



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 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).

Palm Beach Maritime Academy has had in place a robust system for establishing student assistance teams and utilizing them as part of the Multi-Tiered System of Supports. The School Based Team has been the primary model, along with a school based licensed mental health counselor for both #2801 and #3924.

PBMA has forged partnerships with the School District of Palm Beach County and with local community agencies to provide on campus assistance as needed. Over the last several years, School Based Teams (SBT) continue to provide a strong state model for problem-solving and intervention design in assisting students, families, and teachers. School Based Team along with a school based mental health professional, school counselor, and school psychologists are all part of the multi-tiered system of supports and points of access for; identifying, assisting, and referring students with academic, behavioral, social, and emotional concerns. The teams are the mechanism for student assessment and they form the foundation of the tiered levels of Response to Intervention required by legislation to ensure equitable and effective interventions, services, and referrals for all students.

Over the past several years, many advocacy groups and events have determined mental/behavioral

health needs and gaps, and have made related recommendations for Palm Beach County. The components of the Palm Beach Maritime Academy Mental Health Assistance Allocation Plan align with and/or are inclusive of recommendations made by organizations throughout Palm Beach County.

Charter Program Implementation

Evidence-Based Program	
Tier(s) of Implementation	
Describe the key EBP components that will be implemented.	
<p>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>	
<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>	

Evidence-Based Program	
Tier(s) of Implementation	[none selected]
Describe the key EBP components that will be implemented.	
<p>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>	
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<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>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1

2022-2023 proposed Ratio by June 30, 2023

1

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

1

2022-2023 proposed Ratio by June 30, 2023

1

Other Licensed Mental Health Provider*Current Ratio as of August 1, 2022*

1

2022-2023 proposed Ratio by June 30, 2023

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.

It is the mission of the School Counselors to foster academic achievement, college and career readiness, and social/emotional development for all students. This is achieved through direct counseling services and collaboration with teachers, administrators, and the school based mental health professional, community mental health and substance use service providers, and parents. The programs that are utilized are evidence based and data driven. They are designed to use early warning indicators to develop core (universal, prevention), supplemental (responsive to social/emotional mental health needs of students. PBMA has procured direct employment of a school-based Licensed Mental Health Counselor (LMHC) with Masters Certified Addiction Professional credential (MCAP) and IC&RC alcohol and drug counselor credential (ICADC), to expand and enhance school-based student services and to reduce the ratio of students to staff. Providing a behavioral health staff presence, and direct services to students based on school or student mental health and substance counseling assistance needs.

School based LMHC and school psychologists are part of the multi-disciplinary counseling team providing services to students. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychological services, psychoeducational needs, trauma-informed care, and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth. Psychiatric or mobile crisis services can be provided through referrals to community partners.

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 problem solving team is responsible for screening referred students through the use of a problem-solving framework. As an initial step in the framework, the problem solving team defines the problem and develops an assessment plan to target the identified problem. The plan identifies methods for measuring the specific behavior, social/emotional concern, or skill deficit identified as the concern. Early Warning Indicators are used as a tool to indicate areas of concern that require attention and possible intervention. The Early Warning System is a comprehensive system that includes multiple sources of student information, and includes multiple data points to provide a more comprehensive understanding of a student's performance in different areas of functioning. The problem solving team may identify the need for the school-based intervention to take place. These interventions include progress monitoring of small group and/or individual behavioral/mental health counseling services from a variety of school-based mental health providers to include, but not limited to; school counselors, school psychologists, the school based licensed mental health counselor, and family counselors.

Ultimately, if a student is referred to community-based intervention services, they are then assessed

by community agency trained providers. Assessments utilized by the provider identified are considered best practice tools in the field of behavioral/mental health to determine diagnosis and needs, and monitor progress in services.

Assessment information is used to; develop treatment plans in conjunction with the child and family, to determine if additional referrals for other services are necessary, and indicate when goals have been met through standardized measurement of outcomes, guiding the discharge planning process. Policies and procedures, including contracts with service providers, require that students who are referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and the assessment of students at risk for mental health disorders, occurs within 15 days of referral. School-based mental health services must be initiated within 15 days after identification and assessment, and support by community-based mental health services providers for students who are referred for community-based mental health services must be initiated within 30 days after the school or district makes a referral.

