



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2022-23 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

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Introduction

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part II includes the YMHAT Plan and Part III includes the MHAA Plan.

Part I. Mental Health Assistance Allocation Plan

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

Submission Process and Deadline

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

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

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

Part I: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The Charter School Assurances

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

A Charter school board policy or procedures has been established for

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

Planned Outcomes

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

Goal 1. 100% of students will participate in a Leadership Action Team activity by Quarter Two of school year 2022-23.

Goal 2. 100% of instructional staff will attend at least two professional Leader In Me trainings during the school year 2022-23.

Goal 3. A 15% decrease in students' detentions in grades 3-8

Goal 4. 15% increase in Family Engagement through school led events and activities

Charter Program Implementation

Evidence-Based Program	Promoting Alternative Thinking Strategies (PATHs)
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
The PATHs Program is a comprehensive prevention program developed for PreK- 8th grade using The theory that guided program development was The Affective-Behavioral-Cognitive- Dynamic model of development. This model focuses on student emotional awareness, emotional control, coping skills and how they interact with the environment. The curriculum contains 36-52 comprehensive lessons depending on the grade level and is recommended to be taught by teachers three days a week for approximately 20 minutes. There are also supplementary materials that go along with the lessons as well as classroom activities. For each lesson there is parent literature available in both English and Spanish. These materials are all predeveloped and can be sent home to extend learning. They include fun family activities. Teachers engage the students daily in the program through regular feelings check-ins, student of the day, and concept reinforcement through the use of curriculum aids. The curriculum is taught all year long and follows a spiral methodology. The program is taught from Kindergarten to 8th grade. The grade breakdown ensures age appropriateness in topics and concepts. Middle grades address substance use prevention. PATHs is a CASEL SElect Program. PATHs is also listed on multiple evidence based clearinghouses, such as the California Evidence Based Clearinghouse for Child Welfare and is rated as effective and well supported by evidence. This program has been selected for LLT after an extensive evaluation to assess need and potential fit.	
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.	
Teachers administer the weekly lessons as well as facilitate student of the day, regular feelings check ins, and parent communication materials. Weekly lessons are taught using story books, extension activities, puppets, posters, and other supplementary aids. Lessons are scripted and ready for teacher use. PATHs is aligned to ELA standards and can be used in conjunction with ELA lessons. PATHS will be taught during the scheduled daily Morning Meeting time in kindergarten through Fifth Grade with extension opportunities throughout the day. There will also be extension opportunities in the library elective. Students in Sixth through Eighth grade will receive PATHs two to three times per week in the scheduled daily LEAD time. PATHs is delivered through mentor texts, student work books, and additional supplementary material. The behaviors targeted for increase in PATHS creates protective factors and helps to lessen the severity of some symptoms associated with commonly diagnosed mental and behavioral issues. Middle grades curriculum covers substance use prevention. Elementary kits include a pre and post-test implementation assessment to measure impact and implementation quality. In upper grades students will used the	

Devereux Student Strengths Assessment (DESSA Mini). This helps to identify areas of strength and a potential to strengthen weaknesses utilizing a strengths-based approach. This is given twice a year.

In Kindergarten students will learn to identify feelings and appropriate coping mechanisms as well as social awareness. In sixth grade the material continues to build on what is taught in lower grades and has a strong focus on peer relationships, confidence, growth mindset, mindfulness, and decision making.

PATHS will be implemented using the EPIS Model (Exploration, Adoption/ Preparation, Implementation, and Sustainment). The exploration phase took place over the 2020-2021 school year. Pilot data will be collected and reviewed by the school implementation team. Data will be reviewed quarterly to determine effects of the program and student outcomes. The school implementation team includes the Chief Education Officer, Student Services Supervisor, Intervention Specialist and Grade Level Teachers. Program decisions will be made based on the outcomes of the data.

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.

Students requiring further services will be referred to licensed mental health practitioners.

