



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).

100% of the student population will be screened at least twice per year to determine their socio-emotional needs, and those whose results indicate the highest level of need will receive support via a small group (tier 2), one-on-one counseling and/or referral to outside agency (tier 3). (Assurance 1.e.)

100% of the student population will participate in a year-long, socio-emotional skills program implemented in the classroom. The students will participate in all of the program's research-based lessons; the average completion rate will meet or exceed an average of 85% completed satisfactorily over the course of the academic year. (Assurances 1.c. & 1.d.)

Charter Program Implementation

Evidence-Based Program	Second Step
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>A social-emotional learning curriculum that is research-based and evidence-based. Second Step offers an Elementary program and a Middle School program. The elementary program includes five units: Skills for Learning, Empathy, Emotion Management, and Problem Solving. These units have several lessons that last from 20-40 minutes and are taught 1x per week. In addition, teachers implement daily practices throughout the week to reinforce these lessons, and families are engaged through handouts and online resources.</p> <p>The middle school program consists of four units: Mindset & Goals, Recognizing Bullying & Harassment, Thoughts, Emotions, & Decisions, and Managing Relationships & Social Conflict. These units have between 6-8 lessons that last approximately 25 minutes and are taught 1x per week.</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.	
K-8th grade students will receive lessons, delivered by trained school personnel using Second Step Program (Grades K–8). Lessons will occur every week with the main lesson one day a week and follow-up activities during the week. New teachers will be trained in Second Step and will use the strategies daily in their classrooms. Experienced teachers will receive a review session about the program.	
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.	
<ul style="list-style-type: none"> • This program forms the school's main school-year SEL curriculum that will be implemented in the classroom. • The students will learn about socio-emotional skills and terms that will help them to deal with some conflicts and prevent some complications when dealing with a life issue. • The students will participate in all of the program's research-based lessons. • Teachers will monitor their completion rate with the assistance of the school Counseling Coordinator; the average completion rate will meet or exceed an average of 90% or higher over the course of the academic year. 	

Evidence-Based Program	DESSA
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.	
<p>The DESSA assessments are an empirical, standardized social and emotional competence (SEC) assessment with editions that support students K-12. DESSA assesses eight social and emotional competencies and is intended to help educators plan instruction, document students' strengths and areas of need, inform progress monitoring, and evaluate program outcomes. The DESSA assessments are a part of an online system called the DESSA Comprehensive SEL system that includes resources/strategies to support the development of SEL skills in students. They are norm-referenced behavior rating scales that are strength-based. The DESSA Mini Screener identifies which students may be at risk of academic and behavioral difficulties due to low social and emotional competence. Those students who demonstrate a need for gathering further information can be given the full DESSA. As mentioned above, the DESSA Mini Screener identifies which students may be at risk of academic and behavioral difficulties due to low social and emotional competence. Interventions will be initiated based on results. Those students who demonstrate a need for gathering further information can be given the Full DESSA Assessment.</p>	
<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>	
<p>Students in K-8th grade will be evaluated by their instructors using DESSA Mini Screener. Instructors will receive training from the school counseling coordinator and/or social worker on how to complete the rating scales. Groups composed of students with similar needs will be created to better facilitate interventions. These groups are going to be arranged based on the results of the DESSA assessment (CASEL SEL areas). The length of participation in the groups will vary depending on the need of the students. The minimum time in a mentoring group will be 4 weeks. Small group mentoring sessions will be delivered by the school counseling coordinator or the social worker once a week, using the techniques found in the book titled: Creative Approaches for Counseling Individual Children in the School Setting by Diane Senn, and the DESSA strategies section (Link: https://sel.datainkevo.com/#/strategies/resources). The strategies will be selected based on the needs of the group, as identified by DESSA results.</p>	
<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.</p>	
<ul style="list-style-type: none"> • Results will be entered in to the on-line system. (Fall 2022-23) Graphs and charts will be generated, and will help the SEL & behavioral team to understand those socio-emotional areas that need further exploration to help the students to strengthen those areas. • Also, results will be used to identify those students in need of Tier 2/3 intervention. • In addition, results will be used to compare pre assessment and post assessment data as well as to compare with the results of the RCMA internal SEL assessment. • Support the students previously identified using the DESSA Full assessment with small group supports with activities based on the socio-emotional content identified. • The students will complete the DESSA Mini pre assessment and post assessment to measure progress in the socio-emotional area. 	

Evidence-Based Program	Journey of Hope
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.	
Journey of Hope is a research-based, child-informed program from Save the Children that draws on children's strengths to support their resilience. It offers an age-specific curriculum designed to help children.	
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.	
Another research-based program that will be available for students, particularly those that have experienced trauma, is Journey of Hope. The purpose of this program is to help students with emotional needs & coping strategies to deal with traumatic events. The curriculum is delivered in a small group format. The core program is 8 weeks, but can be extended, if 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.	
<ul style="list-style-type: none"> • Journey of Hope include a pre-test and post-test that will be used to measure the effectiveness of the program. • Provide support to those students that had experienced trauma. 	

Evidence-Based Program	DEA's Community Outreach
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.	
DEA's primary mission and responsibility as a law enforcement agency is to enforce the Nation's federal drug laws. DEA recognizes that not only reducing the quantity (supply) of drugs is essential to a safe and drug free country, but also reducing the desire (demand) for illicit drugs is a vital component to effectively reduce drug use in our Nation. For that reason, DEA created the Community Outreach Section as a critical complement to our primary law enforcement mission and included drug use prevention as one of the seven priorities in DEA's vision: "Support initiatives to reduce the demand for drugs and give assistance to community coalitions and drug prevention initiatives."	
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.	
DEA's Community Outreach and/or another Drug Prevention Program will be delivered to all scholars 3rd – 8th grade students through after-school meetings arranged around the instructor's schedule.	
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.	
<ul style="list-style-type: none"> • This is a supplemental SEL Curriculum, supplemental to Second Step, but provided to all students. Provide the students with the necessary information to avoid and/or prevent situations that could expose them to drug use and abuse. • The student will learn about the harmful and negative effects of drugs. • The students will complete a pre and post assessment to measure what they have learned. 	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:350

2022-2023 proposed Ratio by June 30, 2023

1:175

School Social Worker

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

1:175

School Psychologist

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

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.

Having a licensed mental health provider will facilitate access to services and support that could be necessary for the students' well-being and adequate functioning in the academic area. Teachers receive training concerning possible warning signs that a student may be experiencing mental health distress to refer them to the social worker/school counselor.

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).

If there is an increase of time that students need for direct mental health service it will be incorporated into the student's daily school schedule. We collaborate with teachers by using the same procedures that are utilized when a student has an Individual Education Plan.

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 and community-based partners will provide information that will help the school team meet regularly to discuss and plan interventions for students that have been referred for school mental health services and develops an intervention plan for the student. The team ensures individual tasks are designated to ensure care coordination, treatment, and follow-up care is provided for the student and their family. School or community-employed mental health providers who treat students then keep the Student Intervention Team informed about the students' progress.

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.

Bay Area Behavioral Services - Counseling for adults, children, couples and families.

Success4Kids & Families - Counseling for adults, children, couples and families.

Chrysalis Health - Mental health & substance abuse counseling.

Gracepoint - Intake for crisis evaluation, short-term stay for crisis stabilization, etc.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 15,484.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 15,484.00

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:

RCMA_WCA_MHAA_Planned_Expenditures_Report_2022-2023_071922.pdf
<i>Planned Expenditures Report</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