



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).

During the 2022-2023 school year, continued expansion for meeting student mental health needs will be the primary focus. Two specific goals are: 1. Students and staff will be educated on how to protect children and teens from bullying, abuse, and victimization using an evidence based program. 100% of instructional staff and students will receive training. 2. Suicide prevention & mental wellness will remain part of the school culture. Staff and students will be educated on signs and symptoms of at-risk students. Those presenting signs of possible suicide or mental illness. There will be improvement in staff and students response to persons in crisis.

Charter Program Implementation

Evidence-Based Program	Child/Teen Safety Matters (Monique Burr)
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Child Safety Matters is a evidence based program. It is based on public health and social frameworks for prevention. Prevention practices includes cognitive behavioral theory, healthy sexual development, and trauma informed practices with a focus on developmental stages. The curricular educates to protect children and teens from bullying, abuse and victimization.	
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 evidence based prevention education program will be implemented by the School Counselor for grades K-8; as appropriate in a classroom setting. Topics target digital safety, physical/emotional safety, mental health and substance use. Students will be taught the five safety rules of prevention. Digital safety and physical/emotional safety are four lessons. Supplemental lessons includes mental health and substance use which are presented in three lessons.	
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 supports outcome will result in an increase of student knowledge and resistance skills. Students will be empowered with strategies to encourage mental wellness, healthy coping and refusal skills as well as insight concerning substance use and abuse.	

Evidence-Based Program	Life Skills Training (Gilbert Botvin)
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Botvin Life Skills Training is a substance abuse and violence prevention program. Learning objectives are: personal and self-management skills, general social skills, and drug resistance skills. It is aligned to CASEL'S social and emotional learning competencies.	
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.	
Lesson will be implemented by the School Counselor. Lessons will be taught one time per week for eight class sessions; 40 minute class sessions, to grades 3, 4, and 5. Specific skills taught includes empathy, friendship building, problem solving, tobacco use, anxiety and stress reduction, decision-making, and positive communication.	
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 supports will enable students to learn skills that improves self-esteem, develop problem-solving ability, promote reduction in stress, anxiety, and anger. Students will have skill development in the areas of clear communication, relationship building, assertiveness and avoiding violence. Students will understand the importance of resisting pressures to use tobacco, alcohol and other drugs.	

Evidence-Based Program	Mental Health First Aid
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Mental Health First Aid is an evidence based program initiated by the National Council for Behavioral Health with the Department of Mental Health. It educates about risk factors and warning signs of mental health problems in adolescent and emphasizes early intervention. It teaches how to offer initial support to a person in crisis.	
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 curricular will be implemented by a Brevard School District Trainer. The curricular is an eight hour course which is designed to be delivered on-line, virtual, and or in-person. Instruction teaches methods of assisting students/persons in developmental stages of a mental health problem or how to assist persons in a mental health crisis. Mental have disorders are defined. Substance use disorders are defined. Resources are identified for mental illness and substance abuse. An action plan is identified for interventions with mental illness and substance use/abuse.	
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 supports will provide greater knowledge in mental health responsiveness. It increases awareness of mental health issues of youth; suicidal thoughts and behaviors, self-injury, panic attacks, reactions to trauma, acute psychosis, substance abuse, and aggressive behaviors. Staff and students will become more knowledgeable about the signs and symptoms of mental disorders and challenges. Students will gain knowledge of available resources.	

Evidence-Based Program	Mental and Emotional Health Education
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Mental and Emotional Health Education is a Brevard County District developed curriculum. Lessons were developed by licensed and certified mental health professionals. Resources used includes but is not limited to evidence based materials such as Kids Health, Teen Mental Health, Teen NIDA, Everfi, and Healthy Body Systems. The curricular targets mental health and substance use/abuse.	
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 Counselor will implement a five hour classroom instruction on mental and emotional health to grades 6-8. Also included are lessons on substance use/abuse for grades K-8. The curricular addresses mental and emotional wellness, nutrition, internet safety, substance use and abuse.	
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 supports will enable students to identify community resources, warning signs and symptoms of mental illness. They will have knowledge of indicators of substance addiction.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1 Counselor per 350 students

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*

0

2022-2023 proposed Ratio by June 30, 2023

0

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.

The goal of Royal Palm Charter is to expand accessibility of mental health services. Employment of school-based service providers will reduce staff-to-student ratio. This reduction would promote an increase in student access to mental health services. It would improve school safety by having greater access to mental health supports.

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).

The School Counselor will prioritize job duties allocating 80% of time spent providing direct mental health services. Time spent allocated to instruction learning (classroom) to include behavioral, mental health and mental health services. Small group, social skills, instruction will address social personal deficits. Direct services to students will include but not be limited to risk and threat assessing, individual counseling, and referrals to community mental health resources. Services provided to staff and students will include mental wellness and substance use/abuse training.

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

Royal Palm has developed community partnerships to improve access to school-based mental health supports. These school and community based partners promotes ongoing school safety efforts with crisis prevention, preparedness, response and recovery through crisis training and plans. School based mental health providers: School Counselor provides mental health training to staff and students and address behavior issues that impact the school climate. The school psychologist consults with teachers, parents, school counselor to provide supports to address mental and behavioral health. The Behavior Analyst provides supports to address social/emotional behavioral problems. Typically, behavior assessments and plans are developed by the analyst.

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.

Community contracts/interagency agreements are mostly established through Brevard School District. Kinder Consulting is the assigned school-based mental health provider. Services includes school and home based counseling. Individual, family counseling and case management is provided. A Behavior Analyst through Brevard County Schools, provides behavioral health (social emotional) assessments and intervention planning.

Royal Palm has an interagency agreement with Tiki Services. Tiki Services is a behavioral agency specializing in Autism Spectrum Disorder. The agency provides one-on-one school-based behavioral

services to students targeting social emotional needs. Community action teams consist of District based psychologist, and mobile assist teams for at-risk assessments for potential harm. Royal Palm is serviced through Brevard Sheriff Department for crisis prevention, preparedness and response. The Department also, offers services for potential Baker Act.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 15,079.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 15,079.00

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_2022-2023.pdf
<i>Planned Funds and Expenditures Form</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Brevard 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

Wednesday 7/20/2022