



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2023-24 Mental Health Application

Mental Health Assistance Allocation Plan

Table of Contents

Introduction	3
Mental Health Assistance Allocation Plan	3
Section A: MHAA Plan Assurances	3
Section C: District Program Implementation	4
Section D: Direct Employment	7
Section E: MHAA Planned Funds and Expenditures	9
Section F: School District Certification	9

Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The District 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

Review for compliance the Mental Health Assistance Allocation Plans submitted by Charter Schools who opt out of the District's MHAAP.

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 school 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	Cognitive Behavior Therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Cognitive Behavior Therapy (CBT) is a therapeutic approach that helps the individual explore the links between thoughts, emotions, and behaviors. CBT is a structured and time-limited approach that works well in school settings and involves mutually agreed upon goal setting. CBT is considered an Evidence Based Practice for a variety of mental health conditions, including anxiety and depression. It is also considered an EBP for students with disruptive behaviors and substance abuse needs.</p>	
<p>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.</p>	
<p>School-based mental health providers (school psychologists, school social workers, and school-based mental health counselors) have been trained to provide CBT. These school-based mental health providers will implement CBT in their individual and group counseling with students who are referred to them.</p>	
<p>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.</p>	
<p>CBT is an evidence-based treatment methodology that can be used for a multitude of mental health and co-occurring substance abuse diagnoses or for those at risk of such diagnoses. CBT is provided in individual or group counseling sessions by school-based mental health professionals.</p>	

Evidence-Based Program	Signs of Suicide
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>Signs of Suicide (SOS) is an evidence-based suicide prevention program. St. Lucie Public Schools (SLPS) is expanding its implementation to middle schools in the 2023-2024 school year and FAU-St. Lucie will do so as well. SOS is a structured presentation delivered by classroom teachers utilizing a series of video vignettes. The lesson is approximately 60 minutes in length and is designed to be completed in one session.</p>	
<p>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.</p>	
<p>SOS will be implemented with all sixth grade students throughout SLPS and at FAU-St. Lucie. Because this is the first year of middle school implementation, SLPS Student Services staff will assist with planning and some implementation.</p>	
<p>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.</p>	
<p>Implementation of Signs of Suicide, an evidence based suicide prevention program, includes direct instruction with students, as well as follow up with students who may need additional intervention. These follow up meetings with students allow for further assessment and intervention with students who either have a mental health or co-occurring substance abuse diagnosis, or at risk of such diagnosis.</p>	

Evidence-Based Program	Question, Persuade, Refer, Treat (QPRT)
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Question, Persuade, Refer, Treat (QPRT) is a course for mental health professionals that is designed to standardize the detection, assessment, and management of suicide crises. This 10- hour training is a Suicide Prevention Resource Center registered best practice course. Participants learn guided clinical interviews developed through expert opinion and anchored in the scientific literature on suicide risk assessment. This collaborative process includes family involvement and safety planning.</p>	
<p>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.</p>	
<p>All SLPS and FAU-St. Lucie school-based mental health professionals will participate in QPRT during the 23-24 school year. QPRT is completed in hybrid model (on-line & in-person). The in-person role play sessions are completed in small groups (up to 10 people), so multiple sessions will be required in order to train all mental health staff. This training will be provided by SE Florida Behavioral Health, as well as district trainers.</p>	
<p>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.</p>	
<p>QPRT is designed to reduce mental health consumer morbidity and mortality by standardizing the detection, assessment, and management of patients at elevated risk for suicidal behaviors in all settings and across the age span. Our trained mental health professionals will have the competence and confidence in the assessment and management of those at risk for mental health impairments.</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:350

2023-2024 proposed Ratio by June 30, 2024

1:350

School Social Worker

Current Ratio as of August 1, 2023

Services provided by SLPS

2023-2024 proposed Ratio by June 30, 2024

Services provided by SLPS

School Psychologist

Current Ratio as of August 1, 2023

Services provided by SLPS

2023-2024 proposed Ratio by June 30, 2024

Services provided by SLPS

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

1:1400

2023-2024 proposed Ratio by June 30, 2024

1:1400

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 additional mental health providers will help to reduce staff-to-student ratios by ensuring that those staff are able to devote more time to direct mental health services. By employing two school counselors through the Mental Health Allocation, we are able to reduce our ratio to 1:350.

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).

SLPS and FAU-St. Lucie have established procedures for reviewing staffing allocations. Each year, data is reviewed to determine school needs. This data includes staff-to-student ratios, ESE data such as evaluations and reevaluations, and behavioral/social-emotional data such as discipline referrals, risk assessments, and mental health referrals. These procedures are utilized each year to determine individual staff assignments, as well as the need for additional staff. SLPS also provides professional development opportunities for mental health professionals so that they are better equipped to provide mental health services. For example, QPRT (Question, Persuade, Refer, Treat) trainings are being provided for all mental health staff to improve their ability to intervene when there is a suicide crisis.

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

SLPS has developed an infrastructure for school-based mental health services, which FAU-St. Lucie also follows. This infrastructure, based on an MTSS model, provides tiered supports for students with a variety of mental health needs. School based mental health professionals, including school counselors, school social workers, school psychologists, and school-based mental health counselors, provide mental health services to students, including individual and group counseling, as well as crisis intervention. When school-based services are not sufficient to address their needs, students are referred to SLPS' community-based mental health agency partners. This collaborative work ensures that all students' mental health needs are met. Several steps are taken to ensure that students are receiving mental health services in a timely manner. First, a meeting is held with all agencies each year to explain the timeline and reporting requirements.

Data is then reviewed in an ongoing manner to ensure that services are initiated within the required time frame. Each agency in SLPS' Mental Health Collaborative submits a monthly report documenting intake and start dates for each student referred to their agency. Every attempt is made to reduce barriers to implementation of services, including funding for uninsured students, frequent follow up

with community agencies when parents are not responding, and the provision of school-based services in cases where parents refuse to consent to community-based services.

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.

Contracts/interagency agreements are with SLPS:
 Advent Prestige- Direct counseling services
 Chrysalis Health-Direct counseling services
 Clear Path-Direct counseling services
 Helping People Succeed-Direct counseling services
 Hibiscus Children's Center-Direct counseling services
 Legacy Behavioral Health-Direct counseling services
 New Horizons-Direct counseling services
 Suncoast Mental Health-Direct counseling services
 Tykes & Teens- Direct counseling services
 Youth & Family Behavioral Health-Direct counseling services

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 177,419.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 177,419.00

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:

No files were uploaded

School District Certification

This application certifies that the **Florida Atlantic University - College of Education** School Superintendent and 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 s. 1006.041(14), F.S.

Note: The charter schools listed below have **Opted Out** of the district's Mental Health Assistance Allocation Plan and are expected to submit their own MHAAP to the District for review.

Charter Schools Opting Out

-

School Board Approval Date

Tuesday 7/11/2023