



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).

Goal #1: The average number of school-based mental health service meetings per referred student within the 2022-23 school year will be higher than it was in 2021-22 (assurance 1.a.: [the state-funded proportionate share is used to] expand school-based mental health care)

Goal #2: Increase the number of informative meetings/presentations to students and parents regarding Social Emotional Learning (SEL) and mental health. (assurance 1.a.: [the state-funded proportionate share is used to] connect children, youth and families with appropriate behavioral health services.)

Charter Program Implementation

Evidence-Based Program	Revised Child Anxiety and Depression Scale (RCADS)
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.	
The full (47 items) self-report questionnaire/screener will be given to students in grades 6 through 8 and/or their parents.	
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 questionnaire will be given to the students/parents in the fall, and then every 3 months to track changes over time. The questionnaire takes between five and ten minutes to administer. Both parent and child questionnaires can be given to the appropriate respondent to complete themselves. Alternatively, in order to ensure that each item is understood by the respondent, or to gain additional information about each response, the questionnaires can be administered directly by the clinician who can ask follow-up questions.	
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 questionnaire provides multiple subscales including: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and low mood (major depressive disorder). It also yields a Total Anxiety Scale (sum of the 5 anxiety subscales) and a Total Internalizing Scale (sum of all 6 subscales). Additionally, The Revised Child Anxiety and Depression Scale – Parent Version (RCADS-P) similarly assesses parent report of youth's symptoms of anxiety and depression across the same six subscales.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:640

2022-2023 proposed Ratio by June 30, 2023

1:320

School Social Worker

Current Ratio as of August 1, 2022

n/a

2022-2023 proposed Ratio by June 30, 2023

n/a

School Psychologist

Current Ratio as of August 1, 2022

n/a

2022-2023 proposed Ratio by June 30, 2023

n/a

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

n/a

2022-2023 proposed Ratio by June 30, 2023

n/a

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.

We have plans to hire an additional school counselor during the 2022-23 academic year to reduce staff-to-student ratios to 1:320.

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).

Arrange for professional development for all faculty and staff through the Youth Mental Health First Aid (YMHFA) to identify and provide initial support to students to de-escalate situations. YMHFA is operated by the National Council for Behavioral Health and is a national authority on training and certification in youth mental health awareness. It is evidence-based training for staff and teachers to identify and interact with any student undergoing a mental health crisis. Having faculty and staff provide some initial support, will allow the student services personnel to spend more time providing direct mental health services to those students in greater need.

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

Our school based mental health personnel will robustly enforce mutual partnership agreements with community-based partners and allow more services to be provided on school grounds following CDC guidelines.

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 collaborate with local agencies as needed (such as Lauren's Kids on Personal Safety and Abuse Prevention, F.I.U. on Hyperactivity, Behavioral Modification, and Parental Training, Miami-Dade Police Department on Risky Behaviors Prevention and Parental Training, Yes Institute on Mental Health, Communication, and Suicide Prevention, and more)

MHAA Planned Funds and Expenditures

Allocation Funding Summary**MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)**

\$ 12,407.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 12,407.00

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_6006-1_copy.pdf
<i>Mental Health Assistance Allocation (MHAA) Plan 2022-2023 Planned Funds and Expenditures 2022-2023 Form for 13-6006</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Miami-Dade 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

Wednesday 7/27/2022