



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).

Goals: (1) Ensure that we have 4 full time social workers who are able to respond to needs of our students, make appropriate referrals for students and families to additional services and create proactive intervention services for students.

(2) Elevate the training of one social worker to serve as lead social worker who will be trained as a facilitator for Youth Mental Health and CPI training for our staff and serve as a liaison for mental health agencies and homelessness support.

These goals connect to the assurances that one hundred percent of the state funded proportionate share is used to expand school-based mental health care and to other school staff in detecting and responding to mental health issues.

Charter Program Implementation

Evidence-Based Program	MTSS Framework
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.	
<p>The RTI/MTSS model is a multi-tiered approach of providing high quality instruction and intervention matched to student needs. Key components include multiple tiers of evidence-based instruction service delivery, a problem-solving method designed to inform the development of interventions, an integrated data collection/assessment system to inform decisions at each tier of service delivery. The types of school-based mental health services available are the immediate services of school staff through the school's culture system.</p> <p>School Social Worker: There is a full time social worker on staff who can coordinate services, interventions and provide direct individual or group counseling. School social workers will also aid in ensuring students with IEP counseling mandates are met and provided accordingly.</p> <p>Community Partners: PsychSolutions is an outside agency which is located within the school and school day. For formal therapeutic interventions, we will refer families directly to PsychSolutions.</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.	
Each school will use the RTI/MTSS framework, as a system of service delivery that uses evidence-based instruction and interventions, progress monitoring, and evaluation to make informed decisions about the student's educational and behavioral programming needs. In order to be in compliance with MDCPS, the schools are dedicated to meeting the requirements of the RTI/MTSS Framework and the MTSS Task Force oversee that the procedures are done with fidelity.	
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.	
<p>Tier 1 services and support in the school consists of strong school-wide behavior management systems, ongoing teacher professional development and coaching on establishing positive classroom culture and best practices. Part of developing this is rooting messages directly aligned with positive charter values and providing positive rewards as well as regular communication with families. We directly teach character education and regularly reinforce and teach values during school-wide morning rituals. Additionally our younger students participate in morning circles and closing circles where they reflect and share how they feel, successes they have experienced or challenges they are facing. Our older students engage in similar conversations through their daily "advisory" period.</p> <p>Tier 2 services and supports provides targeted interventions for identified students which are struggling with social/ emotional development, behavior or academics. We implement restorative justice practices, check-in/check-out processes and individualized goals. Our social worker will also offer group or individual counseling or initiate the referral process to our licensed mental health partner through</p>	

PsychSolutions. We will collect data pre and post the referral process.

Tier 3 services and support will convene the student support team to review data collected during tier 2020-21 Mental Health Assistance Allocation Plan interventions. These meetings will happen in partnership with contracted school psychologists, staffing specialists and family to determine the best services to support the student.

The services could include things like the creation of a behavior intervention plan, initiate a functional assessment of behavior and the creation of additional mental health plans and services.

Additionally, the Crisis Team would be required to meet for consultation immediately following a crisis episode. This Crisis Team can also meet upon return to school for a post crisis student support plan.

Evidence-Based Program	At-Risk Behavior Prevention
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.	
<p>All of our students engage in character and value driven education. Through this we work to instill a sense of community, pride and positivity. For our younger students they will participate in daily morning and closing circles which allows them to reflect and share out feelings and reflections. We also utilize the Second Step curriculum to help guide these conversations along with Social, Emotional, Learning groups facilitated by our school social workers. Our older students will participate in daily advisory periods which will allow them to share feelings and reflections as well as deliver direct programs which teach and discuss mental health in addition to our character education. Through our advisory period and reflective circles we have the ability to identify individuals based on behavior or conversations that arise. Additionally we will have collected information through our social worker led screenings, records review, and ongoing referral process.</p>	
<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>	
<p>The Mental Health Assessment process is examined under the following characteristics: Appearance and behavior, speech, mood, affect, thought, perception, and cognition. The social worker will review any referral forms and will meet with the student and evaluate their current state. To ensure compliance, the social worker will document the information in the school's behavior management and referral system (Dean's List) and notify administration.</p> <p>Substance Abuse: Poor impulse control, aggressiveness, anxiety, depression, rebelliousness, early substance use, antisocial behavior, associating with drug-using peers.</p> <p>Mental Health Issues: Student talks about suicidal ideation, feeling hopeless, loss of interest, mood changes, physical symptoms, physical harm to themselves or others or known exposure to trauma.</p> <p>(c) Co-occurring substance abuse diagnosis: If the student has co-occurring substance abuse diagnosis, school personnel should notify the Department of Children and Families, MDCPS School Police, and the MDCPS Crisis Center.</p>	
<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.</p>	
<p>If a student engages in repetitive unsafe behaviors or has experienced/expressed suicidal ideations, the school social worker should conduct immediate follow up with that student and family to ensure the appropriate interventions (Tiers 1-3) are put in place to monitor safety, encourage social, emotional wellness, and provide tools and techniques that can effectively replace the choice to engage in unsafe behaviors with stronger coping skills and self-regulation.</p>	

