



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 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 FD 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 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	Sanford Harmony, Ever-Fi Character Playbook, Cambridge Skills, Cambridge Attributes, Character Counts, Success Criteria or Active Learning
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Social and emotional competencies serve as the foundation for achieving academic goals. To support the social and emotional well-being of its students, the school has adopted evidence-based strategies that align with the CASEL framework key components: Self-Awareness and Self-Management, Resiliency, Social Awareness, Relationship Skills, and Responsible Decision-Making. These processes support students in understanding and managing their emotions, helps them achieve positive goals, and feel and show empathy for others. In addition, the school utilizes the Ever-Fi Character Playbook which helps students to further understand and manage their emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict.	
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 SEL competency progression will be delivered by a train-the-trainer model where instructional coaches and school based mental health service providers will receive initial training in restorative practices, SEL resources, using SEL to maximize student achievement, restorative practices in action, and Cambridge Skills and Attributes. Once the train-the-trainer progression has been completed, teachers will receive instruction on each SEL component, curriculum and strategies. In addition, pursuant to F.S.S. educators and school staff will continue to participate in trainings designed to detect and respond to mental health issues and to connect students who experience behavioral or mental health issues with appropriate services. The school has incorporated multiple modes of receipt for the Youth Mental Health First Aid training to include train-the-trainer, participation in district resources, and virtual options. The increased awareness, training, and resources will help create a school-wide response to assist students experiencing social, emotional, or behavioral problems as well as mental health issues or crises.	
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.	
The training of school-based personnel through SEL Competency and YMHFA training and students through the implementation of SEL curriculum will assist all school stakeholders in the identification of and processes for addressing social, emotional, behavioral and mental health problems. School based mental health service providers will utilize a referral process to identify students in need of assistance and plan, coordinate and collaborate in ensuring these students receive needed services.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:1200

2023-2024 proposed Ratio by June 30, 2024

1:1200

School Social Worker

Current Ratio as of August 1, 2023

1:3500

2023-2024 proposed Ratio by June 30, 2024

1:3500

School Psychologist

Current Ratio as of August 1, 2023

n/a

2023-2024 proposed Ratio by June 30, 2024

n/a

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

n/a

2023-2024 proposed Ratio by June 30, 2024

n/a

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.

Direct employment of school-based service providers will reduce staff-to-student ratios by allowing the school to dedicate counselor time and effort exclusively to crisis response and prevention. This has created a more responsive and proactive setting.

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).

Utilizing counseling data, the school is able to effectively assign students to the appropriate resource and adjust resources based on need. The addition of telehealth services and the inclusion of additional community partners will provide additional flexibility in meeting student needs.

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

School-based and community-based partnerships exist at each Tiers 1 and 2 of the service plan: Tier 1- General Counseling, Tier 2- Ongoing counseling on and off school-site, and community-based partnerships exist for Tier 3- intensive counseling services.

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.

Mental Health Provider: eLuma Telehealth

Agency: eLuma

Services provided: Evaluation and counseling services

Funding Source: State funds

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 46,630.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 46,630.00

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:

3026_Doral_International_Academy_of_Math_and_Science_MHAA_Planned_Expenditures_Report_2023-2024.
3026 Doral International Academy of Math and Science 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-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 9/19/2023