



2022-23 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

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Introduction

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/ or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mentalhealth. This application is separated into two primary sections: Part II includes the YMHAT Plan and Part III includes the MHAA Plan.

Part I. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62, F.S., the MHAA Plan allocation is to assist districts with establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by August 1, 2022.

There are two submission options for charter schools (MHAA Plan Only):

- Option 1: District submission includes charter schools in their application.
- Option 2: Charter school(s) submit a separate application from the district.

Part I: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The Charter School Assurances

One hundred percent of the state funded proportionate share is used to 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

Maximizing the use of other sources of funding 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

Includes a system 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 providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

Yes

A Charter school board policy or procedures 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-40010, Florida Administrative Code.

Yes

Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, 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 in s. 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 in s. 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, or 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

Planned Outcomes

Identify two specific and measurable goals that will be accomplished within the 2022-23 school year, and specify which component of Charter Assurance 1.a. directs that goal (refer to the Guidance Tab if needed).

1. Expand school-based mental health care through the purchase of the Conscious Discipline curriculum materials.

2. Provide required Youth Mental Health First Aid training to all staff, as well as provide Conscious Discipline training to selected staff.

Charter Program Implementation

Evidence-Based Program	Youth Mental Health First Aid
Tier(s) of Implementation	Tier 1, Tier 2
Describe	e the key EBP components that will be implemented.
of the Youth Mental Health First Action 1: Approach the person, Action 2: Listen non-judgmenta Action 3: Give support and info	assess and assist with any crisis. Illy. rmation. n to get appropriate professional help.
the early identification of social the likelihood of at risk student	mplement 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 sies, and how these will assist students dealing with trauma and violence.
all staff will be able to identify a emotional, behavioral problems	onal development and training in the Youth Mental Health First Aid program and address the early warning signs in students experiencing social, a such as depression, anxiety and suicidal tendencies. It also helps adults t risk of or experiencing substance use adorers or trauma and violence.
	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.

Evidence-Based Program	Conscious Discipline				
Tier(s) of Implementation	Tier 1, Tier 2				
Describe the key EBP components that will be implemented.					
curriculum. It is based on curre	rehensive classroom management program and a social-emotional nt brain research child development information, and developmentally us Discipline has been specifically designed to make changes in the ives of				
the early identification of social the likelihood of at risk student	mplement 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 ties, and how these will assist students dealing with trauma and violence.				
enable teachers to begin shiftin one of safety, connection and p experiencing social, emotional risk for developing problems su anxiety disorders, and suicidal Creating a supportive school cu	ional development in the Conscious Discipline curriculum, which will og the classroom and school culture from one of punishment and reward to problem solving. This approach is applicable to students who are or behavioral problems. It also addresses the needs of those students at ach as behavioral, social and emotional problems, as well as depression, tendencies. Ulture will further help students dealing with past trauma and violence, ation, and positive school activities.				
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 se diagnoses and to students at high risk of such diagnoses.				
intervention, as well as referral	unseling and intervention will provide assessment, diagnosis and to outside agencies as needed to those students who have mental health se diagnoses. Ongoing small group counseling, individual counseling, and oport these efforts.				
Direct Employment					
MHAA Plan Direct Employn	nent				
School Counselor					
Current Ratio as of Augus n/a	at 1, 2022				
2022-2023 proposed Rationna in the second state in the second state in the second state in the second state is the second state is a second state in the second state is a second state in the second state is a s	o by June 30, 2023				
School Social Worker					
Current Ratio as of Augus	st 1, 2022				

n/a

2022-2023 proposed Ratio by June 30, 2023 n/a

School Psychologist

Current Ratio as of August 1, 2022 **1/402**

2022-2023 proposed Ratio by June 30, 2023 **1/450**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022 n/a

2022-2023 proposed Ratio by June 30, 2023 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.

Licensed school psychologist is employed to provide professional development, training and support to teachers and staff throughout the entire school year, including during summer months. This person is shared between only two schools full time and is not assigned by the district but a school employee. He or she will also conduct mental health screenings, parent workshops and direct student services such as counseling and assessments.

Describe your school'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).

School ensures that the school psychologist's schedule is fully dedicated to professional development, direct and indirect student services, parent training and support, and ongoing positive behavior support throughout the school.

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

Licensed school psychologist is experienced in providing professional development to all staff in both English and Spanish, when needed, to address the needs of all students including SWD and ELL students. The school psychologist will provide training in Conscious Discipline, and is a certified trainer in Youth Mental Health First Aid. In addition, this person will provide direct individual and group counseling to students, and will create community partnerships for students and their families to have more options for services for their children.

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.

Not applicable

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP) \$ 19,125.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan \$ 0.00

Grand Total MHAA Funds

\$ 19,125.00

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.) 1011.62 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_Plan_Miami_Gardens.pdf
MHAA Plan
Document Link

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

Thursday 6/23/2022