



Part I: Youth Mental Health Awareness Training Plan

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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).

One hundred percent of the staff will be trained in the Youth Mental Health First Aid (YMHFA) USA training. This training delivers under the auspices of The National Council for Behavioral Health. It is designed to teach participants how to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it helps trainees identify, understand, and respond to signs of mental illnesses and substance use disorders. The MHFA training and certification program is currently designed to meet the specific needs of school communities.

The entire fund allocation will be used for funding a school-based mental health services.

Charter Program Implementation

Evidence-Based Program	Youth Mental Health Training
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 key components to the training will be as follows: Staff will be able to recognize the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, ADHD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan: → Assess for risk of suicide or harm → Listen nonjudgmentally → Give reassurance and information → Encourage appropriate professional help → Encourage self-help and other support strategies	
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.	
The school will implement the evidence-based mental health services for students by providing early identification of problem. Prevention are the actions taken to prevent a threatened or actual incident from occurring. The following are ways to prevent an incident: • Protection is the ongoing actions that protect students, teachers, staff, visitors, networks, and property from a threat or hazard. • Mitigation is reducing the likelihood that threats and hazards will happen. • Response is stabilizing an emergency once it has already happened or is certain to happen in an unpreventable way and facilitate the transition to recovery. • Recovery is assisting schools affected by an event or emergency in restoring the learning environment.	
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.	
The school will have a guidance counselor and mental health counselors wthat will assist with the care assessment, diagonisis, intervention treatment and recovery services. Teachers and staff members will be able to refer students to the counselor with a discription of the behavior observed. Counselors will be able to meet with the students to futher analyze the situation. If the students need further evlauation, the school will communicate the finding to the parent and provide them with information on the mental health agency that will provide those services. The mental health agency and counselors will work together to support the child and family with supportive strategies.	

Evidence-Based Program	Guidance Counselor
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 guidance counselor assist students and families with great resources for specific skills needing mental health services. The counselor will be able to understand the menal health situation of sutents and will be able to diagnose further and refer to agency when appropriate. The counslor will be able to recognize the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, ADHD, disruptive behavior disorders, and substance use disorder. Counselor will be albe to diagnose, counsel, refer to mental health agencies and follow up on treatment and recovery. In addition, the counselor will be able to: 1. Assess for risk of suicide or harm 2. Listen nonjudgmentally 3. Give reassurance and information 4. Encourage appropriate professional help	
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.	
The counselor will provide services in the conseling room. The counselors and therapist will be able to provide advice, support and therapy to an individual student or in groups. The strategies used will be to include opportunities to be supportive. The evidence based mental health services for students will be implemented with the following: 1. Healthy practices 2. Good self-esteem 3. Good problem solving skills 4. Feeling of contol in their life 5. Avoid substance abuse 6. Family support 7. Mentoring Student 8. Academic, Behavior and Attendance Guidance 9. Community Resources 10. Communication and Follow up	
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.	
The school will have a guidance counselor and mental health counselors wthat will assist with the care assessment, diagonisis, intervention treatment and recovery services. Teachers and staff members will be able to refer students to the counselor with a discription of the behavior observed. Counselors will be able to meet with the students to futher analyze the situation. If the students need further evlauation, the school will communicate the finding to the parent and provide them with information on the mental health agency that will provide those services. The mental health agency and counselors will work together to support the child and family with supportive strategies.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

\$15,691,092

2022-2023 proposed Ratio by June 30, 2023

School Social Worker

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

School Psychologist

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

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.

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).

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

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.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 15,691,092.00

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

Grand Total MHAA Funds

\$ 15,691,092.00

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:

No files were uploaded

Charter Governing Board Approval

This application certifies that the **Miami-Dade County 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

Thursday 7/14/2022