



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).

Based on the 2021-2022 Mental Health Assistance Allocation Plan Outcome and Expenditures Report, Doral Academy Elementary Charter School will increase the number of students who receive mental screenings or assessments by 10% during the 2022-2023 school year.

Based on the 2021-2022 Mental Health Assistance Allocation Plan Outcome and Expenditures Report, Doral Academy Elementary Charter School will increase the number of students who receive services or assistance by the school's guidance counselor, psychologist and/or other licensed mental health provider.

Charter Program Implementation

Evidence-Based Program	Sanford Harmony
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.	
A social emotional learning program for Pre-K-6 grade students designed to foster intergender communication and understanding, connection, and community both in and outside the classroom and develop boys and girls into compassionate and caring adults.	
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 goal is to incorporate specialized teaching strategies into classroom activities-from preschool through sixth grade-in an effort to reduce bullying, and help develop the youth of today into tolerant, compassionate, and caring adults for the future. Sanford Harmony can be easily incorporated into lesson plans in as little as five minutes a day, and is aligned with Common Core state standard, national, and district learning initiatives.	
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.	
Three rigorous evaluations of Harmony's components have been conducted since the program's inception. Two studies focused on fifth-grade students participating in relationship-building activities and the other study evaluated the impact of the "Buddy Up" everyday activities on preschool peer relations. All three studies utilized quasi-experimental design and found the Harmony components to have positive impact on children's peer relations when compared to control groups. In the first evaluation of 631 fifth graders from six different elementary schools, students participating in Harmony reported significantly more diverse friends than did those from control groups. Furthermore, these peer influences were related to improved writing and math performance in classrooms using Harmony, but not in control classrooms (DeLay, et al., 2016). A second study compared the social and academic behaviors of 368 fifth graders participating in Harmony's relationship building activities to 259 fifth graders in control classrooms (Miller, et al., 2017). The third evaluation found that preschool children who participated in the "Buddy Up" everyday activities had more peer interactions and were more likely to engage in play with a wider array of peers than did children in the control classrooms (Martin et al., 2017). Together these studies suggest that students participating in both the relationship building activities and everyday activities of Harmony benefit both socially and academically. The studies reveal promising gains in both social emotional development and academic performance over those in control groups.	

Evidence-Based Program	Positive Behavioral Interventions and Support (PBIS)
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 & Support (PBIS) is an evidence-based/three-tiered framework to improve and integrate all of the data, system, and practices affecting student outcomes every day. It is a way to support everyone to create the kinds of schools where all students are successful. (https://flpbis.cbcs.usf.edu/index.html). It encompasses “a range of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment” (APBS, 2014). Positive behavioral interventions and support combines valued outcomes, behavioral and biomedical science, validated procedures, and systems change to enhance quality of life and reduce problem behaviors.	
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.	
PBIS will be delivered through a three tiered framework. Each tier will align to the type of support students need. Tier 1 systems, data, and practices impact everyone across all settings. They establish the foundation for delivering regular, proactive support and preventing unwanted behaviors. Tier 1 emphasizes prosocial skills and expectations by teaching and acknowledging appropriate student behavior. Tier 1 practices: school-wide positive expectations and behaviors are taught, established classroom expectations aligned with school-wide expectations, a continuum of procedures for encouraging expected behavior, a continuum of procedures for discouraging problem behavior and procedures for encouraging school-family partnership. Tier 2 systems, data, and practices provide targeted support for students who are not successful with Tier 1 supports alone. The focus is on supporting students who are at risk for developing more serious problem behavior before those behaviors start. Tier 2 supports often involve group interventions with 10 or more students participating. The support at this level is more focused than Tier 1 and less intensive than Tier 3. Tier 2 practices: increased instruction and practice with self-regulation and social skills, increased adult supervision, increased opportunities for positive reinforcement, increased pre-corrections, increased focus on possible function of problem behaviors, and increased access to academic supports. At Tier 3, these students receive more intensive, individualized support to improve their behavioral and academic outcomes. Tier 3 practices include function-based assessments, wraparound supports, and cultural and contextual fit. Our School will work with the University of South Florida's PBIS Project to effectively implement this initiative (https://flpbis.cbcs.usf.edu). PBIS will use a continuum of evidence-based practices to support student needs, engage students, families, and community members to co-create culturally responsive practices, regularly check the effectiveness of their practices, relies on teams to guide implementation, uses data to identify strengths, uncover needs, and monitor student progress, implements universal screening, and develops content expertise through coaching and on-going professional development. PBIS is a curriculum implemented during a one-day professional development training. It is an ongoing commitment to supporting students, educators, and families through systems change. With PBIS, students experience improved behavioral, social, emotional, and academic outcomes; schools and programs reduce their use of exclusionary discipline practices and improve their overall climate.	

