



2023-24 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

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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	e the key EBP components that will be implemented.
improve and integrate all of the	ns & Support (PBIS) is an evidence-based/three-tiered framework to data, system, and practices affecting student outcomes every day. It is a ate the kinds of schools where all students are successful. x.html)
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve l, emotional, or behavioral problems or substance use disorders, as well as the developing social emotional or behavioral problems, depression, anxiety ties, and how these will assist students dealing with trauma and violence.
PBIS will be delivered through a need.	a three tiered framework. Each tier will align to the type of support students
delivering regular, proactive su skills and expectations by teach school-wide positive expectatio with school-wide expectations,	ices impact everyone across all settings. They establish the foundation for pport and preventing unwanted behaviors. Tier 1 emphasizes prosocial ning and acknowledging appropriate student behavior. Tier 1 practices: ns and behaviors are taught, established classroom expectations aligned a continuum of procedures for encouraging expected behavior, a scouraging problem behavior and procedures for encouraging school-
Tier 2 systems, data, and pract 1 supports alone. The focus is of problem behavior before those or more students participating. than Tier 3. Tier 2 practices: ind increased adult supervision, ind increased focus on possible fur At Tier 3, these students receiv	ices provide targeted support for students who are not successful with Tier on supporting students who are at risk for developing more serious behaviors start. Tier 2 supports often involve group interventions with 10 The support at this level is more focused than Tier 1 and less intensive creased instruction and practice with self-regulation and social skills, creased opportunities for positive reinforcement, increased pre-corrections, nction of problem behaviors, and increased access to academic supports. e more intensive, individualized support to improve their behavioral and ctices include function-based assessments, wraparound supports, and
intervention, treatment and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring se diagnoses and to students at high risk of such diagnoses.
academic performance, social- of student-reported drug/alcoho discipline referrals, suspension Students at any tier will be mon a monthly basis. As per HB 155 monitoring related to the studer requires mental health care ass coordinating outside mental hea receive informational resources	ce-based program, students will have improved student outcomes in emotional competence, reduced bullying behaviors, and decreased rates of abuse. Students will also have reduced exclusionary discipline in office s, and physical restraint. hitored by the Student Services team and their progress will be reviewed or 57, parents will be notified on any changes in a student's services or ht's mental, emotional, or physical health or well-being. A student that sessments will be referred within 15 days of the referral to our School's alth agency for evaluation with parental permission. In addition, families will s on behavioral health services through other delivery systems or payors 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.

	Early Intervention Services and Supports
Tier(s) of Implementation	Tier 2, Tier 3
Describe	e the key EBP components that will be implemented.
have been identified through ne experiencing mild distress, fund mental health needs are identif promoted and the chronicity an (http://www.schoolmentalhealth As per HB 1557, parents will be	supports to address mental health concerns are provided for students who eeds assessments, screening, referral or other teaming processes as ctional impairment, or being at risk for a given problem or concern. When ied early and supports put in place, positive youth development is d severity of mental health concerns can be eliminated or reduced. h.org/Resources/Early-Intervention-and-Treatment-Tiers-23/) e notified on any changes in a student's services or monitoring related to , or physical health or well-being.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
through: small group intervention interventions (e.g., motivational based supports such as a daily Tier 3 mental health treatment significant distress and impaire community organizations where Examples include individual or with social, emotional, and/or b (http://www.schoolmentalhealth	es and supports will be provided by our school's Student Services Team ons for students identified with similar needs, brief individualized interviewing, problem solving), mentoring, and/or low intensity classroom- report card, daily teacher check-in, and/or home/school note system. address mental health concerns for students who are already experiencing d functioning. They will be provided by our school's counselor or by e we have obtained parental permission and Consent for Mutual Exchange group school appropriate therapy for students who have been identified ehavioral needs. .org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Early- rvices-Guide-(Tiers-2-and-3)-2.18.pdf
intervention, treatment and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring re diagnoses and to students at high risk of such diagnoses.
mental health treatment in scho academic setting. Fidelity moni will determine if the outcome m	ce-based program, a reduction in mental health issues will be evident as bols has strong effects when the treatment is integrated into students' toring will be used to assess how the program is being implemented and easures are being met. The Fidelity Monitoring Checklist will be used for bs://dm0gz550769cd.cloudfront.net/shape/6a/

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 300**

2023-2024 proposed Ratio by June 30, 2024 **1 to 300**

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.

Memorial Healthcare System 954-276-0821

Chauntea Cummings, (754) 321-3400 chauntea.cummings@browardschools.com

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) \$ 15,900.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 15,900.00

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:

MHAA_Planned_Expenditures_Report_2023-20245555_ISA.pdf		
MHAA Plan- International Studies Academy High #5555		
Document Link		

Charter Governing Board Approval

This application certifies that the **Broward 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 7/18/2023