



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

	Close Gap
Tier(s) of Implementation	Tier 1, Tier 2
Describ	e the key EBP components that will be implemented.
	aily basis as a check-in with students. If there is something out of the norm are notified via text/email and the intervention process can begin.
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.
partners provide mental health	ng community partners, and a full time social worker. Our community first aid, mental health evaluations and mental health counseling. VMA in order to assure enhanced academic performance, fewer disciplinary lent academic engagement.
intervention, treatment and re	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.
	of Students, we provide a unique preventative framework designed to tionally and mentally through restorative practice and a positive disciplinary
approach. VMA establishes or	der to resolve conflicts and build relationships that support an inclusive s in an environment of good mental health habits.
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approach. VMA establishes or school environment that results	der to resolve conflicts and build relationships that support an inclusive s in an environment of good mental health habits.
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approach. VMA establishes ord school environment that results Direct Employment MHAA Plan Direct Employe School Counselor Current Ratio as of Augus 0:80 2023-2024 proposed Rate 0:100 School Social Worker Current Ratio as of Augus	der to resolve conflicts and build relationships that support an inclusive is in an environment of good mental health habits. ment ist 1, 2023 io by June 30, 2024 ist 1, 2023

School Psychologist

Current Ratio as of August 1, 2023 0:80

2023-2024 proposed Ratio by June 30, 2024

0:100

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023 **1:80**

2023-2024 proposed Ratio by June 30, 2024 **1:100**

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.

Because of school population being small, we contract school social workers and psychologist to provide mental health services. This unique approach allows us to work with students individually to prevent a problem before it occurs.

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).

Reviewed and identified through a multi tiered support system [MTSS] to include administration and other staff, VMA provides programs across the 3-tiered system. Within those tiers, the level of intervention is determined through a variety of screenings. Screening tools may include office referrals, teacher or family referral, informal as well as more formal mental health screening measures provided by a community partner school psychologist, NAMI, or Samaritan. A coordinated intervention plan is developed to ensure the care coordination, treatment and follow up care is provided for the student and their family. MTSS and documentation provide oversight.

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

A variety of collaborative partnerships that offer all of our students with evidence-based approaches around social-emotional based learning curricula and prevention-based activities to foster healthy functioning. Those partnerships include collaborations with Centerstone, Samaritan, and Safe Children Coalition. They provide services during school hours, a Prevention Program specialist and other resources that are beneficial for minimal distractions throughout the school day. Individual sessions focus on extra academic and behavioral support and life skills, designed to promote effective decision-making, goal setting and self-confidence around bullying and other developmental issues. Centerstone is also a resource for individual and family counseling referrals. The partnership also provides an advocate / liaison between school and organization, particularly in crisis situations.

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.

Collaborative community partnerships involve law enforcement mentors, and other volunteers that provide mentoring and tutoring;Center Stone & Family Resource staff providing support with Feeding Every Little Tummy (FELT) and nutritional program at all grade levels; Ringling College, providing self-awareness & confidence-building programs; along with Hope Family Services providing both preventative programs around pro-social skills/behaviors, relationship –building, bullying and drug prevention as well as a outside referral source for any student / family that needs therapeutic support

from domestic violence.

When required, outside referrals are made to establish counseling, psychological and social services to those students identified as experiencing mental health issues [i.e. depression, anxiety, suicidal ideation]. Referrals are primarily made to either Centerstone, The Florida Center for Early Childhood [the leading agency for trauma-informed therapy with 0 - 8 population and fetal alcohol syndrome] Samaritan, Circle of Friends and Hope Family Services.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP) \$ 3,144.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 3,144.00

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:

2161_VMA_Mental_Health_Assistance_Allocation_7.31.2023-2024.pdf	
VMA MHAA	
Document Link	

Charter Governing Board Approval

This application certifies that the **Manatee 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