



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	8
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).

Through a proactive school-wide implementation of The 7 Habits and The Leader in Me, Navigator Academy of Leadership will see a 25% decrease in discipline referrals to administration and an increase in student engagement as evidenced by their leadership portfolio and ELEOT (Effective Learning Environments Observation Tool).

Charter Program Implementation

Evidence-Based Program	The Leader in Me by Sean and Seven Covey
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.	
<p>"The Leader in Me" by Sean and Steven Covey: Leadership is a choice, and for Leader in Me students, leadership choices are demonstrated most clearly through self-discipline. Negative interactions with peers and incidents of poor self-control in the classroom often arise from a lack of self-discipline. Students throughout Leader in Me Schools learn the skills of personal and interpersonal leadership and, consequently, their self-discipline increases while school-wide discipline referrals inevitably decline.</p> <p>Leader in Me is endorsed by CASEL as an evidence-based social-emotional learning process.</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>Throughout the year, students will participate in Leader in Me lessons integrating the 7 Habits of Highly Effective People in a cross-curricular approach and throughout their daily life. Students will learn to actively reflect, set goals, and track their progress both academically and personally (2 Academic Goals and 1 Personal Goal).</p> <p>Students will learn and demonstrate the ability to communicate effectively and how to problem solve and collaborate with peers.</p> <p>August - Habit 1 = Be Proactive September - Habit 2 = Begin with the End in Mind October - Habit 3 = Put First Things First November/December - Habit 4 = Think Win-Win January - Habit 5 = Seek first to Understand and then be Understood February - Habit 6 = Synergize March - Habit 7 = Sharpen the Saw April - Habit 8 = Find Your Voice</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.	
Leadership Portfolios will help demonstrate: reflections, goals, tracking progress. Students will demonstrate the ability to make good decisions, communicate, and collaborate effectively with adults and their peers. This will result in a decrease in disciplinary referrals and an increase in student leadership and engagement as measured by referrals to the office and the student's leadership portfolio.	

Evidence-Based Program	The Leader in Me by Sean and Seven Covey
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.	
Students demonstrating difficulty with self-regulation will participate in small-group, differentiated lessons reflecting on the 7 Habits of Highly Effective People and how these skills help students make better choices and improve their self-regulating behaviors.	
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.	
Beginning in September, The Leadership Lighthouse Team will work with teachers and administrators to identify students that would benefit from these small group lessons. Students will meet once a month with the school guidance counselor and will plan small-group activities that reinforce the Habit being studied. In addition, teachers will work closely with these identified students in "walking through" making the right decisions and analyzing consequences and accountability.	
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.	
Through observations by teachers and the guidance counselor, students will demonstrate an increase in self-regulatory behaviors and decision-making skills that will lead to a decrease in discipline referrals to administration and an increase in student leadership and engagement.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022
1 to 916

2022-2023 proposed Ratio by June 30, 2023
1 to 916

School Social Worker

Current Ratio as of August 1, 2022
1 to 916

2022-2023 proposed Ratio by June 30, 2023
1 to 916

School Psychologist

Current Ratio as of August 1, 2022

1 to 916

2022-2023 proposed Ratio by June 30, 2023

1 to 916

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1 to 916

2022-2023 proposed Ratio by June 30, 2023

1 to 916

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.

The contracted Mental Health Specialist will work in conjunction with District-assigned personnel to train teachers to watch for and address mental health issues and warning signs in students using in-school resources as well as community-based resources.

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 guidance counselor was hired this year to work in conjunction with our mental health specialist and our students, teachers, and parents. Job descriptions have been clearly outlined to ensure that the primary goal of these individuals lies in meeting the needs of our students and providing any professional development to our staff to help meet our students' academic and social-emotional needs.

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

Our mental health specialist is contracted by the school to work directly with teachers, students (and parents as needed), and our new guidance counselor. The mental health specialist as well as any outside agencies will collaborate with school personnel and families especially when students are exhibiting mental health issues, are in crisis, or are at risk.

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.

Mental Health Provider: Michael Tuch, Agency: LCSW Counseling for Daily Living, Services: Mental Health Therapy and Counseling
Guidance Counselor: Kirsten Cruz Services: Counseling

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 42,005.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 42,005.00

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.pdf
<i>MHAA Planned Health and Expenditures Form</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

Wednesday 7/27/2022