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 use of this evidence-based program, students will have improved student outcomes in academic performance, social-emotional competence, reduced bullying behaviors, and decreased rates of student-reported drug/alcohol abuse. Students will also have reduced exclusionary discipline in office discipline referrals, suspensions, and physical restraint. Students at any tier will be monitored by the Student Services team and their progress will be reviewed on a monthly basis. As per HB 1557, parents will be notified on any changes in a student's services or monitoring related to the student's mental, emotional, or physical health or well-being. A student that requires mental health care assessments will be referred within 15 days of the referral to our School's coordinating outside mental health agency for evaluation with parental permission. In addition, families will receive informational resources on 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. Our school will meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services. The mental health agency or treating medical physician will provide the diagnosis, intervention strategies, and treatment plan for the student. The parent will authorize all documents to be shared with the school in order for the Student Services team to implement the plan and assist with recovery services within 15 days of receipt. The School may also create a School Based Plan using the information provided by the parents to implement school appropriate mental health services. Upon receipt of a Mutual Consent of Release by the parents, the School will communicate with the Mental Health Agency to ensure Community-Based Mental Health Services are initiated within 30 days of the referral. The Student Services team will monitor services, support, and progress on a bi-weekly basis. PBIS establishes a healthy school culture and climate as the school's culture should be a reflection of the people learning and working within the community – students, their families, and their teachers alike. Through PBIS implementation, teachers, students, and their families all perceive their school's climate more positively. PBIS also increases student engagement and instructional time by establishing school-wide expectations with students and sets the tone for the classroom. Students have clear expectations, are regularly acknowledged for the things they do well, and receive instructional consequences more often than exclusionary ones, they spend more time in class than out of it. PBIS empowers students to play a central role in their education by providing a framework defined by positive expectations like respect and kindness which teaches students skills to help create the environment they want to see. Within the PBIS framework, students have lower levels of unwanted behaviors and higher levels of positive, prosocial behaviors and emotion regulation. PBIS schools also report lower illegal drug and alcohol use than schools that aren't implementing PBIS.

Evidence-Based Program	Columbia – Suicide Severity Rating Scale (C-SSRS): Lifetime-Recent
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 Columbia-Suicide Severity Rating Scale (C-SSRS) is for use in a multitude of community and healthcare settings. The protocol supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person 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.	
Protocol administrators ask a series of questions about suicidal thoughts and behaviors. The number and choice of questions they ask depend on each person's answers. The questioner marks "yes" or "no," as well as how recently the thought or behavior occurred and a scoring of its severity. The shortest screeners are condensed to a minimum of two and a maximum of six questions, depending on the answers, to most quickly and simply identify whether a person is at risk and needs assistance. For a more thorough assessment of a person's risk, Columbia Protocol askers should use the standard scale. The Columbia Protocol questions use plain and direct language, which is most effective in eliciting honest and clear responses.	
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.	
To use the Columbia Protocol most effectively and efficiently, an organization can establish criteria or thresholds that determine what to do next for each person assessed. Decisions about hospitalization, counseling, referrals, and other actions are informed by the "yes" or "no" answers and other factors, such as the recency of suicidal thoughts and behaviors. The Columbia Lighthouse Project provides many examples of triage documents that Columbia Protocol users in hospitals, primary care practices, behavioral health care facilities, military services, prisons, and other settings employ to make these decisions. The Project also provides assistance to any organization that is thinking through its policy and establishing a care plan.	

Evidence-Based Program	Early Warning System (EWS)
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.	
Identifies at-risk students through the analysis of readily available and highly predictive student academic and engagement data (e.g., absenteeism, course failure, GPA, credits, discipline).	
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.	
Utilizing data systematically to identify at-risk students as early as possible will allow for the application of more effective prevention and early intervention services. A thorough analysis of risk indicator patterns and associated relevant information will enable the School to better understand the root causes of student disengagement and academic failure (i.e., problem analysis).	
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.	
Armed with this information, our School will have a greater likelihood of implementing effective prevention and intervention services and maximizing student graduation rates. Reviewing the EWS data over time will assist the School in determining the effectiveness of intervention programming overall, for groups of students, and for individual students.	

