



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).

We plan to increase Mental Health Services for our K-5 students. We have added two additional licensed Mental Health Clinicians to our Student Assistance Program (SAP) which now includes four providers to service and support our students, as well as to refer services for the families. This team works closely with our school counselors and social worker to identify and screen students who are in need of group and/or individual therapy services. The services are tracked through an electronic database managed by the clinicians. We hope that having these on site mental health providers will help to ensure that our students in need will receive their services more quickly and with fidelity. Nevertheless, we will continue to make use of the providers referred from our Social Worker using community-based providers.

We also plan to increase the usage of our EBPs (PATHS and RETHINK ED) to ensure that our TIER 1 is being implemented with fidelity. Further, as ReThink Ed is new to our school this year, we will be conducting training for our instructional staff. The Tier 2 and Tier 3 will be implemented by the mental health team members using these program resources.

Tracking outcomes

At the beginning of the year the SAP Team conducts a Student Needs Assessment Survey for grades K-2 using PATHS and ReThink Ed. Grades 3-5 will be assessed using the BASC-3-BESS, a mental health screener. The PATHS curriculum has Tier 1 and 2 curriculum and the ReThink Ed has Tiers 1-3 Curriculum. The Tier 1 students will be monitored using this curriculum (80% of the students). The Tier 2 (10-15%) students will be monitored by the school counselor using ReThink Ed and other appropriate curriculum. Also, these students may receive support referral provided by our Social Worker. Students identified for Tier 3 (1-5%) will receive mental health services provided by either our SAP Clinicians or Community Providers. These students will be progress monitored to determine the progress the students are making based on the therapeutic interventions. We will measure the success based on the number of students being serviced and those students who were referred for Tier 3 interventions that were able to be decreased to Tier 2 or exited from the Mental Health Services.

School Counselors use Google Surveys to collect real-time data regarding student needs to help guide their support services planning.

The School Counselors, with the assistance of the social worker, refer students and families to on site (SAP Clinicians) and/or community-based therapy or other support providers. Multiple outside community partners for mental health and family support services will be utilized with the guidance of our Social Worker.

Charter Program Implementation

Evidence-Based Program	PATHS-5 Distinct Categories of Social Emotional Learning
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 k-5 teachers implement the 5 distinct SEL Lessons (e.g., Self-Awareness, Self-Management, Social Awareness, Relationship Management, and Responsible Decision-Making) at least once per week during their 30 minute recess block on the day of PE Specials. The lessons on Self-Awareness focus on the ability to identify and manage ones own feelings and emotions. Self Management is to assist students with strategies to manage their behavior and impulses and to have and act with integrity. The Social Awareness module it to support students with the development of empathy for others. While Relationship Management focuses on teaching skills to work with and to get along with others. Finally, Responsible Decision Making is guiding students to learn how to problem-solve effectively in order to make good choices both individually and within groups. Each unit is organized around one or more of these domains.	
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 K-5 Teachers implement lessons at least once per week during the day that they have PE. They use the additional 30 minute recess time block to conduct these lessons based on the recommended curriculum plan designed by the EBP or lesson deemed appropriate for the students in the class as a whole, small group or individual needs. Counselors may also identify lessons to be conducted for a specific grade level or class based on needs assessment, or to support small group or individual counseling.	
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.	
In rigorous clinical studies, the PATHS curriculum has been shown to: reduce reports of teachers reporting of students exhibiting aggressive behaviors by 32%; increased teachers' reports of students exhibiting self-control by 36%; increase students' SEL vocabulary by 68%; significantly improve students' ability to tolerate frustrations, plus their ability and willingness to use effective conflict resolution and/or problem solving skills. This EBP has been used for several years and have found the results to be effective based on reduction of behavior incidents, positive school climate, as well as the ability to help students to problem-solve, develop positive self-esteem and positive peer interactions.	

