



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	6
Section D: Direct Employment	10
Section E: MHAA Planned Funds and Expenditures	12
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: School staff will be able to successfully identify students in need of mental health and/or social supports through a full battery of psycho-social assessment scales conducted upon enrollment and will make appropriate referrals, as evidenced by a 20% increase in referrals to the school's Family Support Specialist-clinical social worker, which shall be recorded in the school's internal student information system's (STARS) confidential "Student Services" reporting portal. Assurance 1(a)- expanding school based mental health care.

Goal 2: School staff (clinical social workers) will increase community partnerships with local mental health and social welfare partners resulting in an increase in external referral rates by 10% as compared to referrals made and recorded in the 2021-22 school year. Assurance 1(a)- connecting children, youth and families with appropriate behavioral health services.

Charter Program Implementation

Evidence-Based Program	"https://www.practicewise.com/Community/BlueMenu"Psychosocial HYPERLINK
Tier(s) of Implementation	Tier 1, Tier 3
Describe the key EBP components that will be implemented.	
A comprehensive psycho-social assessment will be conducted by a trained clinician with all students enrolling in the school. The assessment will utilize Motivational Interviewing (MI) and will be conducted via a one-on-one interview within the first 30 days of enrollment to the school to further identify any high-risk markers/barriers/stressors that may impact social, emotional and academic success. Family Support Specialists will provide therapeutic communication techniques during the assessment to include affirmations, reflections, summaries, and open-ended questions to facilitate authentic student engagement and participation. An Intervention Plan will be outlined with the student and parent/guardian (if student is under 18 years old) based on needs identified in the assessment.	
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.	
All students will participate in a one-on-one psycho-social needs assessment within 30 days of enrollment. The assessment and associated scales (ACES, Likert and Resiliency) are administered by a licensed/license-eligible clinician or by a clinical intern under the supervision of a licensed/license-eligible clinician. Students exhibiting at-risk behaviors (as described below in item 3) will be re-assessed or will be administered additional scales to include CRAFFT or the Columbia-Suicide Severity Rating Scale depending on their presenting behaviors.	
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.	
Based on scores of scales and areas of needs identified during the research-based assessments, an individual student support plan will be created for every student. This plan may include referrals to community providers for off-site and/or on-site services to address student specific needs. Follow up case management sessions will take place on a monthly basis (more frequently if needed) with students and parents/guardians (if student is under 18 years old) to ensure success of services. Follow-up Likert scales will be used to evaluate the success of interventions; inform future planning; and ensure correct services for every student.	

Evidence-Based Program	MindSage
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
MindSage: MindSage (Social Emotional Learning Curriculum) teaches corporate level soft skills in an age appropriate, comprehensive manner, to ensure students develop SEL/MESH skills. Skills that can be applied in all aspects of life and giving them an edge moving forward after graduation. Each week, students are given a lesson in the beginning of the week to introduce them to the week's topic. The students review the associated metacognitive assignment for the week, in the lesson plan or video, mid-week students to record their self-analysis and observations in their MindSage journal, on the last day of the week students share their observations as part of a social metacognitive learning exercise.	
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 schools' curriculum includes weekly interactive classroom-based lessons on social-emotional awareness through the MindSage curriculum. The curriculum focuses on boosting students' social, emotional and academic skills as well as improving social climate.	
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.	
Students will demonstrate mastery of the SEL objectives through successful completion of the course portfolio. Participating students will improve engagement and performance in academic coursework as a result of skills learned in the SEL curriculum.	

