



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. At least 70% of students referred for Tier 2 or Tier 3 mental health services will engage in counseling during the 2022-2023 school year (Charter Assurance 1a).

2.At least 80% of those students who had an elevated severity level/lower than average self-concept score on the Beck Youth Inventory at initial assessment will show a decrease in severity level/increase in average self-concept score at the time of successful discharge from Tier 3 counseling services (Charter Assurance 1a).

Charter Program Implementation

Evidence-Based Program	Attitude is Altitude
Tiers of Implementation	Tier 1
	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
	Social and Emotional learning, positivity and anti-bullying. The curriculum Academic, Social and Emotional Learning (CASEL) standards.
the early identification of socia the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
Attitude is Altitude will be impler	mented by teachers in designated grade levels through classroom lessons.
intervention, treatment, and rec	vill deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Supports will result in improved risk of students developing men	student self-esteem and an increase in student motivation and reduce the tal health diagnosis.

Evidence-Based Program	INVO Multidisciplinary Program to Address Childhood Trauma (IMPACT)
Tiers of Implementation	Tier 2, Tier 3
•	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
challenges. A multidisciplinary te treatment and service delivery p professionals who receive regula therapeutic interventions are pro draw on each youth's strengths,	bach to the treatment of youth with mental health/substance use eam works collaboratively bringing best practices into the evaluation, process. Interventions are delivered by licensed mental health ar support from a board-certified behavior analyst. Behavior support and poided while encouraging academic support and progress. Interventions incorporates family members and group-based intervention with the goal s that will serve the youth throughout his/her lifetime.
the early identification of socia the likelihood of at-risk student	nplement evidence-based mental health services for students to improve il, emotional, behavioral problems or substance use disorders, as well as is developing social, emotional, behavioral problems, depression, anxiety is, and how these will assist students dealing with trauma and violence.
analysis with the explicit goal of domains, encouraging youth and related disorders and how to use CBT, youth are taught about the subsequent behavior. By replaci better decisions about how to ac established behavior principles s unhealthy behaviors. Trauma-for closely on Adverse Childhood E thinking-based and behavioral p teaching effective parenting skill	cognitive-behavioral therapy (CBT) techniques and applied behavior reducing mental health symptoms, improving functioning in a variety of d their parents to understand the nature of mental health and/or substance e newly learned skills to maintain position functioning and recovery. In e link between thoughts and emotions, and how they may affect ing maladaptive thoughts with adaptive thoughts, youth are able to make ctor behavior and how to apply good coping skills. CBT also make use of such as positive reinforcement to reward adaptive behavior and extinguish cused CBT is a subspecialty within CBT that allows providers to focus xperiences (ACEs). This therapy addresses affective/emotional, cognitive problems by incorporating discussions about the specifics of the trauma, ls to caregivers, and capitalizing on the healing therapeutic alliance Services may be provided via individual therapy, group therapy and/or
intervention, treatment, and rec	vill deliver evidence-based mental health care assessment, diagnosis, overy services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.

Implementation and treatment will allow students to achieve treatment plan goals. Examples of goals may include: a) Improved decision making; b) Improved coping skills; c) Increased resiliency.

Evidence-Based Program	Referral to Community Providers
	-
Tiers of Implementation	Tier 2
	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
School may refer some student	s to providers in the community for mental health services.
the early identification of socia the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
	vill allow students to achieve treatment plan goals. Examples of goals may naking; b) Improved coping skills; c) Increased resiliency.
intervention, treatment, and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
	y providers and maintaining a collaborative relationship with these reatment will result in mental health symptomatology being reduced.
Evidence-Based Program	
Tiers of Implementation	[none selected]

Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.

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.

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.

Tiers of Implementation	[none selected]
Describe the key EBP compo	programs, services, policies and strategies.
the early identification of socia the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
ntervention, treatment, and red	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
rect Employment	
MHAA Plan Direct Employn	nent
School Counselor	
<i>Current Ratio as of Augus</i> 0:1506	t 1, 2022
2022-2023 proposed Ratio 0:1506	o by June 30, 2023
School Social Worker	
Current Ratio as of Augus 0:1506	t 1, 2022
•	
0:1506 2022-2023 proposed Ratio	
0:1506 2022-2023 proposed Ratio 0:1506	o by June 30, 2023
0:1506 2022-2023 proposed Ratio 0:1506 School Psychologist Current Ratio as of Augus	o by June 30, 2023 t 1, 2022
0:1506 2022-2023 proposed Ratio 0:1506 School Psychologist Current Ratio as of Augus 1:1506 2022-2023 proposed Ratio	o by June 30, 2023 t 1, 2022 o by June 30, 2023
0:1506 2022-2023 proposed Ratio 0:1506 School Psychologist Current Ratio as of Augus 1:1506 2022-2023 proposed Ratio 1:1506	o by June 30, 2023 t 1, 2022 o by June 30, 2023 lealth Provider
0:1506 2022-2023 proposed Ratio 0:1506 School Psychologist Current Ratio as of Augus 1:1506 2022-2023 proposed Ratio 1:1506 Other Licensed Mental H Current Ratio as of Augus	o by June 30, 2023 t 1, 2022 o by June 30, 2023 lealth Provider t 1, 2022

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 school will secure licensed mental health providers who will work on site for at least a total number of hours commensurate to a minimum of 90% of the school's MHAA. Additional funding opportunities will be sought to allow for increased financial resources to allow for expanded provider service schedules and a reduction in staff-to-student ratios.

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).

Providers/partners will work collaboratively with the school mental health team to ensure that services are aligned and coordinated to meet the needs of the students on the caseload. Services will be initiated timely, in accordance with state statute.

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

Providers/partners will work collaboratively with the school mental health team to ensure that services are aligned and coordinated to meet the needs of the students on the caseload. Services will be initiated timely, in accordance with state statute.

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.

Invo-Progressus Therapy: Licensed mental health provider (LMHC, LMFT, LCSW) - Assessment, therapy, collaboration

Invo-Progressus Therapy: Board Certified Behavior Analyst - Consultation/Collaboration

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP) \$ 49,469.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan \$ 79,680.00

Grand Total MHAA Funds

\$ 129,149.00

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 Statues.

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:

5020_RenaissanceCharterSchoolatCoralSprings_MHAAPPlannedFundsandExpenditures2022-2023.pdf MHAAP Planned Funds and Expenditures 2022-2023 Document Link

Charter Governing Board Approval

This application certifies that the **Broward 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

Tuesday 6/28/2022