Evidence-Based Program	ReThink Ed
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.	
RethinkEds EBP helps instructional and mental health staff to create healthy school climates, promote a greater awareness and understanding of mental health and wellness, and empower educators with training and instructional tools that drive whole school success. The program focuses on the following: - Awareness of Self & Others - Self-Management - Social Skills - Social Awareness - Self-Care - Trauma The RethinkEd platform allows our teachers and mental health team members to learn about MTSS concepts, develop academic, behavior, and social emotional learning plans, provide meaningful interventions, and analyze the effectiveness of their entire MTSS process. It allows teachers and mental health members to meet students where they are academically, socially, and emotionally with flexible tiered curriculum offerings. Data collection and progress monitoring tools provide ongoing evaluation to inform continuous improvement. The program allows us to create students' academic, behavior, and social emotional learning plans quickly using the built-in goal bank and suggested interventions with the Intervention Plan Wizard. Utilize the Collaboration, Pre-planning, Intervention, and Curriculum tools ensure plans are effective. The platform allows our staff to view the distribution of students across all 3 tiers for Academics, Behavior, and Social Emotional Learning. Quickly identify students who are or are not making progress to better prioritize district supports. Analyze interventions across the district to determine which interventions lead to the highest rate of student success. Additional BrainPop and Nearpod Video Resources to support Program	
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 ReThink Ed program will be implemented K-12 via SEL block. Teachers under the direction of the mental health team members will be provided program training and lessons in order for them to implement the designated weekly lessons. The school counselors will conduct a needs assessment to all students to see what additional services will be needed to assist students with greater needs and/at risk behaviors. Additionally teachers, staff and/or parents may request additional support for a student or group of students that would require tier 2/3 lessons	

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.

Tier 1 students: will take quizzes after each lesson to help determine student mastery of SEL skills.

Tier 2 students: will be monitored through regular check-ins with the school counselor to determine their progress and continued needs.

Tier 3 students: will have more frequent check-ins and sessions, and may be referred to community based mental health partners for additional support services.

Evidence-Based Program	Lauren's Kids Safer, Smarter Kids
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.	
Is an abuse prevention education curriculum designed for Pre-K and elementary-aged children, created by the Lauren's Kids foundation. Lauren's Kids is an organization founded and led by Lauren Book, M.S. Ed. She is a child sexual abuse survivor, child advocate and educator who works to prevent child abuse and help survivors heal. The curriculum focuses on teaching children that they have the ability to protect themselves. The activities of this curriculum are designed to help you meet existing educational requirements in the areas of social studies, theatre, visual art, health education, and reading/language arts, while imparting critical safety information. Safer, Smarter Kids includes five to eight, 30-minute age-appropriate lessons regarding personal safety and how to ask for help when a situation makes you uncomfortable. The children then have the opportunity to practice these concepts through in-class activities. The curriculum is available for pre-K/kindergarten, first grade, second grade, third grade, fourth grade, and fifth grade classrooms. Kids also offers a curriculum for children with special needs. The Safer, Smarter Kids curriculum fulfills Erin's Law child sexual abuse prevention program requirements.	
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 program is being implemented by either the classroom teacher or a member of the mental health team. The implementation of Safer Smarter Kids to bring awareness to children's personal safety, prevention of sexual abuse and child -trafficking	
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 outcome would be to improve awareness of children's personal safety and protection. Any information regarding a child's violation of personal safety would be shared with School Counselors and School Counselors would then refer to the proper community agency (police, Department of Children and Families, social work, etc)	

Evidence-Based Program	Student Assistance Program (SAP)
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.	
The SAP Program offers individual therapy services delivered by licensed mental health providers (e.g., therapists, psychologists, etc.), Clinicians utilize EBTs (e.g., CBT, Solution-focused therapy, TF-CBT, Behavioral Therapy, Trauma Therapy, etc.) based on students identified and/or presenting with problems or concerns.	
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 identified with clinically elevated mental health concerns (Based on the BASC-3-BESS screener) are provided with group or individual therapy services by our licensed mental health providers (SAP). After obtaining parent consent, an intake is conducted and a tailored treatment plan is created for each student. Individual therapy sessions are provided on site, 30 minutes each week or more if needed. Students will continue to receive group or individual therapy services until the treatment plan goals/objectives are met and/or the student demonstrates a measurable decline in clinical elevation on the BASC-3-BESS scale.	
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 outcomes would be a decline in the BASC-3-BESS scale score from extremely elevated risk (t Score higher than a 70) to below elevated (t score of 60 or lower). Outcomes will also be measured by students demonstrating mastery of measurable treatment objectives (e.g., ability to use coping skills, to reduce intensity of anxiety as measured by a feelings barometer, etc.).	

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.	

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.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:699

2022-2023 proposed Ratio by June 30, 2023

1:699

School Social Worker

Current Ratio as of August 1, 2022

1:699

2022-2023 proposed Ratio by June 30, 2023

1:699

School Psychologist

Current Ratio as of August 1, 2022

1:233

2022-2023 proposed Ratio by June 30, 2023

1:233

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1:175

2022-2023 proposed Ratio by June 30, 2023

1:117

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 currently have one full time school counselor with a Master's Degree in Mental Health. We also have a school social worker who has helped to support our families with connection to community-based providers, as well as one-on-one family and parenting support. We have four(4) members of our Student Assistance Support (SAP) Team with one school psychologist and 3 licensed therapists. Additionally, we have a part-time retired school counselor who helps to support our school counselor with small group sessions.

