



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	Social Emotional Learning
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	

The FACE SEL program was written by two members of the FACE Administration who have degrees in Psychology. Both are certified by the Behavior Analyst Certification Board (BACB) in Applied Behavior Analysis (ABA): Juliana Giraldo Isaza, a Board-Certified Behavior Analyst (BCBA) and Sydney Sampson, a Registered Behavior Technician (RBT). This program was designed for the mental health of FACE students considering the unique social-emotional needs of students with ASD, as well as the behavioral support and intervention required by many students at FACE.

The curriculum includes ten month-long units with weekly topics for daily instruction and/or intervention. Staff have been trained in evidence-based practices for educating students with Autism Spectrum Disorder (ASD) to use those strategies and supports when delivering this curriculum and in the Natural Environment Teaching (NET). The curriculum includes corresponding resources created by FACE, including instructional plans, teacher-led classroom activities, and follow-up student activities. Additional resources for continued practice have been aligned to the curriculum and made available for differentiation. Some of these aligned resources include social narratives and video modelling of appropriate social emotional skills.

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.

FACE will implement daily instruction in social emotional learning in each classroom, including social skills, self-regulation, and problem solving strategies to use in all areas of life, both in and out of school. These mental health skills and strategies will include daily self-monitoring of emotional needs, which will help to identify students that are potentially at risk of developing social, emotional, and/or behavioral problems, depression, anxiety, suicidal tendencies, trauma, and violence.

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.

FACE will implement mental health checklists to observe students with mental health issues and/or students at-risk of mental health crisis to determine mental health needs, supports, and/or interventions. FACE will make mental health referrals to professional mental health counselors or community resources for all students who have needs outside the scope of FACE staff.

Evidence-Based Program	Safety Care
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	

School-wide crisis management system to be implemented to address challenging behaviors in the classroom. Challenging behaviors are defined as dangerous or that interfere with learning and functioning. These challenging behaviors affect not only the mental health of our students, but their families and caregivers-- leading to mental health issues and/or mental health crisis, or factors that exacerbate their challenging behaviors.

All (100%) of FACE staff will be trained as Safety Care Specialists upon hire, with regular observation and coaching from on-campus Safety Care Trainers to ensure proper implementation of strategies and/or procedures.

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.

Safety Care training includes modules to define and understand challenging behavior so that All Staff are trained for 1) recognizing factors that affect behavior including socio-economic factors, traumatic experiences, and neurological/developmental conditions and their strengths/limitations (e.g., ASD, OCD, TBI, Down's, anxiety), 2) early identification of triggers and/or signal behaviors that are precursors to more dangerous or disruptive behaviors, and 3) verbal de-escalation strategies to prevent or stop challenging behaviors without physical management.

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.

Safety Care training includes modules that teach the importance of staff debriefing after crisis to make action plans to address challenging behaviors in the future. FACE will make mental health referrals to professional mental health counselors or community resources for all students who have needs outside the scope of FACE staff.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

0

2023-2024 proposed Ratio by June 30, 2024

O

School Social Worker

Current Ratio as of August 1, 2023

0

2023-2024 proposed Ratio by June 30, 2024

0

School Psychologist

Current Ratio as of August 1, 2023

0

2023-2024 proposed Ratio by June 30, 2024

0

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

1:150 (Behavior Specialist)

2023-2024 proposed Ratio by June 30, 2024

1:150 (Behavior Specialist)

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.

FACE has an on-campus Behavior Specialist to address the social, emotional, and/or behavioral needs of our students. Additionally, FACE has a low instructional staff-to-student ratio, due to the unique learning and functioning needs of our 100% disabled population.

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).

FACE will continue implementing our Social Emotional Learning Program curriculum in daily instruction through Social Skills and Life Skills. Additionally, FACE will continue to utilize this program and Safety Care as-needed for behavioral management and crisis prevention/management.

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

FACE has an on-campus Behavior Specialist to address the social, emotional, and/or behavioral needs of our students. The Behavior Specialist makes referrals to community resources and private ABA providers to support mental health needs of the student and family.

The Behavior Specialist conducts a functional assessment for all Tier 3 students annually, and Tier 2 and Tier 1 as 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.

FACE facilitates collaboration with ABA and other private providers to support delivery of on-campus and off-campus services. The FACE Behavior Specialist will work with community agencies and programs to provide further assessment and treatment as needed.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 7,612.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$7,612.00

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_2023-2024.pdf

MHAA Planned Funds and Expenditures Form 23-24

Document Link

Charter Governing Board Approval

This application certifies that the **Hillsborough 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

Thursday 7/27/2023