



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. 50% of students referred for mental health services will demonstrate an improvement in academic and/or behavioral outcomes such as grades, test scores, and/or office discipline referrals.
2. FAU-St. Lucie will demonstrate a 50% reduction in Baker Acts due to an increased use of safety planning following the implementation of staff training via QPRT.

Charter Program Implementation

Evidence-Based Program	Cognitive Behavior Therapy (CBT)
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.	
Cognitive Behavior Therapy (CBT) is a therapeutic approach that helps the individual explore the links between thoughts, emotions, and behaviors. CBT is a structured and time-limited approach that works well in school settings and involves mutually agreed upon goal setting. CBT is considered an Evidence Based Practice for a variety of mental health conditions, including anxiety and depression. It is also considered an EBP for students with disruptive behaviors and substance abuse needs.	
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.	
School-based mental health providers (school psychologists, school social workers, and school-based mental health counselors) have been trained to provide CBT. These school-based mental health providers will implement CBT in their individual and group counseling with students who are referred to them.	
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.	
CBT is an evidence-based treatment methodology that can be used for a multitude of mental health and co-occurring substance abuse diagnoses or for those at risk of such diagnoses. CBT is provided in individual or group counseling sessions by school-based mental health professionals.	

Evidence-Based Program	Signs of Suicide (SOS)
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.	
Signs of Suicide (SOS) is an evidence-based suicide prevention program. St. Lucie Public Schools (SLPS) has been implementing SOS in high schools since 2017 and is expanding to middle schools, including FAU-St. Lucie, in the 2022-2023 school year. SOS is a structured presentation delivered by classroom teachers utilizing a series of video vignettes. The lesson is approximately 60 minutes in length and is designed to be completed in one session.	
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.	
SOS will be implemented with all sixth grade students throughout SLPS, including those at FAU-St. Lucie. Because this is the first year of middle school implementation, SLPS' Student Services staff will assist with planning and some implementation.	
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.	
Implementation of Signs of Suicide, an evidence-based suicide prevention program, includes direct instruction with students, as well as follow-up with students who may need additional intervention. These follow-up meetings with students allow for further assessment and intervention with students who either have a mental health or co-occurring substance abuse diagnosis, or are at risk of such diagnosis.	

Evidence-Based Program	Question, Persuade, Refer, Treat (QPRT)
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.	
Question, Persuade, Refer, Treat (QPRT) is a course for mental health professionals that is designed to standardize the detection, assessment, and management of suicide crises. This 10- hour training is a Suicide Prevention Resource Center registered best practice course. Participants learn guided clinical interviews developed through expert opinion and anchored in the scientific literature on suicide risk assessment. This collaborative process includes family involvement and safety planning.	
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 FAU-St. Lucie school-based mental health professionals will participate in QPRT during the 22-23 school year. QPRT is completed in hybrid model (on-line and in-person). The in-person role play sessions are completed in small groups (up to 10 people), so multiple sessions will be required in order to train all mental health staff. This training will be provided by SE Florida Behavioral Health, as well as SLPS district trainers.	
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.	
QPRT is designed to reduce mental health consumer morbidity and mortality by standardizing the detection, assessment, and management of patients at elevated risk for suicidal behaviors in all settings and across the age span. SLPS' and FAU-St. Lucie's trained mental health professionals will have the competence and confidence in the assessment and management of those at risk for mental health impairments.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:350

2022-2023 proposed Ratio by June 30, 2023

1:350

School Social Worker

Current Ratio as of August 1, 2022

1:25 (services provided by SLPS)

2022-2023 proposed Ratio by June 30, 2023

1:25 (services provided by SLPS)

School Psychologist*Current Ratio as of August 1, 2022***1:140 (services provided by SLPS)***2022-2023 proposed Ratio by June 30, 2023***1:140 (services provided by SLPS)****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2022***1:60***2022-2023 proposed Ratio by June 30, 2023***1:80****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 additional mental health providers will help to reduce staff-to-student ratios by ensuring that those staff are able to devote more time to direct mental health services. For example, by employing an additional two school counselors funded through this allocation, FAU-St. Lucie is able to reduce its staff-to-student ratio to 1:350. FAU-St. Lucie also employs one full-time, school-based mental health counselor, who is funded partially through this allocation, and plans to add one part-time, school-based mental health counselor with this allocation.

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).

SLPS and FAU-St. Lucie have established procedures for reviewing staffing allocations. Each year, data is reviewed to determine the needs of each school. This data includes staff-to-student ratios, ESE data such as evaluations and reevaluations, and behavioral/social-emotional data such as discipline referrals, risk assessments, and mental health referrals. These procedures are utilized each year to determine individual staff assignments, as well as the need for additional staff. SLPS school psychologists' testing caseloads are reviewed each week to determine if cases need to be reassigned. By reassigning cases, SLPS school psychologists have more time to provide mental health services, including to FAU-St. Lucie students. SLPS also provides professional development opportunities for FAU-St. Lucie's mental health professionals so that they are better equipped to provide mental health services. For example, QPR (Question, Persuade, Refer) and QPRT (Question, Persuade, Refer, Treat) trainings are being provided for all mental health staff to improve their ability to intervene when there is a suicide crisis. SLPS has also provided training in CBT for its school psychologists and school social workers to improve their ability to provide counseling services to students within its district, as well as those at FAU-St. Lucie.

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

SLPS has developed an infrastructure for school-based mental health services, which FAU-St. Lucie also follows. This infrastructure, based on an MTSS model, provides tiered supports for students with a variety of mental health needs. School-based mental health professionals, including school counselors, school social workers, school psychologists, and school-based mental health counselors, provide mental health services to students, including individual and group counseling, as well as crisis intervention. When school-based services

are

not sufficient to address their needs, students are referred to SLPS' community-based mental health agency partners. This collaborative work ensures that all students' mental health needs are met. Several steps are taken to ensure that students are receiving mental health services in a timely manner.

First, a meeting is held with all agencies each year to explain the timeline and reporting requirements. Data is then reviewed in an ongoing manner to ensure that services are initiated within the required time frame. Each agency in SLPS' Mental Health Collaborative submits a monthly report documenting intake and start dates for each student referred to their agency. Every attempt is made to reduce barriers to implementation of services, including funding for uninsured students, frequent follow up with community agencies when parents are not responding, and the provision of school-based services

in cases where parents refuse to consent to community-based services.

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.

Contracts/interagency agreements are with SLPS:

Chrysalis Health-Direct counseling services

Clear Path-Direct counseling services

Helping People Succeed-Direct counseling services

Hibiscus Children's Center-Direct counseling services

Legacy Behavioral Health-Direct counseling services

New Horizons-Direct counseling services

Sequel Care of Florida-Direct counseling services

Suncoast Mental Health-Direct counseling services

Youth & Family Behavioral Health-Direct counseling services

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 164,771.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 164,771.00

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:

FAU-St._Lucie_MHAA_Planned_Expenditures_Report_2022-2023.pdf

<i>FAU-St. Lucie 22-23 MHAA Planned Funds and Expenditures Form</i>

Document Link

Charter Governing Board Approval

This application certifies that the **Florida Atlantic University - College of Education** 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 7/12/2022