



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 mental health. 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).

By June 2023, Eagles' Nest Charter Academy will train a minimum of 80% of instructional and non-instructional staff on Youth Mental Health First Aid.

By June 2023, Eagles' Nest Charter Academy will implement identification protocols that will increase the percentage of students being identified and receiving Youth Mental Health services by 15%

Charter Program Implementation

Evidence-Based Program	Sandy Hook Promise: Start with Hello
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.	
<p>Start With Hello Elementary (K-5) is a digital program that includes an interactive storybook, videos, activities and projects. Educators' utilize a guide that contains lesson plans based on social-emotional learning to help students build empathy, healthy relationships and social awareness.</p> <p>Start With Hello Middle School is an age-appropriate version of the program that teaches empathy to empower students to end social isolation. The program provides a video training for students, an Educators' Guide, and a handbook to help schools build and reinforce a culture of inclusion.</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>Teachers will complete the Sandy Hook Promise training. The school administrator and Social Worker will monitor completion of the course and implementation into the classrooms. This will be done through classroom walk-throughs and implementation of lessons during instructional time. The school will also emphasize the tenants of the program with students.</p> <p>Student assemblies will be held each quarter to reiterate the importance of showing empathy to each other and clearly articulating the process for reaching out to staff to seek help.</p> <p>Students who identified as experiencing emotional challenges will be referred to mental health support staff to create a support system of interventions.</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 EBP implementation of teacher guided lessons on social emotional learning will increase teachers ability to identify students who are experiencing mental health challenges and trigger providing the appropriate supports which include initiating a threat assessment and referral to mental health support staff. Based on the referral the appropriate staff can then provide more clinical interventions that include diagnosis, treatment plan and wrap around services that aid the student through recovery.	

Evidence-Based Program	Cognitive Behavior Theory: Mindfulness Based Stress Reduction (MBSR)
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Mindfulness Based Stress Reduction (MBSR) therapy is a meditation therapy. It can also include yoga, body awareness and emotional awareness. When though the original design was to help with stress management, MBSR can also be used to treat a variety of illnesses including depression and anxiety.	
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.	
Students who experienced one or more moderate to serious interpersonal conflicts that resulted in referrals will be identified to participate in MBSR as an intervention. The MBSR-T program lasts 8 weeks and includes a pretreatment orientation followed by weekly 90-minute sessions. The length and number of sessions is guided by the setting in which it is being taught. Many variations can be used, ranging from single-session offerings to expanded versions lasting as long as 12 weeks. It is assumed that even brief exposure to the skills is potentially beneficial. Both formal and informal mindfulness practices are taught. Sessions are shortened to 10–20 minutes to accommodate the attention span of teenagers, for whom the traditional 40-minute practices might not be developmentally appropriate. Brief at-home practices are suggested each week. These are referred to as on-your-own-practices (OYOP) rather than homework.	
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 EBP implementation will be provided by licensed Social Workers who will be able to determine the effectiveness of the program with each student. Based on the interactions with students, as well as feedback from teachers and parents, the mental health professional can determine the need for additional intervention, treatment as well as implementation of a recovery plan aligned to the needs of the students.	

Evidence-Based Program	Dialectical behavior therapy (DBT)
Tiers of Implementation	Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Dialectical behavior therapy, or DBT, is a therapy that helps students who struggle with managing emotions and who may be self-destructive. DBT isn't a treatment for learning and thinking differences. But it can sometimes help teens with mental health issues that often co-occur with those issues. DBT helps students recognize and accept their feelings in the moment. It also gives them tools to improve skills in four main areas:</p> <ul style="list-style-type: none"> • Being mindful • Regulating emotions • Having better relationships • Tolerating distress <p>Unlike CBT, DBT is a very structured treatment program. It has four main components:</p> <ul style="list-style-type: none"> • Weekly individual therapy sessions • Weekly group therapy sessions for building DBT-related skills, like regulating emotions • As-needed consultations with the therapist • Weekly meetings where therapists consult each other on cases <p>What sets DBT apart from other approaches is that it focuses on two things that might seem opposed: acceptance and change.</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.	
DBT helps students accept themselves and their feelings in the present. At the same time, it teaches them how to use thinking to change negative feelings and behaviors. DBT gives people concrete skills they can use to soothe themselves, redirect their thinking and handle tough emotions that are a result of social issues as well as trauma and violence. Group skills-training sessions may involve special worksheets. Students will complete exercises to help identify their trouble spots and brainstorm better ways to handle 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.	
The EBP implementation will be provided by licensed Social Workers who will be able to determine the effectiveness of the program with each student. Based on the interactions with students, as well as feedback from teachers and parents, the mental health professional can determine the need for additional intervention, treatment as well as implementation of a recovery plan aligned to the needs of the students. High Risk students can also benefit from having individual sessions with a DBT therapist. These individual services will be determined by the mental health provider based on treatment and recovery results.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1 : 250

2022-2023 proposed Ratio by June 30, 2023

1 : 250

School Social Worker

Current Ratio as of August 1, 2022

1 : 250

2022-2023 proposed Ratio by June 30, 2023

1 : 250

School Psychologist

Current Ratio as of August 1, 2022

0 : 250

2022-2023 proposed Ratio by June 30, 2023

0 : 250

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

0 : 250

2022-2023 proposed Ratio by June 30, 2023

0 : 250

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.

By adding an additional School Social worker, our school will have an additional mental health service provider to assist with identifying, providing services and monitoring the mental health of students. The additional School Social Worker will allow for the student /staff ratio to be reduced.

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).

Increasing the total amount of mental health personnel will allow for students to gain access to increased student services. Our school's identification procedures will also be implemented to help train teachers on identifying the signs of poor mental health as well at risk of self-harm with the goal of increasing the overall number of students identified and receiving mental health services.

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

School based mental health providers will provide training to teachers and staff on identification and referral process. They will then provide support services to students such as support groups, counseling sessions as well as referrals for more intensive services based on the student's needs.

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.

PsychEd Solutions: Student identification for mental health services, individual as well as family counseling, Mental Health student groups such as Anger Management, Conflict Resolution and staff training on identifying and supporting student needs

Henderson Behavioral Health: Family counseling, Crisis intervention and support

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 7,519.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 7,519.00

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:

5355_MHAA_Planned_Expenditures_Report_2022-2023_-_7.12.22.pdf
<i>MHAA Planned Funds and Expenditure form for the 2022-2023 school year</i>
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

Wednesday 6/29/2022