



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org



# 2023-24 Mental Health Application

## Part I: Youth Mental Health Awareness Training Plan

---

## Table of Contents

---

<b>Introduction</b>	<b>3</b>
<b>Part I. Mental Health Assistance Allocation Plan</b>	<b>3</b>
<b>Section A: MHAA Plan Assurances</b>	<b>3</b>
<b>Section B: Planned Outcomes</b>	<b>0</b>
<b>Section C: Charter Program Implementation</b>	<b>4</b>
<b>Section D: Direct Employment</b>	<b>5</b>
<b>Section E: MHAA Planned Funds and Expenditures</b>	<b>6</b>
<b>Section F: Charter Governing Board Approval</b>	<b>7</b>

## 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

<b>Evidence-Based Program</b>	Revised Child Anxiety and Depression Scale (RCADS)
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
The full (47 items) self-report questionnaire/screener will be given to students in grades 9 through 12 and/or their parents.	
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 questionnaire will be given to the students/parents in the fall, and then every 3 months to track changes over time. The questionnaire takes between five and ten minutes to administer. Both parent and child questionnaires can be given to the appropriate respondent to complete themselves. Alternatively, in order to ensure that each item is understood by the respondent, or to gain additional information about each response, the questionnaires can be administered directly by the clinician who can ask follow-up questions.	
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 questionnaire provides multiple subscales including: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and low mood (major depressive disorder). It also yields a Total Anxiety Scale (sum of the 5 anxiety subscales) and a Total Internalizing Scale (sum of all 6 subscales). Additionally, The Revised Child Anxiety and Depression Scale - Parent Version (RCADS-P) similarly assesses parent report of youth's symptoms of anxiety and depression across the same six subscales.	

## Direct Employment

### MHAA Plan Direct Employment

#### School Counselor

*Current Ratio as of August 1, 2023*

**1:650**

*2023-2024 proposed Ratio by June 30, 2024*

**1:325**

#### School Social Worker

*Current Ratio as of August 1, 2023*

**n/a**

*2023-2024 proposed Ratio by June 30, 2024*

**n/a**

#### 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.**

We have plans to hire an additional school counselor during the 2023-24 academic year to reduce staff-to-student ratios to 1 :325.

**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).**

Continue the professional development for all faculty and staff through the Youth Mental Health First Aid (YMHFA) to identify and provide initial support to students to de-escalate situations. YMHFA is operated by the National Council for Behavioral Health and is a national authority on training and certification in youth mental health awareness. It is evidence-based training for staff and teachers to identify and interact with any student undergoing a mental health crisis. Having faculty and staff provide some initial support, will allow the student services personnel to spend more time providing direct mental health services to those students in greater need.

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

Our school based mental health personnel will robustly enforce mutual partnership agreements with community-based partners and allow more services to be provided on school grounds following CDC guidelines.

#### **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.**

We collaborate with local agencies as needed (such as Lauren's Kids on Personal Safety and Abuse Prevention, F.I.U. on Hyperactivity, Behavioral Modification, and Parental Training, Miami-Dade Police Department on Risky Behaviors Prevention and Parental Training, Yes Institute on Mental Health, Communication, and Suicide Prevention, and more)

#### **MHAA Planned Funds and Expenditures**

##### **Allocation Funding Summary**

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

\$ 17,695.00

**Unexpended MHAA funds from previous fiscal years**

\$ 0.00

**Grand Total MHAA Funds**

\$ 17,695.00

**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:

<b>MHAA_Planned_Expenditures_Report_2023-2024-6006.pdf</b>
<i>MHAA Funds and Expenditures Form with estimated \$ amounts for Archimedean Middle Conservatory (location 13-6006)</i>
<a href="#">Document Link</a>

**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**

Wednesday 8/9/2023