



Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	3
Section A: MHAA Plan Assurances	3
Section B: Planned Outcomes	0
Section C: Charter Program Implementation	4
Section D: Direct Employment	5
Section E: MHAA Planned Funds and Expenditures	7
Section F: Charter Governing Board Approval	7

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, 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 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 telehealth, 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	Second Steps, Minds Up, Zones of Regulation, Strong Kids
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
An MTSS team of two school counselors, one health teacher, one behavior specialist, and one school psychologist will provide a tiered support system for students using a newly adopted curriculum.	
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.	
<p>Tier 1 instruction: will be provided to all students in grades K-5 by the health teacher in 50-minute weekly lessons using Second Steps, Strong Start (K-2), and Strong Kids (3-8) and following the Florida State Health Standards. Students in grades 6-8 will participate in a mandatory quarterly health elective using the curriculum Strong Kids (3-8). Students will be screened using grades and behavior reports to identify students who need additional support.</p> <p>Tier 2 intervention: will be provided by the two school counselors, using reteaching of the Second Steps lessons and the K-8 Mindfulness curriculum provided by MindUp. Sessions will take place 3X/week or until students move between tiers.</p> <p>Tier 3 intervention: students will receive daily 30-minute interventions from the school counselors, a behavior therapist, or a behavior support paraprofessional using the Zones of Regulation curriculum. The Guidance Care Center will assist with diagnosis, intervention, treatment, and recovery in severe cases.</p>	
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.	
<p>The MTSS team will meet semi-monthly to identify and monitor students who need support based on mental health care assessment, diagnosis, and intervention data. Data includes grades, behavior referrals, SESIR incidents, attendance, and classroom screening data. Students who need support will be assigned to Tier 2 or Tier 3. Students will receive support from counselors or behavior specialists. The supports are initiated when the student is identified and revisited every two weeks.</p> <p>The school will work with the Guidance Care Center (GCC) to provide wraparound services for students in need. GCC provides wellness assessments and additional counseling for Tier 3 students.</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

540:2

2023-2024 proposed Ratio by June 30, 2024

540:2

School Social Worker

Current Ratio as of August 1, 2023

540:0

2023-2024 proposed Ratio by June 30, 2024

540:0

School Psychologist

Current Ratio as of August 1, 2023

540:1

2023-2024 proposed Ratio by June 30, 2024

540:1

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

540:1

2023-2024 proposed Ratio by June 30, 2024

540:1

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.

Two school counselors, a school nurse, a behavior therapist, and one school psychologist will reduce staff-to-student ratios.

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).

Two guidance counselors, one behavior specialist, and three military family life counselors are on staff fulltime to render mental health services to students. Their scheduled time is entirely focused on providing services. The addition of a school health teacher will provide related direct instruction to students K-8.

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

The school works with the Guidance Care Center (GCC) to provide wraparound services for students in need. GCC provides wellness assessments and additional counseling for Tier 3 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.

Military Family Life Counselors- Magellan provides three counselors to work with military-connected students. This population comprises 50% of the school population.

The school has partnered with the Guidance Care Center (GCC). GCC provides ongoing therapy for students and conducts wellness evaluations.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)

\$ 33,536.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 33,536.00

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 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_2023-2024.pdf

SCS Expenditure Report

[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

Wednesday 7/12/2023