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 district has made deliberate steps to increase mental health support services by the addition of the SAP program. In 21-22 we initiated the program with the hiring of 2 clinicians who built the program and policies from the ground up. The program was so successful and we had such a high need that we hired 2 additional clinicians in the summer of 2022. We are hoping that with the addition of these mental health providers, along with the resources that continue to be provided by our Social Worker through connecting students and families with community-based providers, we will be able to better support the needs of the vast number of students in need of mental health supports.

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

The 4 SAP Licensed Clinicians support our students through direct, school site based small group and individual therapy services based on the identification of elevated need using the BASC-3-BESS Screener, as well as school-based counselor or social worker referrals based on elevated behaviors that raise concern (e.g., SRA, BTA, Trauma, Crisis, etc.). Also, our school counselor works closely with our Social Worker to identify students and families in need of support. These students are referred to the Social Worker to meet with the student and families to determine the best community-based providers to assist with the identified need(s). The Mental Health Team meets at least once per month as part of our concerns meeting to review the students that are being serviced by the counselors, social worker and SAP Clinicians. Updates are recorded and adjustments are made to the intervention plan

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.

FSU BROWARD

Dr. Joanne Nemiroff, School Psychologist, Contracted Service Provider Psychological Testing, Contributing Member of our MTSS/RtI Team, Other Mental Health Needs as needed
DIRECT SERVICES

Dr. Gary Matloff, School Psychologist, Psychological Testing and FBA Evaluations.
DIRECT SERVICES

Jennilee Abolafia, School Psychologist, Psychological Testing
DIRECT SERVICES

Department of Children & Families, Community Provider, Collaboration with our Social Worker to support our students and families.

INDIRECT SERVICES REFERRALS BY OUR SCHOOL SOCIAL WORKER OR MENTAL HEALTH TEAM MEMBERS

City of Pembroke Pines Police Department, SRO and TAT Team Members. The SRO is a member of each school's Threat Assessment Team and collaborates on all student health and safety concerns. Also, Wellness Checks are conducted by the SRO and/or the TAT Team in cases of students who pose a threat to the school, students, staff or self. City Police Budget- Community Partner
DIRECT SERVICES

The Institute for Children and Family Health, Community Mental Health Provide. Our School Counselors and/or Social Worker collaborate with this community provider to secure therapy services for students having been identified as being in need.
INDIRECT SERVICES REFERRALS BY OUR SCHOOL SOCIAL WORKER OR MENTAL HEALTH TEAM MEMBERS

Camelot Community Care, Community Mental Health Provider. Our School Counselors and/or Social Worker collaborate with this community provider to secure therapy services for students having been identified as being in need.

Chrysalis, Community Mental Health Provider. This community provider affords students and families with therapy services after conducting student and family needs assessment.
INDIRECT SERVICES REFERRALS BY OUR SCHOOL SOCIAL WORKER OR MENTAL HEALTH TEAM MEMBERS

Memorial Health Services, Community Mental Health Provider. Our School Counselors and/or Social Worker collaborate with this community provider to secure therapy services for students having been identified as being in need.
INDIRECT SERVICES REFERRALS BY OUR SCHOOL SOCIAL WORKER OR MENTAL HEALTH TEAM MEMBERS

Big Brothers, Big Sisters Program, Community Support. Student Mentor Program
INDIRECT SERVICES REFERRALS BY OUR SCHOOL SOCIAL WORKER OR MENTAL HEALTH TEAM MEMBERS

Active Community Health Center, Community Mental Health Provider. Our School Counselors and/or Social Worker collaborate with this community provider to secure therapy services for students having been identified as being in need.
INDIRECT SERVICES REFERRALS BY OUR SCHOOL SOCIAL WORKER OR MENTAL HEALTH TEAM MEMBERS

Smith Community Mental Health, Community Mental Health Provider. Our School Counselors and/or Social Worker collaborate with this community provider to secure therapy services for students having been identified as being in need.
INDIRECT SERVICES REFERRALS BY OUR SCHOOL SOCIAL WORKER OR MENTAL HEALTH TEAM MEMBERS

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 131,415.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 131,415.00

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:

73-0351_MHAA_Planned_Exp.Report_REV_2022-2023_(1).pdf
22-23 Proposed Expenditures Report
Document Link

Charter Governing Board Approval

This application certifies that the **Florida State University 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 5/18/2022