-4.0010, F.A.C.

Yes

Assisting a mental health services provider or a behavioral health provider as described ins. 1006.041, 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 ins. 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 ins. 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, 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

The Mental Health Assistance Allocation Plan must be focused on a multitiered system of supports to 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. s. 1006.041, F.S.

Yes

District Program Implementation

Evidence-Based Program	Conscious Discipline With MTSS and Universal Screening
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Universal screener at least 4 times per year, and in the moment referrals by staff / parents to the school's MTSS Problem-Solving Team, with plans developed and monitored through use of the Branching Minds Program.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
Mini lessons with SEL components at Tier 1 provided by the Franklin-Covey "Leader in Me" program and other topics provided by the School Psychologist and School Counselor. Monitoring of all behavior referrals with extrinsic and intrinsic components with an established "screening" protocol to identify students on a proactive basis. Evaluations and plan development via use of Branching Minds surveys and development of support plans by the School's Problem Solving Team (SPS).	
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.	
All plans will consider possibility of referrals to community-based services to aid parents/guardians in the process of seeking professional help, as needed. This has been happening and will continue; however, with more formality to the identification and intervention of students who may need such support. Students identified as needing support will also have a locally developed "safety plan" for time spent in school. Any student on a safety plan, or involved behavior intervention plan will be monitored in accordance with the school's MTSS cycles as detailed in its MTSS Manual.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

0/315

2023-2024 proposed Ratio by June 30, 2024

.4/350

School Social Worker

Current Ratio as of August 1, 2023

0/315

2023-2024 proposed Ratio by June 30, 2024

0/350

School Psychologist

Current Ratio as of August 1, 2023

.6/315

2023-2024 proposed Ratio by June 30, 2024

.6/350

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

0/315

2023-2024 proposed Ratio by June 30, 2024

0/350

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.

NCCS provided part-time only school psychological services in 2022-23 by having a licensed psychologist on site 3 days per week (.6) when students were present. This was extremely helpful; however, the school experienced a number of incidents where students were in crisis on days that the psychologist was not present. For 2023-24, NCCS would like to add the services of a School Counselor for two days (.4 FTE) per week, on the days that the school psychologist is not present and use the entirety of the MHAA grant funds for these services.

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).

The school has developed a specific MTSS manual, outlining protocols for screening, evaluating and assisting students with behavior and/or mental health challenges. The school has created a part-time position to a certified school counselor at .4 FTE (2 days per week) to augment the current situation, where only the psychologist has been available.

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

The school counselor will assist with safety and behavior planning, provide direct team support to the Threat Assessment Team and process, and serve as an active member of the school's MTSS Leadership and Problem Solving Teams.

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.

NCCS partners with CINS/FINS, CASTLE, Youth Guidance, Boys and Girls Club, Boy Scouts of America, Gifford Youth Achievement Activity Center and Tykes and Teens. NCCS also connects parents with several private providers of mental health services in the local community.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)

\$ 18,059.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 18,059.00

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.) 1006.041 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:

Planned_MHAA_Expenses-23-24.pdf
<i>NCCS Planned Funds and Expenditures 2023-2024</i>
Document Link

Charter Governing Board Approval

This application certifies that the **School District of Indian River County** 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

Monday 7/10/2023