Evidence-Based Program	Early Intervention Services and Supports
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.	
Early intervention services and supports to address mental health concerns are provided for students who have been identified through needs assessments, screening, referral or other teaming processes as experiencing mild distress, functional impairment, or being at risk for a given problem or concern. When mental health needs are identified early and supports put in place, positive youth development is promoted and the chronicity and severity of mental health concerns can be eliminated or reduced, (http://www.schoolmentalhealth.org/Resources/Early-Intervention-and-Treatment-Tiers-2--3/). As per HB 1557, parents will be notified on any changes in a student's services or monitoring related to the student's mental, emotional, or physical health or well-being.	
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.	
Tier 2 early intervention services and supports will be provided by our school's Student Services Team through: small group interventions for students identified with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low intensity classroom-based supports such as a daily report card, daily teacher check-in, and/or home/school note system. Tier 3 mental health treatment address mental health concerns for students who are already experiencing significant distress and impaired functioning. They will be provided by our school's counselor or by community organizations where we have obtained parental permission and Consent for Mutual Exchange. Examples include individual or group school appropriate therapy for students who have been identified with social, emotional, and/or behavioral needs, (http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Early-Intervention-and-Treatment-Services-Guide-(Tiers-2-and-3)-2.18.pdf).	
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 use of this evidence-based program, a reduction in mental health issues will be evident as mental health treatment in schools has strong effects when the treatment is integrated into students' academic setting. Fidelity monitoring will be used to assess how the program is being implemented and will determine if the outcome measures are being met. The Fidelity Monitoring Checklist will be used for fidelity monitoring planning (https://dm0gz550769cd.cloudfront.net/shape/6a/6ace1f979015ac4593afa1281ec7361d.pdf). Students at any tier will be monitored by the Student Services team and their progress will be reviewed on a monthly basis. As per House Bill 1557, parents will be notified on any changes in a student's services or monitoring related to the student's mental, emotional, or physical health or well-being. A student that requires mental health care assessments will be referred within 15 days of the referral to our School's coordinating outside mental health agency for evaluation with parental permission. In addition, families will receive informational resources on 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. Our school will	

meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services. The mental health agency or treating medical physician will provide the diagnosis, intervention strategies, and treatment plan for the student. The parent will authorize all documents to be shared with the school in order for the Student Services team to implement the plan and assist with recovery services within 15 days of receipt. The School may also create a School Based Plan using the information provided by the parents to implement school appropriate mental health services. Upon receipt of a Mutual Consent of Release by the parents, the School will communicate with the Mental Health Agency to ensure Community-Based Mental Health Services are initiated within 30 days of the referral. The Student Services team will monitor services, support, and progress on a bi-weekly basis.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

2:1086

2022-2023 proposed Ratio by June 30, 2023

2:1102

School Social Worker

Current Ratio as of August 1, 2022

0:1086

2022-2023 proposed Ratio by June 30, 2023

0:1102

School Psychologist

Current Ratio as of August 1, 2022

1:1086

2022-2023 proposed Ratio by June 30, 2023

1:1102

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

0:1086

2022-2023 proposed Ratio by June 30, 2023

0:1102

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.

The direct employment of school based mental health service providers will reduce staff-to-student ratios as the lower the number, the better the mental health services will be. This will allow for the mental health service provider to focus on mental health goals, strengths, and academic challenges.

In addition, this will ensure the mental health service provider has time to monitor therapy progress and work with coordinating agencies on the treatment plan. The focus will be on quality rather than quantity of mental health services. Our school based/community-based mental health provider that will be employed to reduce staff-to-student ratios, meet student mental health assistance needs, and also provide training and support to staff. Areas of Certification/Credentials are Guidance Counseling grades k-12, Trauma Focused Cognitive Behavioral Therapy, and Marriage & Family Counseling. Job responsibilities will be to offer guidance to students, teachers, and families who are dealing with issues that affect their mental health and well-being. Issues identified will include substance abuse, bullying, anger, management, depression, relationships, LGBTQ issues, self-image, stress, suicide, re-entry after extended school closures and refer students/families to the appropriate agencies for assistance and treatment. Students will improve mental health and cooperate with outside agencies to assist in the treatment.

