



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 mentalhealth. 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).

Component 1.a.

At minimum, 60% of faculty and staff will participate in Quarterly mental health workshop trainings.

Component 1.a.

The SEED School of Miami will establish a partnership/agreement with 2 community behavioral health service providers in an effort to better serve our students and their families, and decrease time out of school.

Charter Program Implementation

Evidence-Based Program	Cognitive Behavior Therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Cognitive Behavior Therapy is based on the concept that your thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts and feelings can trap you in a vicious cycle. CBT aims to help you deal with overwhelming problems in a more positive way by breaking them down into smaller parts.	
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 implementation of CBT will be done through individual and/or group counseling. To aid in this process, observations will be conducted in the classroom, natural settings and/or planned settings.	
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.	
Measure outcomes by developing mental health treatment plan, observations in natural settings, review documentation related to any disciplinary events, obtain verbal reports regarding progress of desired outcomes from other stakeholders such as Teachers, Student Life Counselors, Overnight Residential Advisors, Administrators, Parents, and outside agencies/providers.	

Evidence-Based Program	Mindfulness
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Mindfulness practices can help us to increase our ability to regulate emotions, decrease stress, anxiety and depression. It can also help us to focus our attention, as well as to observe our thoughts and feelings without judgment.	
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.	
Mindfulness will be done in individual and group settings and through schoolwide programming initiatives.	
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.	
Measure outcome by developing mental health treatment plan, observations in natural settings, review documentation related to any disciplinary events, obtain verbal reports regarding progress of desired outcomes from other stakeholders such as Teachers, Student Life Counselors, Overnight Residential Advisors, Administrators, Parents, and outside agencies/providers.	

Evidence-Based Program	Psychoeducation
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Psychoeducation (PE) is defined as an intervention with systematic, structured, and didactic knowledge transfer for an illness and its treatment, integrating emotional and motivational aspects to enable patients to cope with the illness and to improve its treatment adherence and efficacy.	
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.	
Psychoeducation will be implemented through individual and group counseling, and with parental engagement through personal conversations, parent workshops, and parent conferences.	
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.	
Measure outcome by developing mental health treatment plan, observations in natural settings, review documentation related to any disciplinary events, obtain verbal reports regarding progress of desired outcomes from other stakeholders such as Teachers, Student Life Counselors, Overnight Residential Advisors, Administrators, Parents, and outside agencies/providers.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:80

2022-2023 proposed Ratio by June 30, 2023

1:80

School Social Worker

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

School Psychologist

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

Other Licensed Mental Health Provider*Current Ratio as of August 1, 2022***0***2022-2023 proposed Ratio by June 30, 2023***0****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 SEED School of Miami employs 4 Licensed Mental Health Counselors providing an excellent counselor-to-student ratio (1:80) for mental health assistance needs. MHC staff have staggered work start times that ensure support is available 15 hours a day. Each MHC is assigned his/her own office/meeting space. MHC staff work time is primarily allocated to direct mental health services. Services are provided Sunday through Friday.

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 SEED School of Miami staff, families and students can refer students for mental health services. If the referral is initiated by a student or their family, a Self-Referral Form should be completed and submitted to the Student Support Services Department. Forms are available for families in the lobby and may also be accessed through the school administrative team or online via the school website. The Mental Health Counselor (MHC) will review the form with the student upon submission and set up a time to begin counseling based on the urgency of the need, but no more than 24 hours within referral submission.

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

School Counselors (MHC) implement and deliver a comprehensive school counseling program. Guides students with personal, social, and career development. The SEED School of Miami requires that school counselors be licensed clinicians in the state of Florida. They must be Licensed Mental Health Counselors or Licensed Clinical Social Workers. The SEED School of Miami Mental Health Department provides basic mental health services and care to students with emotional concerns such as depression, anxiety, poor adjustment, anger, low self-esteem, and poor conflict resolution skills. In instances where a child has exhibited any behavior that may affect their personal safety or the personal safety of others within or outside of the SEED school community, the student must be assessed by a MHC to determine whether further assessment by a Psychologist and/or Psychiatrist is recommended. These instances include statements of suicidal or homicidal ideation a student expresses in verbal, physical or written form and/or any incidents of self-harm; such as cutting, burning, biting, scratching, bruising, picking, pulling hair, etc.

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.

The SEED School of Miami is a 24/5 boarding program where students reside on campus. If a student is engaged with an outside provider for intervention services, with parent consent, the

provider may deliver those services on campus.

In instances where a child has exhibited any behavior that may affect their personal safety or the personal safety of others within or outside of the SEED school community, the student must be immediately assessed by a Psychologist and/or Psychiatrist.

Referrals to the district psychologist and other outside resources will be initiated by the Director of Student Support Services (DSSS) on an individual basis for the purpose of exceptional student education (ESE) or mental health services that cannot be served at the school site.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 14,400.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 14,400.00

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.) 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_-_2023-2.pdf
MHAA Planned Funds & Expenditures 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

Wednesday 7/20/2022