



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. All teachers and staff working directly with students will complete the Youth Mental Health First Aid training by the end of the 1st quarter of the 2022-2023 school year.
2. Students needing mental health support beyond school-based proactive and social-emotional learning services will be referred to community-based mental health providers throughout the 2022-2023 school year.

Charter Program Implementation

Evidence-Based Program	Responsive Classroom Framework and Fly Five
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>The Responsive Classroom and Fly Five components include morning meetings, classroom management, responsive nature toward students (i.e., knowing students and families), and ongoing and continual use of the RC framework in daily instruction, interactions, and school-wide activities. Additionally, the Fly Five (SEL standards-based focus: Cooperation, Assertion, Responsibility, Empathy, and Self-Control) are taught and developed in small groups with school-based mentors.</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>The Responsive Classroom approach provides opportunities to explore and practice social skills while merging social, emotional, and academic learning (SEL in application to academics and school relationships). These include creating a positive learning environment, responding to student needs, morning meetings focused on SEL skills and knowledge, and partnering with families. Specifically, this approach develops social, emotional, and behavioral skills and knowledge and assists in early identification, small group intervention, and referrals to community-based resources. PCS has an interconnected multi-level team (teachers, support services, administration, and school-based mentors) that works to assist students needing additional tier 2 SEL support. Likewise, the team works to identify those students needing more intensive interventions (community and or district-based mental health services) and refers and connects parents and services. The problem-solving team utilizes data to address and select evidence-based interventions to assist students and families with school support (tier 1 and 2) and community-based mental health professionals and resources (tier 3).</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>Implementation and delivery of the Responsive Classroom framework, Fly Five components, and the multi-level team will assist in identifying early signs of need, potential intervention needs, tier 2 interventions, and referrals for community-based mental health supports, assessments, and treatment. Similarly, the Responsive Classroom framework and Fly Five components support building all students' sense of belonging to the community, cooperation, assertion, responsibility, empathy, and self-control (SEL components).</p>	

Evidence-Based Program	Youth Mental Health First Aid Training
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.	
All teachers and staff working with students will complete the Youth Mental Health First Aid Training, knowledge, and application of training for students. The YMHFA training program provides skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The course teaches applicable skills helpful in recognizing and responding to the warning signs of potential mental health, at-risk, and substance abuse challenges.	
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>The YMHFA training provides teachers and staff the skills and knowledge to help someone developing mental illness. The YMHFA training teaches participants a five-step action plan, ALGEE, to support someone developing signs and symptoms of a mental illness or in an emotional crisis:</p> <ul style="list-style-type: none"> • Assess for risk of suicide or harm • Listen nonjudgmentally • Give reassurance and information • Encourage appropriate professional help • Encourage self-help and other support strategies <p>Teachers and staff will use this training to identify and refer students needing additional school support and community-based mental health services.</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.	
The YMHFA training assists in early identification (assessing risk) and referrals to community-based mental health services (intensive intervention and treatment as diagnosed by a mental health licensed specialist).	

