



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).

1. Increase the availability of student support (using a grant) with additional personnel at the school, expanding mental health care.
2. Increased collaboration with the certified counselors and the teachers to implement a more cohesive curriculum for students, with whole school priorities each month focusing on a SEL area, using the CASEL framework as a launching point.

Both goals address Charter Assurance 1.a. - 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.

Charter Program Implementation

Evidence-Based Program	SEL instruction and access to community resources
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
SEL instruction: From CASEL website: Social and emotional learning (SEL) is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
The charter school will increase the number of certified counselors available, will focus on more training for teachers with SEL specific lesson planning and all staff is training with MHFA. The charter will continue to contract with a 3rd party mental health institution for Tier 3 assistance in 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.	
The charter will refer students and families to community institutions with licensed professionals who specialize in intensive care outside of the school setting.	

Evidence-Based Program	Certified counselor curriculum and academic coaching
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Students are introduced to mental health curriculum throughout the school year in a variety of presentations in the classroom. It is part of the person/social development curriculum, delivered by academic coaches who daily monitor and mentor students in a required course, and which incorporates a process to identify a possible student issue divergent from the norm. Academic coaching is in all grades 6-12, and students are systematically monitored through frequent interaction regarding academic progress and weekly goals and reflections. The course includes a framework modeled on guidance standards that includes not only personal/social development curriculum, but also academic strategies, career and college readiness and a multicultural perspective.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
Curriculum related to mental health awareness, care and management is introduced through the academic coaching course, the physical education courses in grades 6-8, the HOPE course in 9th grade, and individual initiatives during the school year, such as the 'Stress Free Finals Week' sponsored by the school's Drug Free Manatee Youth in Action Club, as one example. The charter has also developed a club under the advisement of the school resource officer and the certified school counselor, composed of students who were selected by their teachers to represent the student body. The club promotes antibullying initiatives dedicated to student safety and offers a platform for students to hear concerns and propose solutions to the school's leadership team.	
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.	
When there is an issue of concern at the school, or coming from outside school grounds, students are referred to the school counselor by their academic coach, the school resource officer, administration, a parent, or even by another student and/or friend. The counselor works closely with the student to determine the next phase of action, whether it is more time with the school certified counselor or a support plan that includes family, school personnel or community resources. In some cases, Family Resources, a third party contractor, is asked to work with students as a short term and/or long term intervention.	

Evidence-Based Program	
Tier(s) of Implementation	[none selected]
Describe the key EBP components that will be implemented.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or 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

1:500

2022-2023 proposed Ratio by June 30, 2023

1:250

School Social Worker

Current Ratio as of August 1, 2022

District support available

2022-2023 proposed Ratio by June 30, 2023

District support available

School Psychologist

Current Ratio as of August 1, 2022

District support available

2022-2023 proposed Ratio by June 30, 2023

District support available

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1:500

2022-2023 proposed Ratio by June 30, 2023

1:500

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.

Contracting with 3rd party community mental health resources and adding another certified school counselor at the school will reduce staff-to-student ratios.

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).

Review of the previous year's data and tracking of student mental health emergencies and other areas of need. Administrative planning meetings with agenda items that reflect on how the school administration is managing best practices and how to create and launch new goals addressing student needs.

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

Third party counselor on site once a week with continued access to family counseling outside school.

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.

Family Resources - on sight scheduled counseling for students
Suncoast and Centerstone are facilities that may be able to send resources to assist in an acute crisis situation.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)
\$ 22,956.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan
\$ 21,846.00

Grand Total MHAA Funds
\$ 44,802.00

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:

MHAA_Planned_Expenditures_Report_2022-2023_-_7.12.22_5_.pdf
MHAA planned expenditures report for SCF Collegiate School - 2141
Document Link

Charter Governing Board Approval

This application certifies that the **Manatee 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