



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	10
Section E: MHAA Planned Funds and Expenditures	11
Section F: Charter Governing Board Approval	12

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: Develop and implement family support programs that foster connections and provide families with information and resources for mental health, through presentations, newsletters and small group discussions, provided on a monthly basis.

Goal 2: Increase the number of students receiving Tier 2 services by 50% by offering two groups each semester, targeted at students who are identified 'at risk' for mental health diagnoses.

Goal 3: Identify, assess and provide services or additional referrals for students who are in crisis or immediate need of mental health counseling services before the end of the school day, and ensure the immediate safety of any student at risk of self-harm or suicide ideation.

These goals cover all aspects of charter assurances.

Charter Program Implementation

Evidence-Based Program	CASEL
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.	
Goal 1: Family Support CASEL - The Collaborative for Academic, Social and Emotional Learning. https://casel.org/homes-and-communities/ School-wide resources: https://schoolguide.casel.org/	
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.	
Provide 'Coffee with the Counselor' at least two times a semester. Presentations to focus on different mental health concerns that children, teenagers and families are faced with today. Create a platform where parents can express concerns, gain new insights and resources, and ask and answer questions. (Can be part of the 'Coffee with the Counselor') Create newsletters sent to all families that provide recommendations for SEL at home, resources and updates on SEL at school.	
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.	
Data collection of number of parents who attend presentations and group forums. Questionnaire at the end of the year to gather data on the following topics: number of parents who read the newsletter, implemented strategies, read additional resources, found the referrals helpful, etc.	

Evidence-Based Program	CASEL Select Program OJJDP Promising Program, SAMHSA Model Program, CASEL
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Goal 2: Group and Individual Counseling CASEL - The Collaborative for Academic, Social and Emotional Learning. https://schoolguide.casel.org/resources/ There are a variety of resources available for small group instruction. For example, The Stop and Think Social Skills Program for Schools: A CASEL Select Program OJJDP Promising Program SAMHSA Model Program Programs will be reviewed and implemented based on the current student need. Other group curriculum that have been created by licensed mental health professionals, and incorporate evidence based practices (such as cognitive behavior therapy techniques) will also be used. Individual Counseling Evidence based assessment and counseling techniques will be used from a variety of sources: American Counseling Association https://www.counseling.org/ Association for Play Therapy https://a4pt.org American School Counselor Association https://www.schoolcounselor.org/	
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.	
Individual school based counseling is provided by the school counselor (who is also a licensed mental health counselor - LMHC) for a minimum of 3-6 sessions. As school based counseling can be very different from mental health counseling in a more clinical setting, on going assessment is imperative to determine which students require additional, more intensive treatment, or those that would benefit from different, more specialized treatment approaches.	

Open communication between the school counselor and families is important, especially at the onset of therapy (to obtain consent, answer questions and establish rapport), at the end of therapy (to provide additional referrals if necessary or discuss progress), and also during the process should anything of concern arise.

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.

As school based counseling can be very different from mental health counseling in a more clinical setting, on going assessment is imperative to determine which students require additional, more intensive treatment, or those that would benefit from different, more specialized treatment approaches. Collaboration (with parental consent) between outside agency and school to ensure student is supported. Create a safety plan.

Evidence-Based Program	Ask Suicide Screening Questions (ASQ) Toolkit https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials
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.	
Goal 3: Crisis Intervention From SAMSHA: Ask Suicide Screening Questions (ASQ) Toolkit https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/ Crisis Center of Tampa Bay https://www.crisiscenter.com/ Call 211	
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.	
Create a crisis management team that consists of administrators, mental health professionals and resource officers, who have all been formally trained in YMHFA. Create a process for assessing an immediate threat to self or others. Identify necessary steps for further assessment (for example, calling law enforcement to assess for a Baker Act, or referring to the crisis center). Collaboration (with parental consent) between outside agency and school to ensure student is supported. Create a safety plan upon student returning to school. Provide school counseling to all students who have been assessed for at least 4 sessions.	
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.	
As school based counseling can be very different from mental health counseling in a more clinical setting, on going assessment is imperative to determine which students require additional, more intensive treatment, or those that would benefit from different, more specialized treatment approaches. Collaboration (with parental consent) between outside agency and school to ensure student is supported. Create a safety plan.	

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 counselor, 450 students

2022-2023 proposed Ratio by June 30, 2023

1 counselor, 450 students

School Social Worker

Current Ratio as of August 1, 2022

1 charter school social worker

2022-2023 proposed Ratio by June 30, 2023

1 charter school social worker

School Psychologist

Current Ratio as of August 1, 2022

1 charter school psychologist

2022-2023 proposed Ratio by June 30, 2023

1 charter school psychologist

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.

Will reduce ratio from 1 to 11 to 1 to 10.

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).

Currently we have one full time counselor as our school is not fully rolled out (grades and sections). When we are fully roll out in 26-27 we plan to have two full time counselors.

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

The school based mental health providers support students during the school day or for an academic purpose. For example, the school social worker and school psychologist provide evaluations to support the 504 and IEP process. The school social worker is also another source of support for families, providing them with additional community referrals in the area. The school counselor is responsible for providing a 3 Tier system of support of all students at the school. Individual school counseling is provided to those students in need of more support. At any point during the school counseling process, the school counselor may find the need to refer for outside mental health counseling. Often times, with parental written consent, the outside provider and school counselor will communicate to ensure continuity of care and create a treatment plan that can be implemented across all settings to best support the child.

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.

Crisis Center of Tampa Bay
<https://www.crisiscenter.com/>

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 21,816.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 21,816.00

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 Statues.

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:

Plato_7814-22-23-MHAA_Planned_Expenditures_Report_2022-2023_(004)_(1).pdf
MHAA Planned Expenditures 22-23
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 6/28/2022