Evidence-Based Program	Assessment and Referral Monitoring
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>The assessment and referral monitoring practice is conducted in unison with the administrative team, school-based mentors, school nurse, and parents. This practice dedicates time to small group SEL instruction (tier 2 and school-based mentors) and developing supportive relationships between students and administrators/mentors (i.e., a sense of belonging, building community, positive relationships, etc.). Likewise, the assessment and referral monitoring practice ensures follow-up with parents and students for any students referred to community-based mental health and supportive services. Multiple community-based resources (contracted guidance counselor, district partnership and social workers, Centerstone, Suncoast Behavioral Health Center, and Family Resources Inc.) can be contacted and connected to parents and students needing more intensive support and services.</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>1. School-Based Mentoring - the school-based mentoring program works to provide additional SEL supports for students in small groups (tier 2). Using the Fly Five and Responsive Classroom components, mentors will work to support students' SEL knowledge, understanding, and application. Teachers identifying or learning about student needs will refer the student for school-based small group mentoring (SEL tier 2) and the multi-level team. Should any student need further support, the multi-level team will work to connect parents and students with the appropriate community-based resource.</p> <p>2. Assessment and Referral Monitoring - the assessment and referral practice is situational and addresses immediate needs for mental health and at-risk students. The multi-level team (administration, teachers, mentors, and student services) will contact community-based services for further support and intervention should there be an immediate need for assessment, diagnosis, intervention, or treatment (tier 3). Multiple community-based resources include a contracted guidance counselor, district partnership, and assigned social worker, Centerstone, Suncoast Behavioral Health Center, and Family Resources Inc. The administration and/or members of the multi-level team (administration, mentors, teachers, and support services) will follow up with parents and students to ensure services are provided and to offer any further resources necessary.</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>The assessment and referral monitoring practice will connect students and families to community-based mental health and support services. To ensure intervention and plan alignment, the school will work with parents, students, and community-based mental health services. Whether continued school-based mentoring or partnering with a community-based mental health service, the school will monitor the student and follow up with parents, supporting the mental health intervention or treatment plan. School personnel and the multi-level team will monitor and look for any observable signs of student distress or need, alert the multi-level team, and reach out to community-based services as needed (if immediate need, then requesting immediate services be brought to the school, telehealth assessments, etc.). Similarly, teachers</p>	

and staff will continue implementing the Responsive Classroom framework (Cooperation, Assertion, Responsibility, Empathy, and Self-Control).

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1 (Contracted GC - as needed)

2022-2023 proposed Ratio by June 30, 2023

1 (Contracted GC - as needed)

School Social Worker

Current Ratio as of August 1, 2022

1 (District Support)

2022-2023 proposed Ratio by June 30, 2023

1 (District Support)

School Psychologist

Current Ratio as of August 1, 2022

1 (District Support)

2022-2023 proposed Ratio by June 30, 2023

1 (District Support)

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.

Direct employment of an on-site (school-based) counselor, psychologist, social worker, or other licensed mental health professional would reduce staff-to-student ratios and assist in providing direct support and services to our students. At this time, an assigned social worker and psychologist are available through district support services to assist our school needs. However, direct employment would ensure that site-based supports are more frequently available.

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).

Currently, direct mental health services are as needed. The school social worker and psychologist are district employees who are assigned to our school. Should the need arise, our school would contact them for assistance and mental health services. Similarly, our school would reach out to Suncoast Behavioral Health Center for any immediate need for assessment (at-risk student or immediate mental health need). Our school-based mentors are part-time employees, focus on tier 2 SEL instruction, and are not mental health licensed to provide direct mental health services. Nor are the mentors guidance counselors. At this time, we have partnered with a guidance counselor to assist as needed. The current need for intensive student services has not caused a significant increase in time for providing student mental health services. However, support and time for direct mental health services are provided as needed and with district support (social worker and psychologist) and community-based services.

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

Community-based partners (Suncoast Behavioral Health Center) and district support services (social worker and psychologist) are contacted as needed (based on YMHFA assessment, observable behaviors, student needs, etc.). These services assist us in providing tier 3 mental health support for our students.

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.

Suncoast Behavioral Health Center - informal partnership - Screenings, assessments, mobile crisis team available, behavioral and mental health treatments.

Family Resource Inc. - informal partnership - Community Action Team (CAT) - worked with students on depression and anxiety. Mental health services, counseling, telehealth services (grief, depression, addiction).

Centerstone - informal partnership - Community Action Team (CAT) - worked with a student with varying mental health diagnoses (depression, anxiety, bipolar, and medication management). Mobile Crisis Unit available. Crisis services, children and family counseling services.

District Support - Assigned social worker and school psychologist available as needed.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 19,153.00

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

\$ 3,719.00

Grand Total MHAA Funds

\$ 22,872.00

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:

2131- Palmetto Charter School Proposed MHAA Planned Expenditures Report 2022-2023.pdf
<i>Palmetto Charter School Proposed MHAA planned funds and expenditures form</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Manatee 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

Monday 7/25/2022