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 School will create a schedule that the student services personnel will implement to increase the amount of time he/she will spend providing direct mental health services. The schedule will include the time slots allotted for the appropriate duties: individual student academic planning and goal setting, school counseling classroom lessons based on student success standards, short-term counseling to students, referrals for long-term support, collaboration with families/teachers/administrators/community for student success, advocacy for students at IEP/504 meetings and other student-focused meetings, and data analysis to identify student issues, needs and challenges. Our School will review the caseload of students assigned to the student services personnel on a quarterly basis to ensure all student mental health needs are being met within the schedule. Our School will create a schedule that the student services personnel will implement to increase the amount of time she will spend providing direct mental health services. The schedule will include the time slots allotted for the appropriate duties: individual student academic planning and goal setting, school counseling classroom lessons based on student success standards, short-term counseling to students, referrals for long-term support, collaboration with families/teachers/administrators/community for student success, advocacy for students at IEP/504 meetings and other student-focused meetings, and data analysis to identify student issues, needs and challenges. The School will review the caseload of students assigned to the student services personnel on a quarterly basis to ensure all student mental health needs are being met within the schedule. Our school will also implement all delivery of services (assessment, diagnosis, intervention, treatment and recovery) through a Multi-Tiered System of Supports (M-TSS.) M-TSS is defined as “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying student response data to important educational decisions” (Batsche et al., 2005). Based on a problem-solving model, the M-TSS approach considers environmental factors as they might apply to an individual student’s difficulty, and provides services/ intervention as soon as the student demonstrates a need. Our School’s administration will meet on a monthly basis and review each student currently receiving services, including treatment/recovery, with the school’s mental health provider as part of the M-TSS process. These meetings will be under the M-TSS umbrella to ensure all stakeholders are able to provide updates on the student. Outside mental health providers will be contacted so that they can participate in person or by the telephone. The same will be encouraged for parents as it is important for the parent to be a part of the mental health recovery process every step of the way. Progress notes will be documented by the school’s mental health provider and progress through the tiers will be considered. In addition, the School will work with their district and the Florida Discretionary Projects to access professional development activities to strengthen all M-TSS implemented at the School (<http://www.florida-rti.org>).

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

Depending on the need(s) of the student, services rendered at the School site will range from: individualized meetings with student services personnel, coordinated visitations from social services, yearly evaluations with school psychologist, coordination of services with outside agencies, and referrals to mental health centers. These services are documented at the School's site. As a result, these services are layered in the event that the student requires additional assistance. The documentation and implementation of the services will be used to reinforce the recommendations from School staff in the event the student requires additional services. While these services are rendered, the parent/ guardian is actively involved in the process and any concern is immediately addressed. The School's purpose is to provide the student with the least restrictive environment while providing the optimal conditions conducive to learning both at school and the home. The roles of the school based mental health providers and community-based partners to ensure implementation of our School's evidence-based mental health program will be to:

- 1) Promotes mental health and reduce stigma by enhancing mental health literacy of students, educators and parents;
- 2) Promote appropriate and timely access to mental health care through early identification, support, triage and referral from schools to health services, or through site-based mental health interventions;
- 3) Enhance effective linkages between schools and health care providers;
- 4) Provide a framework in which students receiving mental health care can be seamlessly supported in their educational needs within usual school settings; and
- 5) Involves parents and the wider community in addressing the mental health needs of youth.

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.

When a student or family requires services and supports not available through the School, the School will refer the child and family to a community-based provider who can better meet their needs. In collaboration with The Children's Trust of Miami (<https://www.thechildrenstrust.org>), these providers include: Community Health of South Florida <https://chisouthfl.org>, Nicklaus Children's Hospital <https://www.nicklauschildrens.org/medical-services>, Citrus Health Network <https://www.citrushealth.org/#/help>, Borinquen Medical Center <https://www.borinquenhealth.org/index.php/home/>, Jessie Trice Community Health Center <https://www.jtchs.org>, University of Miami <http://mededu.med.miami.edu/current-students/student-health/behavioral-health>.

School staff will assist the family in completing paperwork, coordinating appointments within the School day, and following up with referral sources to ensure that appropriate services were put in place. All support and services will be documented with appropriate codes in DISIS. (NOTE: If the Mental Health Provider completes a screening and determines the risk is high and intervention is immediately needed, the School will call 911 for emergency medical services). Our School will also access the Community Action Team (CAT) (<https://www.myflfamilies.com/service-programs/samh/publications/docs/Community%20Action%20Team%20Guidance.pdf>) assigned to us in order to access the CAT model – an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of the student and their family. The CAT assigned in Miami-Dade County is the Institute for Child and Family Health (http://www.icfhinc.org/our_programs.asp?id_programa_padre=110&id_programa=144). In addition, our School will access the free services, support, and professional development provided by the FLDOE Discretionary Project SEDNET (<http://www.sednetfl.info>).

SEDNET provides intensive, integrated educational programs to include a continuum of mental health treatment to enable students with or at risk of EBD to develop appropriate behaviors and demonstrate academic and career education skills. Our SEDNET contact is Dolores Vega, (305) 430-1055, ext. 2311, dvega@dadeschools.net.

Services Provided:

- Crisis management
- Strengthen the family and support systems for youth to assist them to live successfully in the community
- Improve school related outcomes such as attendance, grades, and graduation rates
- Decrease out-of-home placements
- Improve family and youth functioning
- Decrease substance use and abuse
- Decrease psychiatric hospitalizations
- Transition into age-appropriate services
- Increase health and wellness

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 41,933.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 41,933.00

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:

3030_Doral_MHAA_Planned_Expenditures_Report_2022-2023.pdf
<i>MHAA Planned Expenditures</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