Evidence-Based Program	Franklin Covey Leader In Me
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
The Leader in Me (LIM) is a school wide program based on Franklin Covey's work: The Seven Habits of Highly Effective People. LIM meets all five criteria to be considered a CASEL Approved SEL program. Program components target Self Management /Self Discipline - Habit 1 Be Proactive to develop responsibility for their actions, emotions, attitudes, choices and behaviors. Self Awareness/Vision – Habit 2 Begin with the End in Mind allows students to think ahead about consequences, understand and engage in goal setting, and set clear expectations for themselves and others. Responsible Decision Making/Initiative – Habit 3 “Putting First Things First” students learn to prioritize responsibilities at home and at school, engage in weekly planning activities, and learn to understand how planning and prioritizing can create balance in their life. Relationship Skills/ Relationship Building –Habit 4 “Think Win-Win” teaches students about growth mindsets, how to build high trust relationships that enable problem solving, and to appreciate differences and respect each other. Social Awareness/Communication- Habit 5 “Seek First to Understand” students are able to be empathetic listeners, build trust by communicating honestly, use “I” phrases to express their thoughts and feelings. Teachers deliver lessons in a whole group setting daily during the morning meeting time. Each month there is a focus on a new habit and they are taught linearly. Each habit is modified for the appropriate grade level. Habit language is infused through out the day. LIM materials are present throughout the school including posters, classroom materials, murals, and student art. Many aspects of the LIM in me is student led. Students initiate projects and other initiatives on campus as recycling and school events to create a positive school climate. The habits and topics in LIM are designed to teach students leadership skills and to have an internal locus of control versus the need for continual external reinforcement or punishment systems. LIM is a whole school improvement program and is evident throughout the entire campus. The LIM is an EBP based on educational standards and is continuing research with randomized control trials. The LIM is delivered through teacher guided lessons and curriculum. The program is across all grades k-8th. There is also an accompanying website and database that give teachers and staff access to extension activities, behavior management systems, and additional educational information and materials. The School Wide Positive Behavior Support Program (SWPBS) is also aligned to LIM standards. Students are exposed to LIM and LIM Expectations throughout the campus and LIM language is infused throughout all aspects of school life.	
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.	
Teachers teach the seven habits in a linear fashion, each month focuses on a new habit. The lessons come with activities and student led opportunities. Everyday a morning meeting is held in the classroom lasting 20 minutes where the LIM lesson is taught, a student check-in takes place, and goals are discussed. The lessons focus on the concepts taught through the seven habits;	

1. BE PROACTIVE
2. BEGIN WITH THE END IN MIND
3. PUT FIRST THINGS FIRST
4. THINK WIN-WIN
5. SEEK FIRST TO UNDERSTAND, THEN TO BE UNDERSTOOD
6. SYNERGIZE
7. SHARPEN THE SAW.

Students set goals for themselves and work to set class wide goals. Goal progress is monitored with students individually and collectively as a class. School wide goals are also set. Students and staff participate in action teams. These teams function to create a strong positive school climate, take initiative around the school campus, and create and lead school wide events.

The LIM implementation is guided by the school lighthouse team. The Lighthouse team is comprised of teachers, school staff, and school leadership, including the principal. The lighthouse team assists with program implementation, helps to lead trainings, and is a program support. Three times a year students, staff and parents complete an MRA assessment designed to assess implementation and program effect. The MRA measures three main domains; leadership, culture, and academics.

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.

Students requiring further services will be referred to licensed mental health practitioners.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

School Social Worker

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

School Psychologist

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

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.

NA

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).

NA

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

NA

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.

Individualized licensed counselor through Northside Behavioral Health with onsite one on one student counseling using the Mental Health Allocation for funding as needed.

Social Worker and School Psychologist through Hillsborough County School District providing student services as needed through MTSS with funding provided through charter school administrative fee.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 25,357.00

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

\$ 21,731.00

Grand Total MHAA Funds

\$ 47,088.00

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:

LLT_Academy_MH_Funds_and_Exp_Rpt_22-23.pdf
<i>LLT Academy Planned Funds and Expenditure Report 2022-23</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 7/19/2022