



## 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).**

Goal 1: Of the students referred to mental health or crisis response, 50% or more will enroll in the weekly individual, group, or family counseling services provided by mental health professionals.

Goal 2: Of the students enrolled in weekly individual, small group, or family counseling services provided by mental health professionals, 100% will engage in services for 3 or more sessions.

## Charter Program Implementation

<b>Evidence-Based Program</b>	Positivity Project
<b>Tiers of Implementation</b>	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.	
<p>At the Tier I level, Tiger Academy addresses all students Pre-Kindergarten through fifth grade with a character education program following the Florida School Counseling Framework and Standards. Teachers and support staff also reach all students with the implementation of the Positivity Project, a character strengths curriculum which began in the 2018-2019 school year and will continue into the 2022-2023 school year. Tiger Academy also implements restorative practices school-wide through a partnership with the Center for Children's Rights. Students are assessed at Tier I based on a Student Risk Screening Scale data collected by first and third grade classrooms.</p>	
<p>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.</p>	
<p>At the Tier II level, student needs are addressed by individual and small group counseling sessions based on needs assessments completed by teachers. Interventions include: individual and small group counseling which address academic, personal-social, career, and general education functional behavioral plans outlined by the American School Counselor Association and Brief Solution Focused Therapy Strategies. Students are placed into Tier II based on SRSS results and intervention data.</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>As students are placed into the Tier III level, student needs are addressed by individual counseling, and functional behavioral assessments/behavior improvement plans. Services are also written into a students' individual education plan or s504 plan, referred to outside agencies as appropriate. Data is collected by the district adapted Response to Intervention progress monitoring model and documented on the students Individual Education Plan. Crisis response as a part of Tier III services is referred as appropriate through the Youth Crisis/Rapid Response through the Child Guidance Center. Students are placed into Tier III based on SRSS results and intervention data.</p>	

<b>Evidence-Based Program</b>	
<b>Tiers of Implementation</b>	[none selected]
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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.	
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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.	

## Direct Employment

**MHAA Plan Direct Employment****School Counselor***Current Ratio as of August 1, 2022***1***2022-2023 proposed Ratio by June 30, 2023***1****School Social Worker***Current Ratio as of August 1, 2022***0***2022-2023 proposed Ratio by June 30, 2023***0****School Psychologist***Current Ratio as of August 1, 2022***0***2022-2023 proposed Ratio by June 30, 2023***0****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2022***1***2022-2023 proposed Ratio by June 30, 2023***1****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 mental health service providers positively impacts the total number of staff available and dedicated to providing social-emotional and behavioral health support to students in individual, family, small group, and classroom 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).**

One mental health clinician is currently contracted to provide direct mental health care to students. YCC and CCR clinicians meet regularly with School Counselors and administrators to support a steady referral flow by identifying students with mental health or trauma symptoms.

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

The clinical mental health counselor, YCC, CCR and the School Counselor are the sole providers of Tier 3 services. The CMHC is registered with the Florida Department of Health licensing board for marriage and family therapy, and mental health counseling.



## 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.**

Kevin Goolsby: Goolsby's Clinical Services, LLC

YCC: Youth Crisis Center

CCR: Center for Children's Rights

## MHAA Planned Funds and Expenditures

### Allocation Funding Summary

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

\$ 5,058.00

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

\$ 0.00

**Grand Total MHAA Funds**

\$ 5,058.00

### 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 **Duval 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