



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).

Our primary goal continues to be to increase student access to mental health services. We intend to do this by bringing on an additional guidance counselor. This will reduce the ratio of students to staff and allow more services to be provided directly to students. In 2021, 68 students received services from our school counselor. By adding another counselor, we anticipate that an additional 65 students could receive services. Another goal is to implement a social emotional program K-8, with fidelity, in order to increase coping skills of students and reduce stress. The program for Elementary students will be Paths; the program for Middle School students will be Positive Action. We will measure student coping skills though tracking behavior incident reports

Charter Program Implementation

Evidence-Based Program	Paths Curriculum
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.	
This is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary students.	
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.	
This program will be implemented and monitored by the classroom teachers in grades K-6. Students will have a better understanding of the five conceptual domains: self-control, emotional understanding, positive self-esteem, relationship, and interpersonal problem solving skills.	
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.	
These skills will enable students to respond more appropriately to classroom and school situations, as well as situations in their personal lives. Students will develop coping skills and learn to become resilient. Because of this, we anticipate seeing a lower rate of behavior problems, improved self-control in students, and lower depression and anxiety.	

Evidence-Based Program	Positive Action
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.	
Positive Action is a school based, social emotional learning program for students to increase positive behavior, reduce negative behavior, and improve social emotional learning and school climate.	
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.	
This program will be implemented and monitored by the classroom/Advisory teachers in grades 7-8. It focuses on the practice and reinforcement of positive actions. Middle school students will learn how to make appropriate choices, coping skills, and how to be more resilient.	
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.	
By implementing this program and providing this support to middle school students, students will learn how to more appropriately respond to situations which cause an emotional response. We anticipate a reduction in discipline referrals, a lower rate of reported bullying behaviors, and lower amounts of depression and anxiety.	

Evidence-Based Program	Restorative Practices
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.	
Restorative practices is a social science that studies how to build social capital and achieve social discipline through participatory learning and decision making.	
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.	
This program will be implemented by all teachers, Administrators, and Guidance Counselors as they are trained. Students will learn how to take responsibility for their actions, restore relationships, and repair any harm that was caused.	
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.	
Through this program, students will learn to both build relationships, as well as restore ones that have been harmed. Students will, therefore, feel more positive about school and the people around them. We anticipate a reduction in reported bullying behaviors, an improvement in interpersonal relationships formed, and less "middle school drama."	

Evidence-Based Program	Sources of Strength
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.	
Sources of Strength is a youth suicide prevention program designed to promote a healthy school culture for students and staff.	
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 program will be lead by the school counselor(s) and Staff Advisors. Peer (student) leaders from grades 6-8 will implement activities for the entire school.	
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.	
This program will help students understand that they have many areas in their lives that are strengths. These strengths help students develop resilience during difficult times. The peer advisors are the eyes and ears of the school and are instrumental in identifying struggling students. Through this program, we expect to see increased peer support to students and decreased student suicidal ideations, but increased reporting of same.	

Evidence-Based Program	PBIS-Positive Behavioral Interventions and Supports
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.	
Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health.	
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.	
All staff will implement this program as a school-wide initiative. PBIS has been shown to "improve social emotional competence, academic success, and school climate. It also improves teacher health and wellbeing. It is a way to create positive, predictable, equitable and safe learning environments where everyone thrives."	
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.	
Through the school-wide implementation of this program, a positive climate of belonging and nurturing will be developed and maintained. School-wide expectations will be created and appropriate emotional, behavioral, and social skills will be prioritized. We believe this program will assist in creating a positive climate that will lead to more students behaving appropriately. We anticipate a reduction in discipline referrals through the implementation of this program.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1 counselor/554 students

2022-2023 proposed Ratio by June 30, 2023

2 counselors/554 students

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.

Currently, we only have one school counselor to serve 554 students. There is more student need than what one counselor can provide. Adding another counselor will allow more students to access services, including providing lessons within the classrooms and providing one-on-one and small group counseling sessions to students.

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).

Our counselor has an assistant that is able to coordinate meetings so that she can spend the majority of her time providing direct mental health services to students. Adding another counselor would allow more students to have access to a school counselor.

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

We currently contract with a Licensed Mental Health Counselor who provides therapy to students directly on our campus, via teletherapy, or through office-based visits. Having service available on our campus during the school day is very beneficial to families as many do not have the ability to travel to an office location.

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.

Jolie Cogan - Licensed Mental Health Counselor - Direct Student counseling and therapy
School Psychologist-Brevard Public Schools - Assessments, review of data (Indirect services)

MHAA Planned Funds and Expenditures**Allocation Funding Summary**

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

\$ 25,396.00

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

\$ 15,707.00

Grand Total MHAA Funds

\$ 41,103.00

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:

Planned_expenditures-Sculptor-2022-23-BUDGET.pdf
<i>Planned Funds and Expenditures 2022-2023</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

Monday 7/25/2022