



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: The school counselor will provide tier 2 interventions in form of weekly small group lessons with peers of similar needs and goals. Lessons from Safer, Smarter Kids will target the interventions identified in the students' MTSS plan. The evidence-based support will lead to 60% of the students identified as tier 2, improving to tier 1 by the end of the year.

Tier 3 students will participate in the tier 2 interventions including peer group targeted lessons in addition to, weekly one-on-one sessions with the counselor to focus on Positive Behavior Therapies that support the interventions identified in the students' MTSS plan. The evidence-based support will lead to 60% of the students identified as tier 3, improving to tier 2 or 1 by the end of the year.

Goal 2: The implementation of weekly Second Step lessons, the school health, and wellness program implemented at the tier 1 level to all students, will improve student attendance by reducing unexcused absences to less than 5% and reducing discipline referrals by 20% at the year-end average.

Charter Program Implementation

Evidence-Based Program	Second Step Character Education
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.	
TIER 1: Promotion of positive social, emotional, and behavioral skills and overall wellness for all students • Grade level lessons in comprehensive health education that includes mental and emotional health and substance use, youth suicide awareness and prevention, and youth mental health awareness and assistance TIER 2: Supports and early intervention for students identified through needs assessments as being at risk for mental health concerns • The school counselor work with the Multi-tiered System of Supports (MTSS) Coordinator to assist staff in identifying students who need intervention based on behavior and/or social-emotional concerns. The counselor and teachers monitor intervention and provides assistance to staff on appropriate progress-monitoring. • The counselor provides instructional programming at each grade level, upon request to help with self-esteem, character education, anti-bullying and health/wellness education. Examples of programs include: -Second Steps Character Education -Organwise -Bibliography Therapy TIER 3 Targeted interventions for students with serious concerns that impact daily functioning • The counselor and teachers then refer students in crisis for immediate mental health screening at the Guidance Care Center (GCC), working with District personnel to ensure that students have access to crisis counselors and immediate assessments.	
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.	
School Counseling Core Curriculum: ? Grade level classroom presentations ? Objectives met at each grade level The school counselor provides developmental curriculum content in a systematic way to all students. Individual Student Planning: ? Assisting with FBA (Functional Behavioral Assessment) ? Academic Skills Support ? Career Awareness The school counselor provides individual planning to support academic goals when the need arises. Responsive Services: ? Individual counseling (planned and short term in nature) ? Small group ? Peer mediation ? Student ambassadors ? Crisis response ? Crisis response agency contact ? Providing student support during bully	

referrals The school counselor addresses the immediate needs of students.
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.
By completing the MTSS process our on-campus team will be able to reach out to partner agencies to develop an individual plan to meet the student's needs.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

0/100

2022-2023 proposed Ratio by June 30, 2023

1/100

School Social Worker

Current Ratio as of August 1, 2022

1/100

2022-2023 proposed Ratio by June 30, 2023

1/100

School Psychologist

Current Ratio as of August 1, 2022

0/100

2022-2023 proposed Ratio by June 30, 2023

1/100

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1/100

2022-2023 proposed Ratio by June 30, 2023

1/100

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 direct employment of school-based mental health services providers such as a school psychologist, social worker, counselor and other licensed mental health professionals would reduce staff-to-student ratios by allowing more time spent one on one with each individual student.

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).

Our entire student population is under constant review and revision of needs assessment through daily observations of teachers and weekly planning meetings with the guidance care center counselor to ensure that the most immediate concerns are addressed.

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

With the data collected through weekly lessons and observations, the community-based partner meets with the principal once a week to discuss the evolving needs of individual students

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.

Guidance Care Center: positive behavior therapy, peer counseling, grief, anger management

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 5,576.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 5,576.00

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:

Mental_Health_Plan_2022-2023.docx
<i>Mental Health Allocation Plan</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Monroe County School District** 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