



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2022-23 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	4
Section A: MHAA Plan Assurances	4
Section B: Planned Outcomes	5
Section C: Charter Program Implementation	5
Section D: Direct Employment	7
Section E: MHAA Planned Funds and Expenditures	9
Section F: Charter Governing Board Approval	9

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).

80% of our students will meet or exceed the academic standards stated in their Individualized Educational Plan (IEP). This will be achieved by our low student to teacher ratio of 3:1. In addition, all staff is trained in the methodologies of Applied Behavior Analysis, and this is the educational philosophy used to implement the goals on each students IEP.

Charter Program Implementation

Evidence-Based Program	Intensive Behavior Treatment
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.	
Used through principles of Applied Behavior Analysis on a daily basis as 100% of the student population at SFACS is diagnosed with ASD, majority of them being limited verbal or non-verbal with limited cognitive ability. All students require the use of a social-emotional behavior intervention plan implemented and monitored by school staff under the supervision of a licensed behavior analyst (BCBA)	
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 RTI/MTSS model is a multi-tiered approach of providing high-quality instruction and intervention matched to student needs. Tier 1: Counseling services to whole group, small group, and individuals targeting the prevention of concerning behaviors. Counselor/Social Worker will educate the students promoting a culture of "If you see something, say something." Tier 2: Provide services for students who exhibit risky behaviors to reduce the cause of problems and build social and emotional skills for healthier functioning either individually or in small groups.	
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: Counseling services to whole group, small group, and individuals targeting the prevention of concerning behaviors.</p> <p>Tier 2: Provide services for students who exhibit risky behaviors to reduce the cause of problems and build social and emotional skills for healthier functioning either individually or in small groups.</p> <p>Tier 3: Referrals to outside agencies (Citrus) and collaboration of services as recommended by the health professionals to address the special needs of the students.</p> <p>Please note: 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being limited verbal or nonverbal, as well as limited cognitive ability.</p>	

Evidence-Based Program	Intensive Communication Training
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.	
Implemented through functional communication training and developing communication strategies for students including but not limited to voice output devices, augmentative and alternative communication (AAC), Picture communication system (PCS), and picture exchange communication system (PECS).	
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.	
To reduce the likelihood of at-risk students developing social, emotional, and/or behavioral problems, the school is unable to implement conventional systems used in other schools as 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being verbally limited or non-verbal, as well as limited cognitive ability. Therefore, through the Unique Learning System, a module was added designed to empower self-regulation in students. The program is designed to “enhance classroom management and promote positive behaviors, in and out the classroom, to lay the foundation for successful learning outcomes. Research confirms that for learning to occur, self-regulation skills and emotional control are vital. Their comprehensive, integrated online solution delivers proactive, evidence-based strategies to empower individual self-regulation and executive functioning.”	
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.	
Since 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being limited verbal and non-verbal, as well as limited cognitive ability, interventions will need to be identified on a student by student basis. Interventions directed to the student’s guardian may be more effective in cases of limited cognitive ability where interventions will be based on behavior modification as opposed to cognitive behavioral approaches	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:1

2022-2023 proposed Ratio by June 30, 2023

1:1

School Social Worker

Current Ratio as of August 1, 2022

1:1

2022-2023 proposed Ratio by June 30, 2023

1:1

School Psychologist

Current Ratio as of August 1, 2022

1:1

2022-2023 proposed Ratio by June 30, 2023

1:1

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.

SFACS has implemented a referral system to identify students who are presenting difficulty in regard to mental health. All referrals are directed to the school Principal who is available to meet with parents and families individually upon request or as needed. In addition, the school provides workshops and trainings to parents on a monthly basis as well as support groups for parents and siblings. A Board Certified Behavior Analyst consults with the school Principal to target behavioral difficulties and the Social Worker consults with the team for mental health referrals.

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).

A schedule will be developed to ensure quarterly classroom visits to increase the face to face interactions between the counselor, social worker and the Tier 1 students. Based on anecdotal or concrete data, small group lessons targeting needs will take place on a monthly basis. Through the data and small group interactions, the student service personnel will develop a schedule to provide direct mental health services to target individual needs.

Please note: 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being verbally limited or non-verbal, as well as limited cognitive ability.

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

The individuals designated on the mental health plan are responsible for assessing students, identifying supports needed and referring parents to community resources under the direct supervision of the school Principal. These individuals also provide support services to students, staff and families.

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.

The selection process for determining which outside agency will be recommended will be based on the demographic of the student. The school will provide a handout which lists agencies throughout Miami-Dade County. The list of agencies can be found on the MDCPS Student Services website. The types of mental health services include: child & family services, outpatient mental health services, psychosocial rehabilitation group, cognitive-behavior therapy. The process for referral and follow up include a copy of the Mutual Exchange of Consent form. Once the counselor, social worker or ESE specialist receives this form, they will maintain open communication about the interventions the school can have to accommodate the needs of the student.

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Contracting as South Florida Behavioral Health Network
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Please note: 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being limited verbal or non-verbal, as well as limited cognitive ability.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 11,925.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 11,925.00

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:

1070_SFACS_MHAA_Planned_Expenditures_Report_2022-2023.pdf
<i>MHAA form</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

Monday 6/6/2022