



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. Our school will show support to students through classroom lessons in Social Emotional Learning in grades K-6. We will add curriculum materials to our classrooms for support and guidance in this area. We will set aside time in our school day to devote to Well Being. Materials will be in print and also digital for access at home.
2. We will Increase student and family support for mental health of students by adding a Licensed Mental Health Counselor to our staff. This person will work in the classrooms with grades K-6. She will also be available for small group and individual support with family consent. She will be available for families and parents.

Charter Program Implementation

Evidence-Based Program	Studies Weekly Well-being curriculum (New CASEL aligned tier 1, 2, 3) to help teach social emotional learning and discussions in the classroom.
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.	
Students will have a periodic format consumable text with online support to be taught in the classroom and have family extensions to be completed at home.	
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.	
These weekly lessons will have classroom and family support over topics related to mental health, social and emotional, behavioral support, and increasing self esteem.	
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.	
Based on CASEL, these supports align with helping students with a feeling of being healthy, happy, safe and comfortable . They will learn to take care of themselves by keeping mind and body healthy and by thriving personally. Students will be able to understand their needs in this area.	

Evidence-Based Program	Conscious Discipline by Dr. Becky Bailey - A Trauma based program of safety, connection, and problem solving to lead to self-regulation
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.	
<p>"Conscious Discipline has achieved CASEL's SElect Program designation, recognizing Conscious Discipline as a leader in impactful social and emotional learning (SEL). Conscious Discipline meets CASEL's SElect Program designation, the highest designation for evidence-based programs, in the CASEL Guide to Effective Social and Emotional Learning Programs. This designation indicates that Conscious Discipline can play a central role in a school's approach to promoting student social and emotional learning. The CASEL Program Guide identifies well-designed, evidence-based SEL programs that offer comprehensive programming, ongoing training and support, and a demonstrated statistically significant positive impact on student behavioral outcomes and/or academic achievement." - Dr. Becky Bailey</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>Teachers are on the third year study with the BPS district on learning and implementing Conscious Discipline for classroom management, social-emotional learning, and self-regulation in the classroom. By using the seven skills and powers in daily activities, students will move to more self-regulation and problem solving.</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>Teachers and staff will have skills to help identify and make referrals as needed for mental health and social emotion needs. They will learn how to lend support in the classroom for students to understand their own needs.</p>	

Evidence-Based Program	Monica Burr Foundation - Child Safety Matters - evidence based program to educate and empower children with strategies to recognize and respond to bullying, cyberbullying, and abuse.
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.	
These lessons taught by a trained professional are geared towards the students and teach signs and how to recognize the dangers of abuse, neglect, bullying, and cyber threats. It supports finding and sharing with trusted adults and how to face situations at school, home, and in the community.	
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.	
"MBF Child Safety Matters® is a comprehensive, evidence-based curriculum for elementary school students in grades K-5. The program educates and empowers children and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, and digital abuse dangers." MBF website	
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.	
With classroom lesson, materials to support learning, parent involvement, we can help our children look for danger signs, learn strategies, and understand the need to speak to trusted adults.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:135

2022-2023 proposed Ratio by June 30, 2023

1:135

School Social Worker

Current Ratio as of August 1, 2022

1:135

2022-2023 proposed Ratio by June 30, 2023

1:135

School Psychologist

Current Ratio as of August 1, 2022

1:135

2022-2023 proposed Ratio by June 30, 2023

1:135

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1:135

2022-2023 proposed Ratio by June 30, 2023

2:135

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.

As our population of students increase, we will receive more funding. This could lead to more volunteer and paid employees to support our students. We will use our current LMHC from the community and add a LMHC to staff on a bi-weekly bases.

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).

We will use all of our Mental Health Assistance Allocations to pay for materials, employ credentialed staff, and aid our families to find support for their needs. Classrooms will have lesson plans to allocate time to the subject of well-being.

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

We depend on our professional providers to diagnosis, treat, or refer our students. We will have a list of resources from the communities for our families. Our counselors will create and share plans, assessments, and referrals with our administration. They will work with our Threat Assessment Team as well.

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.

We will work with Kinder Consulting for referrals and support of our students and families. This will be paid on a "as needed basis" in alignment with services. We will use services from the following associations locally: Brevard Family Partnership, Crosswinds Youth Services, Brevard CARES Mobile Response Team, and Circles of Care. We will also use contract with our LMHC professional and pay on an hourly basis for services at the school related to preventative treatment and support for students and families. We will use resources from Studies Weekly Well-Being program, Conscious Discipline, and Monica Burr Foundation Child Safety Matters.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 5,476.00

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

\$ 714.00

Grand Total MHAA Funds

\$ 6,190.00

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:

EHCS_MHAA_Planned_Expenditures_Report_2022-2023.pdf
<i>EHCS MHAAP for 22-23</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

Tuesday 7/26/2022