



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	Ask Suicide Screening Questions (ASQ) Toolkit https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq- toolkit-materials
Tier(s) of Implementation	Tier 3
Describe	e the key EBP components that will be implemented.
	creening Questions (ASQ) Toolkit arch/research-conducted-at-nimh/asq-toolkit-materials/
the early identification of socia the likelihood of at risk studen	implement evidence-based mental health services for students to improve I, emotional, or behavioral problems or substance use disorders, as well as ts developing social emotional or behavioral problems, depression, anxiety cies, and how these will assist students dealing with trauma and violence.
	am that consists of administrators, mental health professionals and law e all been formally trained in YMHFA. (Behavior Threat Assessment Team)
Create a process for assessing EdPlan)	an immediate threat to self or others. (Threat Assessment-CSTAG-
• • •	ther assessment (for example, calling law enforcement to assess for a isis center). (Threat Assessment-CSTAG-EdPlan)
	nsent) between outside agency and school to ensure student is supported. ent returning to school. (Threat Assessment-CSTAG-EdPlan)
Provide school counseling to a	Il students who have been assessed for at least 4 sessions.
intervention, treatment and red	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring se diagnoses and to students at high risk of such diagnoses.
on going assessment is imperative treatment, or those that would l	In be very different from mental health counseling in a more clinical setting, ative to determine which students require additional, more intensive benefit from different, more specialized treatment approaches. Insent) between outside agency and school to ensure student is supported.

Evidence-Based Program	The Stop and Think Social Skills Program- CASEL Select Program OJJDP Promising Program, SAMHSA Model Program
Tier(s) of Implementation	Tier 2
	e the key EBP components that will be implemented.
Group and Individual Counselin	ıg
CASEL - The Collaborative for A https://schoolguide.casel.org/re	Academic, Social and Emotional Learning. sources/
-	s available for small group instruction. Social Skills Program for Schools:
The Stop and Think Social Skill	s Program will be implemented based on the current student need.
Individual Counseling- Evidence of sources:	e based assessment and counseling techniques will be used from a variety
American Counseling Associati https://www.counseling.org/	on
Association for Play Therapy https://a4pt.org	
American School Counselor As https://www.schoolcounselor.or	
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
Individual school based counse	ling is provided by the school counselor for a minimum of 3-6 sessions.
As school based counseling can be very different from mental health counseling in a more clinical setting, on going assessment is imperative to determine which students require additional, more intensive treatment, or those that would benefit from different, more specialized treatment approaches.	
Open communication between the school counselor and families is important, especially at the onset of counseling (to obtain consent, answer questions and establish rapport), at the end of counseling (to provide additional referrals if necessary or discuss progress), and also during the process should anything of concern arise.	
intervention, treatment and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.

As school based counseling can be very different from mental health counseling in a more clinical setting, on going assessment is imperative to determine which students require additional, more intensive treatment, or those that would benefit from different, more specialized treatment approaches. Collaboration (with parental consent) between outside agency and school to ensure student is supported. Create a safety plan.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023 **1 counselor to 425 students**

2023-2024 proposed Ratio by June 30, 2024 1 counselor to 425 students

School Social Worker

Current Ratio as of August 1, 2023 **1 charter school social worker**

2023-2024 proposed Ratio by June 30, 2024 1 charter school social worker

School Psychologist

Current Ratio as of August 1, 2023 **1 charter school psychologist**

2023-2024 proposed Ratio by June 30, 2024
1 charter school psychologist

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023 **NA**

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

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.

Will reduce ratio from 1 to 11 to 1 to 10.

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).

Currently we have one full time counselor as our school is not fully rolled out (grades and sections). When we are fully roll out in 26-27 we plan to have two full time counselors.

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

The school based mental health providers support students during the school day or for an academic purpose. For example, the school social worker and school psychologist provide evaluations to support the 504 and IEP process. The school social worker is also another source of support for families, providing them with additional community referrals in the area. The school counselor is responsible for providing a 3 Tier system of support of all students at the school. Individual school counseling is provided to those students in need of more support. At any point during the school counseling process, the school counselor may find the need to refer for outside mental health counseling. Often times, with parental written consent, the outside provider and school counselor will communicate to ensure continuity of care and create a treatment plan that can be implemented across all settings to best support the child.

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.

Crisis Center of Tampa Bay

https://www.crisiscenter.com/

Off campus services include:

The Gateway Contact Center answers multiple local, regional and statewide crisis and information/ referral lines.

Trauma counseling, group therapy, and other support for individuals and families, including children. Provide an additional layer of support to people in our community who seek help, hope, and healing at the Crisis Center of Tampa Bay.

Behavioral health support for youth and young adults

Free child development screenings.

Mental Health and Wellness Training

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP) \$ 25,526.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 25,526.00

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 Expenditures
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 8/3/2023