



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2023-24 Mental Health Application

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	6
Section E: MHAA Planned Funds and Expenditures	8
Section F: Charter Governing Board Approval	8

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	Intensive Behavior Treatment
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
100% of the student population at SFACS is diagnosed with ASD, majority of them being limited verbal or non-verbal with limited cognitive ability therefore all students require the use of a social-emotional behavior intervention plan implemented through principles of Applied Behavior Analysis. This practice is monitored by school staff under the supervision of a licensed behavior analyst (BCBA) as well as a licensed mental health counselor.	
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.	
SFACS utilizes a tiered support system comprised of a DOE certified social worker, licensed mental health counselor, principal, district school psychologist as well as additional school support staff to identify students in need of social, emotional, or behavioral support services. Students identified as at risk are referred to the appropriate support system member. All services are documented on the student's IEP to ensure delivery of services. Please note: 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being limited verbal or nonverbal, as well as limited cognitive ability.	
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.	
Tier 1: Counseling services to whole group, small group, and individuals targeting the prevention of concerning behaviors. Tier 2: Provide services for students who exhibit risky behaviors to reduce the cause of problems and build social and emotional skills either individually or in small groups. This may also include involving student's parents for healthier functioning outside of school as well. Tier 3: Referrals to our Licensed Mental Health Counselor and collaboration with outside services to address the special needs of the students. Please note: 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being limited verbal or nonverbal, as well as limited cognitive ability.	

Evidence-Based Program	Intensive Communication Training
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Since 100% of the school population is diagnosed with Autism Spectrum Disorder, intensive communication is implemented through functional training including but not limited to voice output devices, augmentative and alternative communication (AAC), Picture communication system (PCS), and picture exchange communication system (PECS).	
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.	
To reduce the likelihood of at-risk students developing social, emotional, and/or behavioral problems, the school is unable to implement conventional systems used in other schools as 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being verbally limited or non-verbal, as well as limited cognitive ability. Therefore, through the Unique Learning System, a module was added designed to empower self-regulation in students. The program is designed to promote positive behaviors, in and out the classroom, to lay the foundation for successful learning outcomes. Research confirms that for learning to occur, self-regulation skills and emotional control are vital. Their comprehensive, integrated online solution delivers proactive, evidence-based strategies to empower individual self-regulation and executive functioning.	
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.	
Since 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being limited verbal and non-verbal, as well as limited cognitive ability, interventions will need to be identified on a student by student basis under the supervision of a Board Certified Behavior Analyst (BCBA). All Interventions directed to the student's guardian may be more effective in cases of limited cognitive ability where interventions will be based on behavior modification as opposed to cognitive behavioral approaches.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:1

2023-2024 proposed Ratio by June 30, 2024

1:1

School Social Worker

Current Ratio as of August 1, 2023

1:1

2023-2024 proposed Ratio by June 30, 2024

1:1

School Psychologist

Current Ratio as of August 1, 2023

1:1

2023-2024 proposed Ratio by June 30, 2024

1:1

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

1:1

2023-2024 proposed Ratio by June 30, 2024

1:1

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.

Direct employment of school based mental health employees will decrease staff to student ratios by using these personnel to identify students who are presenting difficulty in regard to mental health. These individuals are also able to provide on site services and support to students' as needed.

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).

A schedule is developed to increase the face to face interactions between the licensed mental health counselor, DOE certified social worker and the Tier 1 and Tier 2 students. Through data and individual/small group interactions, the student service personnel will develop a schedule to provide direct mental health services to target individual needs.

Please note: 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being verbally limited or non-verbal, as well as limited cognitive ability.

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

The individuals designated on the mental health plan are responsible for assessing students, identifying supports needed and providing evidence based services. If necessary, a referral to community resources will be provided to student's parents under the direct supervision of the school Principal and DOE certified social worker.

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.

Multiple outside agencies may be used to better support the needs of students. The types of mental health services include: child & family services, outpatient mental health services, psychosocial rehabilitation group, cognitive-behavior therapy. The process for referral and follow up include a copy of the Mutual Exchange of Consent form. Once the licensed mental health counselor, social worker or ESE specialist receives this form, they will maintain open communication about the interventions to accommodate the needs of the student.

Thriving Mind South Florida
Contracting as South Florida Behavioral Health Network
7205 NW 19th Street
Suite # 200
Miami, Florida 33126
Phone: (305) 858-3335
Consumer Hotline: 1 (888) 248-3111
E-mail: information@thrivingmind.org

Please note: 100% of the student population at SFACS is diagnosed with Autism Spectrum Disorder with the majority of them being limited verbal or non-verbal, as well as limited cognitive ability.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 15,726.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 15,726.00

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:

No files were uploaded

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

Friday 3/31/2023