



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



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 to appropriate behavioral health services.

Yes

Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide other 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 services 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 appropriate 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 FD 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., or a school resource officer or school safety officer who has completed mental health crisis intervention training in a verbal de-escalation technique to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463, F.S. Procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as 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 effort to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S. if a 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 must be available to the school district either by contracts or interagency agreements with the managing entity, one or more 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 district 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 at 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 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 improve the data, system, and practices affecting student outcomes every day. It is a way to support everyone to create the 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 with social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will be addressed, including dealing with trauma and violence.	
<p>PBIS will be delivered through a three tiered framework. Each tier will align to the type of support students need.</p> <p>Tier 1 systems, data, and practices impact everyone across all settings. They establish the foundation for delivering 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 established classroom expectations aligned with school-wide expectations, a continuum of procedures for encouraging behavior, a continuum of procedures for discouraging problem behavior and procedures for encouraging school-fair partnership.</p> <p>Tier 2 systems, data, and practices provide targeted support for students who are not successful with Tier 1 support. The focus is on supporting students who are at risk for developing more serious problem behavior before those behaviors become more serious. 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 understanding of possible function of problem behaviors, and increased access to academic supports.</p> <p>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.</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 risk of such diagnoses.	
<p>Through the use of this evidence-based program, students will have improved student outcomes in academic performance, social-emotional competence, and reduced bullying behaviors. Students will also have reduced exclusionary disciplinary referrals, suspensions, and physical restraint.</p> <p>Students at any tier will be monitored by the Student Services team and their progress will be reviewed on a monthly basis. Under HB 1557, parents will be notified on any changes in a student's services or monitoring related to the student's mental health or physical health or well-being. A student that requires mental health care assessments will be referred within 15 days to a referral to our School's coordinating outside mental health agency for evaluation with parental permission. In addition, students will receive informational resources on behavioral health services through other delivery systems or payors for which students may qualify if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to improved well-being of the student. Our school will meet this requirement by providing information about and internal links for web-based directories or guides for local behavioral health services.</p>	

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 Mental Health Plan using the information provided by the parents to implement school appropriate mental health services. Upon receipt of the Consent of Release by the parents, the School will communicate with the Mental Health Agency to ensure Community Mental Health Services are initiated within 30 days of the referral. The Student Services team will monitor services, progress on a bi-weekly basis.

Evidence-Based Program	Early Intervention Services and Supports
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Early intervention services and supports to address mental health concerns are provided for students who have been identified through needs assessments, screening, referral or other teaming processes as experiencing mild distress, functioning below grade level, or being at risk for a given problem or concern. When mental health needs are identified early and supports put in place, positive youth development is promoted and the chronicity and severity of mental health concerns can be eliminated or reduced.</p> <p>(http://www.schoolmentalhealth.org/Resources/Early-Intervention-and-Treatment-Tiers-2--3/)</p> <p>As per HB 1557, parents will be notified on any changes in a student's services or monitoring related to the student's social, emotional, or physical health or well-being.</p>	
<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 experiencing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will be addressed when dealing with trauma and violence.</p>	
<p>Tier 2 early intervention services and supports will be provided by our school's Student Services Team through: small group interventions for students identified with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low intensity classroom-based supports such as a daily report card, daily teacher check-in, and home/school note system.</p> <p>Tier 3 mental health treatment address mental health concerns for students who are already experiencing significant social, emotional, or behavioral impaired functioning. They will be provided by our school's counselor or by community organizations where we have established a partnership with parental permission and Consent for Mutual Exchange. Examples include individual or group school appropriate therapy for students who have been identified with social, emotional, and/or behavioral needs.</p> <p>(http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Early-Intervention-Services-Guide-(Tiers-2-and-3)-2.18.pdf)</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 risk of such diagnoses.</p>	
<p>Through the use of this evidence-based program, a reduction in mental health issues will be evident as mental health services in schools has strong effects when the treatment is integrated into students' academic setting. Fidelity monitoring will be used to assess how the program is being implemented and will determine if the outcome measures are being met. The Fidelity Checklist will be used for fidelity monitoring planning (https://dm0gz550769cd.cloudfront.net/shape/6a/6ace1f979015ac4593afa1281ec7361d.pdf).</p> <p>Students at any tier will be monitored by the Student Services team and their progress will be reviewed on a monthly basis. As per House Bill 1557, parents will be notified on any changes in a student's services or monitoring related to the student's social, emotional, or physical health or well-being. A student that requires mental health care assessments will be referred to 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. Individuals may qualify if such services appear to be needed or enhancements in those individuals' behavioral health services will contribute to the improved well-being of the student. Our school will meet this requirement by providing information</p>	

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 Mental Health Plan using the information provided by the parents to implement school appropriate mental health services. Upon receipt of the Consent of Release by the parents, the School will communicate with the Mental Health Agency to ensure Community Mental Health Services are initiated within 30 days of the referral. The Student Services team will monitor services, progress on a bi-weekly basis.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:575

2023-2024 proposed Ratio by June 30, 2024

1:575

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 number of providers increases. The more providers, the better the mental health services will be. This will allow for the mental health service provider to focus on the student's mental health goals, strengths, and academic challenges. In addition, this will ensure the mental health service provider can monitor therapy progress and work with coordinating agencies on the treatment plan. The focus will be on quality 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 allocation, 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 they will spend providing direct mental health services. The schedule will include the time slots allotted for the appropriate individual student academic planning and goal setting, school counseling classroom lessons based on student 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 meetings, and data analysis to identify student issues, needs and challenges. Our School will review the cases assigned to the student services personnel on a quarterly basis to ensure all student mental health needs are 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 the 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 referrals to 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.

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

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

SEDNET
 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)**

\$ 30,475.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 30,475.00

MHAA planned Funds and Expenditures Form

Please complete the MHAA planned Funds and Expenditures Form to verify the use of funds in accordance with 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 and Medicaid claiming for services, where appropriate.

The following documents were submitted as evidence for this section:

13-0339_-
Somerset_Academy_Charter_Elementary_School_(South_Homestead)_MHAA_Planned_Expenditures_Report
13-0339 - Somerset Academy Charter Elementary School (South Homestead) MHAA Planned Expenditures Report 2023-2024
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 health care consistent with the statutory requirements for the mental health assistance allocation in accordance with 1011.62(14), F.S.

Governing Board Approval Date

Tuesday 6/13/2023