The school social worker should formally meet with the student and later the family to determine the best intervention plan for that student. This plan should also include appropriate collaboration with other teammates at the school level such as, but not limited to; homeroom teachers, exceptional student education teachers, assistant principals/school leaders and any outside mental health agency that may already be working with the student and family. The intervention plan should be formalized and provided to all relative stakeholders.

Additionally, the intervention plan should be filed in the student's cumulative file to ensure record of the school based interventions implemented while also tracking efficacy of such intervention(s).

When students and families are not in an immediate crisis, school staff should utilize the following system for in school and outside agency referrals:

- School staff should utilize the Social Work Referral in Dean's List to refer a student to the school social worker.
- The school social worker will respond to referral within a 24-48hr window.
- If the referral is urgent, reach out to the school social worker directly.
- The referral will remain open in Dean's List until the school social worker submits a final outcome/intervention for the student.

The school social worker will determine next steps for the student/family based on referral information and follow up. If the student/family would benefit from and are open to an outside Tier 2 or Tier 3 referral to PsychSolutions Inc. then the school social worker will make a referral to an outside agency utilizing PsychSolutions's referral form. Once the referral and intake for student/family is completed the school social worker should monitor services and assist with on-campus service implementation.

Evidence-Based Program	Evidence Based Mental Health Assessment
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.	
This is a component of the MTSS framework listed above	
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.	
This is a component of the MTSS framework listed above	
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.	
This is a component of the MTSS framework listed above	

Evidence-Based Program	Trauma Informed Care
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.	
<p>School teachers will be trained by school social workers in trauma-informed care, best practices in student engagement and de-escalation techniques. This will create a preventive, proactive climate at the school level where those who are working with our students can identify triggers, behavior patterns, and make referrals as necessary to their school social workers for further assessment and support. Social workers will also initiate a trauma screening at the beginning of the school year to identify individuals who may benefit from school based intervention techniques or external mental health support from our PsychSolutions provider. Additionally, through regular family communication and regular debrief of student caseloads and presenting needs, we will be able to identify students who have had these experiences and pose a risk for at-risk behaviors. Our social worker will gather the appropriate information and make the appropriate referral to PsychSolutions therapist.</p>	
<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>	
<p>The selection process for determining which outside agency was based on recommendations from MDCPS partner agencies. Additionally PsychSolutions was selected for their experience in trauma work and willingness to provide on-site support. The agency provides the following mental health services including: child & family services, outpatient mental health services, psychosocial rehabilitation group, and cognitive-behavior therapy.</p> <p>The process for referral and follow up include a copy of the Mutual Exchange of Consent form. Once the social worker receives this form, they will maintain open communication about the interventions the school can have to accommodate the needs of the student.</p>	
<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.</p>	
<p>Our partnership agreement with PsychSolutions is that individual, crisis, trauma and group counseling will occur on campus as the counselors will be based at each campus. The service provider will be provided an individual office space to conduct individual sessions with students.</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

School Social Worker

Current Ratio as of August 1, 2022

1:296.75

2022-2023 proposed Ratio by June 30, 2023

1:259.1

School Psychologist

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

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 plan to hire 4 full time social workers, up from 3 fulltime and one part time social worker last year. Additionally we will be investing in the training and leadership development of one of these social workers to serve in a "lead capacity". In that we will have our own trainer on staff to facilitate Youth Mental Health Training to all of our teachers to ensure that they are trained and in compliance. Additionally they will train our staff in CPI so that those interventions can be utilized during student crisis.

