



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 (YMHA) 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 YMHA Plan and Part III includes the MHAA Plan.

Part I. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62, F.S., the MHAA Plan allocation is to assist districts with establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by August 1, 2022.

There are two submission options for charter schools (MHAA Plan Only):

- Option 1: District submission includes charter schools in their application.
- Option 2: Charter school(s) submit a separate application from the district.

Part I: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The Charter School Assurances

One hundred percent of the state funded proportionate share is used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

Yes

Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.

Yes

Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

Yes

Collaboration with FDOE to disseminate mental health information and resources to students and families.

Yes

Includes a system for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

Yes

A Charter school board policy or procedures has been established for

Students referred to a school-based or community-based mental health services provider, for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 calendar days of referral.

Yes

School-based mental health services are initiated within 15 calendar days of identification and assessment.

Yes

Community-based mental health services are initiated within 30 calendar days of referral.

Yes

Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems or payors for which such individuals may qualify if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.

Yes

District schools and local mobile response teams use the same suicide screening instrument approved by FDOE pursuant to s. 1012.583, F.S., and Rule 6A-40010, Florida Administrative Code.

Yes

Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463, F.S. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.

Yes

The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. 394.463, F.S. Such contact may be in person or using telehealth, as defined in s. 456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee. Note: All initiated involuntary examinations located on school grounds, on school transportation or at a school sponsored activity must be documented in the Involuntary Examinations and Restraint and Seclusion (IERS) platform.

Yes

Parents of students receiving services are provided information about other behavioral health services available through the student's school or local community-based behavioral health service providers. Schools may meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services.

Yes

Planned Outcomes

Identify two specific and measurable goals that will be accomplished within the 2022-23 school year, and specify which component of Charter Assurance 1.a. directs that goal (refer to the Guidance Tab if needed).

1. 100% of employees are YMHFA certified by end of first semester - Charter Assurance 1a.
2. Maintain an average of <90% weekly SEL classroom instruction for all classes - Charter Assurance 1a and 1d.

Charter Program Implementation

Evidence-Based Program	Cognitive Behavioral Therapy (CBT)
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.	
Using a psycho-social intervention approach, the CBT components that will be used include: challenging and changing cognitive distortions and behaviors; improving emotional regulation; and coaching students to develop personal coping strategies that target behavioral deficits.	
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 C-SSRS protocol will be used to identify students at risk for MH issues. Students will be evaluated involuntarily or voluntarily. Evaluation data will be used to initiate early intervention. The C-SSRS identifies students at risk for developing social emotional issues behavioral problems, depression, and anxiety disorders. Students at risk will receive small group or individual counseling sessions with the site-based school counselor/social worker. Parents will be empowered to support students through at home practice resources provided by the counselor.	
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 C-SSRS tool will be used for assessment and diagnosis of student MH care. CBT will be used for intervention, treatment, and recovery. CBT focuses on the relationships among thoughts, feelings and behaviors; targets current problems and symptoms; and focuses on changing patterns of behaviors, thoughts and feelings that lead to difficulties in functioning. Additional components of CBT such as Cognitive Processing Therapy (CPT), Cognitive Therapy, and Prolonged Exposure approaches will be used as needed to intervene with students who have co-occurring and re-occurring diagnoses.	

Evidence-Based Program	Second Step - 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.	
Second Step is a social-emotional learning program that focuses on various social and emotional skills such as emotion recognition and management, empathy, problem solving, bullying prevention, and goal-setting. Social-emotional Learning involves teaching students age-appropriate social skills and competencies including conflict resolution, cooperation, relationship building, communication, and self-management.	
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 will receive social-emotional skills instruction from the Second Step Curriculum in a school-wide approach. Teachers will use observation to collect data on students who may exhibit, or who they suspect may need intervention. Teachers will refer students to the school social worker/ counselor using a behavioral referral form.	
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.	
On a Tier I basis, SEL instruction will be incorporated in our school-wide assemblies which will happen once every quarter. Tier II implementation will involve the school counselor, K-3rd homeroom teachers, and 4th-8th social studies teachers will provide SEL instruction at least once weekly. Lessons will be embedded in the master schedule to accommodate a 30 minute lesson for each class each week. The school counselor will guest-teach in different classes throughout the school year.	

Evidence-Based Program	Collaborative Care Model
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.	
A Collaborative Care (CoCM) model will be used for the school and the off-campus mental health providers to cooperate and support students. CoCM is a specific type of integrated care that treats mental health conditions such as depression and anxiety. These mental health conditions usually require systematic follow-up due to their persistent nature.	
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 C-SSRS protocol will be used to identify students at risk for MH issues. Students will be evaluated involuntarily or voluntarily. Evaluation data will be used to initiate early intervention which may include immediate referral to an off-site facility for more targeted evaluation and treatment. Students at risk will may also receive individual counseling sessions with a licensed mental health service provider who will be contracted to come to our campus or provide telehealth services as needed.	
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 school will utilize a working list of agencies/professional referrals including Tampa Bay Crisis Center, Gracepoint, and Tampa Family Health Center, who are equipped with resources to assist students who experience mental health problems. We have also established a relationship with McNulty Counseling and Wellness, who will be able to provide licensed professionals to treat students on campus in an ongoing manner as needed for student recovery. For emergency mental health services, we will utilize the closest mental health facility to the school site.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

NA

2022-2023 proposed Ratio by June 30, 2023

1:430

School Social Worker

Current Ratio as of August 1, 2022

1:430

2022-2023 proposed Ratio by June 30, 2023

1:430

School Psychologist

Current Ratio as of August 1, 2022

NA

2022-2023 proposed Ratio by June 30, 2023

NA

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

NA

2022-2023 proposed Ratio by June 30, 2023

NA

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.

Direct employment of school-based mental health services providers will reduce the staff-to-student ratio because it adds at least one more staff member to the ratio and as such narrows the opportunity gap that the school may face as we provide mental health services to all students. In our case, we will have one licensed social worker/ school counselor to 430 students. In previous years, we had no onsite school counselor and that left the responsibility on teachers and other staff who were not as equipped to intervene and help students who were at risk.

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).

School counselor will spend 70% or more of her time in direct service to students. Individual and small group counselling will be given priority over school-wide initiatives like Character Education.

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

Our school-based mental health counselor will provide intervention services in the form of: Individual and small group counseling; crisis counseling; check in/check out; and referral to community-based agencies. She will also provide restoration services in the form of: safety plans; small group counseling; restorative circles; and referral to community agencies for continued therapy or out-patient services.

NSS has an established relationship with Gracepoint – our closest mental health facility. Through our continued school-community partnership, Gracepoint will be referred for students who require more intensive supports. For students who may need onsite, long-term intervention beyond the capability of our on site personnel, we will hire licensed professionals from McNulty Health and Wellness Tampa.

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.

Gracepoint - Individual assessment and treatment

Tampa Bay Area Crisis Center - mental health counseling for students, staff, and families.

Tampa Bay Health and Family Center
McNulty Health and Wellness Tampa

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 24,503.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 24,503.00

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_Completed.pdf
<i>MHAA Planned Expenditures</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Hillsborough County Public Schools** governing board has approved the Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(14), F.S.

Governing Board Approval date

Tuesday 7/26/2022