Evidence-Based Program	SAMHSA Evidence-Based Practices Resource Center.
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
CBT-Cognitive Behavioral Therapy: The Family Support Specialist(s), clinical interns, and community partners will provide Individual/Group Cognitive Behavioral Therapy (CBT) to address student's negative thought patterns, feelings, and behaviors and to decrease signs and symptoms of Depression, Anxiety, OCD, and PTSD. Individual sessions are typically held during school hours. Identifying and restructuring negative thoughts/patterns, social problem-solving skills and emotional regulation. Handle with Care: Handle with Care (HWC) Behavioral Management System teaches the safest and most powerful verbal and physical intervention methods to support students in schools. Verbal and Physical Interventions enables staff to develop and utilize therapeutic relationship skills necessary to reduce tension, create and maintain a calm and safe environment.	
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.	
CBT-Cognitive Behavioral Therapy: The Family Support Specialist(s) will provide support to students who are identified as needing mental health support via the results of the pre-screening self-reporting tool at enrollment; teacher or staff referrals; comprehensive psycho-social assessment scale results; self-referrals; and/or behavioral observation. During this time, the Family Support Specialist(s) will assess student needs and provide external referrals and support, as necessary, through community agency partners. Handle with Care: School Security Specialist is certified in and will deliver annual verbal and physical de-escalation intervention training to all staff. The Family Support Specialist will collaborate in the delivery of the training for verbal de-escalation strategies.	
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.	
CBT-Cognitive Behavioral Therapy: The use of cognitive behavioral therapy (CBT) will reduce the signs and symptoms of Depression, Anxiety, OCD, PTSD, Eating Disorders, and Substance Use (as indicated by post-Likert scale results and Student/Family reports). Handle with Care:	

- 100% of School Staff are HWC trained.
- Increase the number of students successfully de-escalated in high tension situations.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

School Social Worker

Current Ratio as of August 1, 2022

1:534*

2022-2023 proposed Ratio by June 30, 2023

1:418*

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.

Employment of school based mental health services providers will reduce staff-to-student ratio permitting educational and supportive staff to meet the existing and growing needs of students, families, and school. School based mental health service providers (Family Support Specialists) address the behavioral and socio-emotional needs of students reducing interruptions during instructional time.

*Between the directly employed clinical social worker (Family Support Specialist), an additional part-time social worker, and the anticipated clinical interns, the expected average staff-to-student ratio for mental health support is 1:125.

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).

- The Schools' Family Support Specialist (clinical social worker) is exclusively assigned to the role of providing mental health services through direct service and through the supervision of clinical interns. They are not assigned to other non-relevant duties.

- Mental health providers are available on-site during school hours.
- Students can obtain a pass from their teacher to visit the student services office at any given time.
- Teachers, administration, and support staff will complete student services referrals for students that they have identified as needing student support.
- Student services personnel participate in student entry to observe and/or identify student who need support.
- Student services personnel will engage with students during orientation to inform them of the services offered through student support services.
- Student services personnel will refer students to appropriate community- based services and provide follow up.

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

Community based partners along with the school based mental health providers provide life skills groups, parenting groups, individual therapeutic services and bachelor's and master's level interns in the field of Social Work, Mental Health and counseling.

The School has a defined MOU process in which local social service agency partners engage with the school to provide a wide array of supports both on-site as well as by referral. Services include but are not limited to:

Individual therapy
Family therapy
Group therapy
Case management
Mentoring
Wellness Programs
Grief Counseling
Addictions and Substance Abuse Counseling

In partnership with several colleges and universities, the school(s) serve as clinical internship sites students completing degrees in social work and mental health counselors. Under the supervision of a licensed clinician, these interns provide services to students while learning to apply the rich knowledge gained in the classroom to direct practice; assist in the development of groups and activities with students; and work one-on-one with students and families to address mental health and social needs.

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.

Community based partners along with the school based mental health providers provide life skills groups, parenting groups, individual therapeutic services and bachelor's and master's level interns in the field of Social Work, Mental Health and counseling.

The School has a defined MOU process in which local social service agency partners engage with the school to provide a wide array of supports both on-site as well as by referral. Services include but are not limited to:

Individual therapy
Family therapy
Group therapy
Case management

Mentoring
Wellness Programs
Grief Counseling
Addictions and Substance Abuse Counseling

In partnership with several colleges and universities, the school(s) serve as clinical internship sites students completing degrees in social work and mental health counselors. Under the supervision of a licensed clinician, these interns provide services to students while learning to apply the rich knowledge gained in the classroom to direct practice; assist in the development of groups and activities with students; and work one-on-one with students and families to address mental health and social needs.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 96,256.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 96,256.00

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_(Miami).pdf
<i>Mental Health Assistance Allocation (MHAA) Planned Expenses</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Miami-Dade 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 6/15/2022