Social workers will provide mental health screenings proactively for all new students at the beginning of the school and will determine needs resulting from those screenings. They will proactively review student records for any new students. Additionally they will connect and re-evaluate students who received services last school year and over the summer. They will proactively re-evaluate the students whose families were identified as "high-risk" last year (families who were displaced, lost employment, lost family members to death and illness, and were referred to community resources for support). Lastly school staff will be trained over the summer on the process to identify and refer a student throughout the school year if a student discloses feelings, situations of concern or exhibits any behaviors of concern directly to the social worker.

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).

Each school will use the RTI/MTSS framework, as a system of service delivery that uses evidence-based instruction and interventions, progress monitoring, and evaluation to make informed decisions about the student's educational and behavioral programming needs. In order to be in compliance with MDCPS, the schools are dedicated to meeting the requirements of the RTI/MTSS Framework and the MTSS Task Force oversee that the procedures are done with fidelity.

The RTI/MTSS model is a multi-tiered approach of providing high quality instruction and intervention matched to student needs. Key components include multiple tiers of evidence-based instruction service delivery, a problem-solving method designed to inform the development of interventions, an integrated data collection/assessment system to inform decisions at each tier of service delivery. The types of school-based mental health services available are the immediate services of school staff through the school's culture system. There is a full time social worker on staff who can coordinate

services, interventions and provide direct individual or group counseling. School social workers will also aid in ensuring students with IEP counseling mandates are met and provided accordingly.

Tier 1 services and support in the school consists of strong school-wide behavior management systems, ongoing teacher professional development and coaching on establishing positive classroom culture and best practices. Part of developing this is rooting messages directly aligned with positive charter values and providing positive rewards as well as regular communication with families. We directly teach character education and regularly reinforce and teach values during school-wide morning rituals. Additionally our younger students participate in morning circles and closing circles where they reflect and share how they feel, successes they have experienced or challenges they are facing. Our older students engage in similar conversations through their daily “advisory” period.

Tier 2 services and supports provides targeted interventions for identified students which are struggling with social/ emotional development, behavior or academics. We implement restorative justice practices, check-in/check-out processes and individualized goals. Our social worker will also offer group or individual counseling or initiate the referral process to our licensed mental health partner through PsychSolutions. We will collect data pre and post the referral process.

Tier 3 services and support will convene the student support team to review data collected during tier 2020-21 Mental Health Assistance Allocation Plan interventions. These meetings will happen in partnership with contracted school psychologists, staffing specialists and family to determine the best services to support the student.

The services could include things like the creation of a behavior intervention plan, initiate a functional assessment of behavior and the creation of additional mental health plans and services.

Additionally, the Crisis Team would be required to meet for consultation immediately following a crisis episode. This Crisis Team can also meet upon return to school for a post crisis student support plan.

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

School staff will record all behaviors in the school’s behavior management system and referral system (Dean’s List). All communications with families will be recorded in the communications log (also within Dean’s List). A Social Worker will meet with the student begin providing services. If necessary, the Social Worker may determine that a referral to an outside agency is necessary to provide continued intensive mental health services to compliment the school based interventions set by the social work team during the RTI/ MSST process. Once a referral has been completed with PsychSolutions, (our outside agency partner) the therapist assigned to the school will create a file and complete a student case management form and provide summaries/progress reports pending parent/ guardian approval to teacher and staff members. More severe incidents will also be reported in SCM following protocols depending on the type of incident or tiered infraction.

The selection process for determining which outside agency was based on recommendations from MDCPS partner agencies. Additionally PsychSolutions was selected for their experience in trauma work and willingness to provide on-site support. The agency provides the following mental health services including: child & family services, outpatient mental health services, psychosocial rehabilitation group, and cognitive-behavior therapy.

The process for referral and follow up include a copy of the Mutual Exchange of Consent form. Once the social worker receives this form, they will maintain open communication about the interventions the school can have to accommodate the needs of the student.

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.

PsychSolutions

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 53,415.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 53,415.00

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_(003).pdf
<i>MHAA Planned Expenditure Report</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

Thursday 8/18/2022