



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2022-23 Mental Health Application

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).

- (1) Of the students referred due to mental health or trauma symptoms, 50% or more will enroll in the weekly individual, group, or family counseling services provided by mental health professionals.
- (2) Of the students enrolled in weekly individual, group, or family counseling services provided by mental health professional, 65% or more will engage in services for 3 or more sessions.

Charter Program Implementation

Evidence-Based Program	Cognitive Behavior Therapy (CBT)
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.	
Cognitive Behavior Therapy (CBT) is a form of psychotherapy that focuses on modifying dysfunctional or maladaptive thoughts, emotional response, and behavior by identifying and uprooting negative or irrational beliefs. CBT utilizes a solutions-oriented approach based on the idea that thoughts and perceptions influence mood and behavior. CBT will be provided in individual or group therapy sessions typically held during school hours. CBT can be effective in a brief period of time and treatment generally consists of 5 to 20 sessions, or longer if needed. CBT is appropriate for treating conditions involving depression, anxiety, traumatic stress, and more.	
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.	
Children's Home Society (CHS) mental health clinicians will engage K-12 students in individual or group therapy sessions typically once per week for 30-60 minutes each. If delivered in the group setting, CBT groups are closed and small with only three to six students in the same age range experiencing similar conditions. Students will learn how to identify and distinguish between different emotions, and build insight into the link between emotions, thoughts, and behaviors. Therapeutic storybooks and games are utilized to reinforce and relate concepts in developmentally appropriate and engaging ways. Clinicians teach students how to identify and challenge harmful thoughts, and replace them with a more realistic, healthy perspective. Clinicians may assign homework or tasks for students to practice between sessions such as exercises to observe and recognize their mood or thought patterns, and apply the skills they learn in session to real situations in their life. Parents can support their students practicing the skills at home.	
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.	
Tier 1 supports include prevention services provided to all students which promotes social-emotional learning, positive skill building, and development of healthy habits. For example, there is designated daily instructional time for responsive classroom character education. Teachers and administrators delivering Tier 1 and Tier 2 services maintain frequent communication with CHS clinicians. All staff collaborates to identify and address social, emotional, or behavioral concerns as they arise. CHS clinicians can provide consultations to teachers and administrators in which specific trends or observations can be recognized and qualified feedback or recommendations can be made. All students with Tier 3 mental health needs are referred to CHS clinicians for screening and assessment. CHS mental health clinicians consult and collaborate with school staff to address the needs of students and families impacted by environmental stressors such as poverty, incarceration, gun violence, food insecurity, and addiction. CHS clinicians provide professional development trainings to teachers and administrators throughout the school year on topics including recognizing mental health in children, the impact of trauma on child development, and how to incorporate trauma-informed practices in the classroom setting. These trainings help equip school staff to identify early signs of students struggling with trauma or mental health needs which in turn allows earlier provision of Tier 3 intervention services. CHS clinicians screen for substance misuse and abuse. In instances where a student presents with a co-	

occurring disorder with persistent and compulsive substance abuse, the clinician will collaborate with the school counselor to refer the client to the Duval County Public Schools treatment resources, including Gateway Community Services for a comprehensive substance abuse evaluation and ongoing substance abuse treatment.

Evidence-Based Program	Motivational Interviewing (MI)
Tiers of Implementation	Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Motivational Interviewing (MI) is a client-centered and strengths-based approach for promoting behavior change. MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. MI is provided in individual therapy sessions typically held during school hours. MI can be used by itself or in combination with other treatments. MI is appropriate for targeting specific behavior problems such as impulsivity, acting out, self-harm, and substance use. MI aims to increase student receptivity and decrease resistance.	
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.	
CHS mental health clinicians will engage middle and high school students in individual therapy sessions typically once per week for 45-60 minutes. Clinicians create a nonjudgmental environment that allows students to talk openly about experiences, values, beliefs, goals, and behavior. Clinicians utilize MI techniques to empower students to change by drawing out and reflecting on their own capacity for change. Students collaborate with clinicians to develop and practice skills involving expressing empathy, developing discrepancy, learning to roll with resistance, and supporting self-efficacy. Students learn to express in their own words their desire for change and enhance their confidence in taking action and noticing that small, incremental changes are important in the process of change. Clinicians may provide students with journals or incorporate other expressive outlets for reflection.	
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.	
CHS clinicians screen for substance misuse and abuse. In instances where a student presents with a co-occurring disorder with persistent and compulsive substance abuse, the clinician will collaborate with the school counselor to refer the client to the Duval County Public Schools treatment resources, including Gateway Community Services for a comprehensive substance abuse evaluation and ongoing substance abuse treatment.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:519

2022-2023 proposed Ratio by June 30, 2023

2:519

School Social Worker

Current Ratio as of August 1, 2022

0:519

2022-2023 proposed Ratio by June 30, 2023

1:519

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

2:519

2022-2023 proposed Ratio by June 30, 2023

2:519

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 increases 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 settings.

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).

Two CHS mental health clinicians are contracted to provide direct mental health care to students. Children's Home Society (CHS) 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.

CHS is the sole provider of Tier 3 services. The 2 CHS clinicians are registered with the Florida Department of Health Licensing Board for clinical social work, marriage and family therapy, and mental health counseling. CHS provides crisis support and Baker Act evaluations.

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.

Children's Home Society of Florida (CHS)

CHS Mental Health Clinicians provide individual, family, and group counseling services.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 21,689.00

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

Grand Total MHAA Funds

\$ 21,689.00

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:

MHAA_Planned_Expenditures_Report_5981_2022-2023.pdf
<i>MHAA Funds and Expenditures Form-KIPP Impact 5981</i>
Document Link

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

Friday 7/22/2022