The screenings/assessments that are utilized by the school based Mental Health Professionals (LMHCs), help to identify the student needs and the severity of the symptoms the child/student is experiencing. These are the screenings/assessment tools that are utilized by the school based LMHCs to screen the individual students. They are as follows, but not limited to:

- Pediatric Symptom Checklist-Y (PSC-Y-35) AGES 4-17
- Youth Pediatric Symptom Checklist-17 (Y PSC-17) AGES 4-17
- Pediatric Symptom Checklist-17 (PSC-17) AGES 4-17
- Strengths and Difficulties Questionnaire (SDQ) AGES 3-16
- Screen for Child Anxiety Related Disorders (SCARED) AGES 8–18
- Center for Epidemiological Studies Depression Scale for Children (CES-DC) AGES 6-17
- TFCBT Assessment for Trauma Parent-Child
- APA_DSM5_Level-1-/Measure-Child-Age-11-to-17
- APA_DSM5_Level-2- Depending on results from previous assessments

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 problem solving teams at PBMA are responsible for coordination and monitoring student mental health referrals, in coordination with problem solving team leads and the school based mental health professional. Through data sharing, schools will update the Student Information System (SIS). Access will be limited to the fields that are appropriate to the mental health referral for intensive community mental health services. These will include fields for date referral was received, date parent consented to service, date of student assessment, intervention start and end date, and treatment plan. As the point of contact for the community agency providers, the school problem solving team lead and/or the school based mental health provider, along with the problem solving team will contact appropriate community partners in determination of the need for intensive services. The appropriate community partners may include, but are not limited to; South County Mobile Crisis Response Team, Community behavioral/mental health counselor or psychiatrist, family counselor, School Police, Lantana Police Department, and family. The problem solving team ensures referred students are accessing services, and help to remove any barriers that may hinder access to treatment. The problem solving team lead also schedules follow-up meetings to review student progress or additional supports/interventions that may be needed.

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.

Referrals for school based mental health intervention or community based mental health providers, including substance use treatment are initiated with a referral form from the School Based Team

(SBT) we have on our campuses. School Based Team (SBT) can convene for any student on the school campus and to include remote learning students as necessary or as circumstances require. Currently, school staff members (i.e. administrators, teachers, school counselors, school based mental health professionals, and school psychologists etc.) complete a referral form, although parents and other stakeholders can also make a referral. School staff will receive training in the referral process for the 2022-2023 School Year. As a result, these staff will also be given the opportunity to refer students to School Based Team (SBT), if they suspect a student is in need, by alerting the designated contact at the school who will complete the Initial Referral Form on their behalf, thus, initiating a problem solving team meeting. Additionally, all staff (i.e. administrators, teachers, school counselors, school based mental health professionals, and school psychologists etc.) can refer students to the school based mental health professional through mental health referral form if they feel an immediate need has been displayed by students. Parents also have access to contact information for the School Based Mental Health Professional. This ensures that all adults who come in contact with students are able to refer the students for services, who they observe as possibly needing mental/behavioral health intervention. In addition, early warning indicators serve as an alert system for students who may be in need of services. Students who exhibit early warning signs can be referred to the problem solving team. This acts as an additional identification system in the event a student in need is not identified and referred by school-based personnel.

Part II: Coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.

Describe a process to coordinate mental health services with a student's primary care provider or other mental health providers (data sharing).

As a public charter school in Palm Beach County, PBMA would utilize the School Board of Palm Beach County approved Behavioral Health Providers to share information with primary care providers, psychiatrists, Mental Health Counselors/Social Workers, etc., if prior authorization has been given by parents/guardians. This process will be documented in the Student Information System (SIS). All school based interventions are documented, and mental health professionals will provide information to the primary care physician with a signed release of information (ROI) form from the parent/guardian. PBMA data sharing will allow for collaboration so all parties can be informed to assist with the appropriate multidisciplinary treatment team (e.g. School Psychologists, Psychiatrists, Mental Health Counselors/Social Workers, Primary Care Physicians, etc.) and follow-up for students.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

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

Grand Total MHAA Funds

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:

Palm_Beach_Maritime_Academy_Elementary_Secondary_Mental_Health_Plan.pdf
<i>Mental Health Plan</i>
Document Link

Charter Governing Board Approval

This application certifies that the **The School District of Palm Beach County** 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

Thursday 7/28/2022