FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

2023-24 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The Charter School Assures

One hundred percent of state funds are used to establish or 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

Other sources of funding will be maximized-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

A system is included 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

Yes

Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.

Yes

A charter governing board policy or procedure 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-4.0010, F.A.C.

Yes

Assisting a mental health services provider or a behavioral health provider as described ins. 1006.041, F.S., respectively, ora school resource officer or school safetyofficerwho 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 ins. 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 te lehealth, as defined ins. 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, 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

The Mental Health Assistance Allocation Plan must be focused on a multitiered system of supports to 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. s. 1006.041, F.S.

Yes

District Program Implementation

Evidence-Based Program	Positive Behavioral Interventions and Support (PBIS)
Tier(s) of Implementation	Tier 1, Tier 2

Describe the key EBP components that will be implemented.

Positive Behavioral Interventions & Support (PBIS) is an evidence-based/three-tiered framework to improve and integrate all of the data, system, and practices affecting student outcomes every day. It is a way to support everyone to create the kinds of schools where all students are successful. (https://flpbis.cbcs.usf.edu/index.html)

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.

PBIS will be delivered through a three tiered framework. Each tier will align to the type of support students need.
Tier 1 systems, data, and practices impact everyone across all settings. They establish the foundation for delivering regular, proactive support and preventing unwanted behaviors. Tier 1 emphasizes prosocial skills and expectations by teaching and acknowledging appropriate student behavior. Tier 1 practices: school-wide positive expectations and behaviors are taught, established classroom expectations aligned with school-wide expectations, a continuum of procedures for encouraging expected behavior, a continuum of procedures for discouraging problem behavior and procedures for encouraging school-family partnership.
Tier 2 systems, data, and practices provide targeted support for students who are not successful with Tier 1 supports alone. The focus is on supporting students who are at risk for developing more serious problem behavior before those behaviors start. Tier 2 supports often involve group interventions with 10 or more students participating. The support at this level is more focused than Tier 1 and less intensive than Tier 3. Tier 2 practices: increased instruction and practice with self-regulation and social skills, increased adult supervision, increased opportunities for positive reinforcement, increased pre-corrections, increased focus on possible function of problem behaviors, and increased access to academic supports. At Tier 3, these students receive more intensive, individualized support to improve their behavioral and academic outcomes. Tier 3 practices include function-based assessments, wraparound supports, and cultural and contextual fit.

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.

Through the use of this evidence-based program, students will have improved student outcomes in academic performance, social-emotional competence, reduced bullying behaviors, and decreased rates of student-reported drug/alcohol abuse. Students will also have reduced exclusionary discipline in office discipline referrals, suspensions, and physical restraint.
Students at any tier will be monitored by the Student Services team and their progress will be reviewed on a monthly basis. As per HB 1557, parents will be notified on any changes in a student's services or monitoring related to the student's mental, emotional, or physical health or well-being. A student that requires mental health care assessments will be referred within 15 days of the referral to our School's coordinating outside mental health agency for evaluation with parental permission. In addition, families will receive informational resources on 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. Our school will meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services.
The mental health agency or treating medical physician will provide the diagnosis, intervention strategies, and treatment plan for the student. The parent will authorize all documents to be shared with the school in order for the Student Services team to implement the plan and assist with recovery services within 15 days of receipt. The School may also create a School Based Plan using the information provided by the parents to implement school appropriate mental health services. Upon receipt of a Mutual Consent of Release by the parents, the School will communicate with the Mental Health Agency to ensure Community-Based Mental Health Services are initiated within 30 days of the referral. The Student Services team will monitor services, support, and progress on a bi-weekly basis.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1 to 1250

2023-2024 proposed Ratio by June 30, 2024

School Social Worker

Current Ratio as of August 1, 2023

2023-2024 proposed Ratio by June 30, 2024

School Psychologist

Current Ratio as of August 1, 2023

2023-2024 proposed Ratio by June 30, 2024

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

2023-2024 proposed Ratio by June 30, 2024

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 service providers will reduce staff-to-student ratios as the lower the number, the better the mental health services will be. This will allow for the mental health service provider to focus on mental health goals, strengths, and academic challenges. In addition, this will ensure the mental health service provider has time to monitor therapy progress and work with coordinating agencies on the treatment plan. The focus will be on quality rather than quantity of mental health services.

Describe your district'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 School will create a schedule that the student services personnel will implement to increase the amount of time he/she will spend providing direct mental health services. The schedule will include the time slots allotted for the appropriate duties: individual student academic planning and goal setting, school counseling classroom lessons based on student success standards, short-term counseling to students, referrals for long-term support, collaboration with families/teachers/ administrators/community for student success, advocacy for students at IEP/504 meetings and other student-focused meetings, and data analysis to identify student issues, needs and challenges. Our School will review the caseload of students assigned to the student services personnel on a quarterly basis to ensure all student mental health needs are being met within the schedule.

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

The roles of the school based mental health providers and community-based partners to ensure implementation of our School's evidence-based mental health program will be to:
1) Promotes mental health and reduce stigma by enhancing mental health literacy of students, educators and parents;
2) Promote appropriate and timely access to mental health care through early identification, support, triage and referral from schools to health services, or through site-based mental health interventions;
3) Enhance effective linkages between schools and health care providers;
4) Provide a framework in which students receiving mental health care can be seamlessly supported in their educational needs within usual school settings; and
5) Involves parents and the wider community in addressing the mental health needs of youth.

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.

Citrus Health Network (CAT II) 305-817-6565
Citrus Health Network (CAT I) 305-817-1177

Mobile Response Team
The provider is WestCare/The Village South.
24-Hour Crisis Hotline:
800-HELP-YOU (800-435-7968)
https://thrivingmind.org/network-services/mobile-response

SEDNET Project Manager
Miami-Dade Dolores Vega, (305) 430-1055, ext. 2311 dvega@dadeschools.net

Services Provided
• Crisis management
• Strengthen the family and support systems for youth to assist them to live successfully in the community
• Improve school related outcomes such as attendance, grades, and graduation rates
• Decrease out-of-home placements
• Improve family and youth functioning
• Decrease substance use and abuse
• Decrease psychiatric hospitalizations

- Transition into age-appropriate services
- Increase health and wellness

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)
$ 42,400.00

Unexpended MHAA funds from previous fiscal years
$ 0.00

Grand Total MHAA Funds
$ 42,400.00

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.) 1006.041 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:

0520_MHAA_Planned_Funds.pdf
MSID 0520- MHAA planned funds expenditure form.
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
Tuesday 6/13/2023