



FLORIDA DEPARTMENT OF
EDUCATION
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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, 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

Evidence-Based Program	Trauma Informed Montessori for Educators & Parents
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>The component addressed with this implementation is focused on universal prevention. The purpose of the Trauma Informed Montessori for Educators and Parents is to provide facts and information to help define child and adolescent traumatic stress, the impact of exposure to traumatic events in children and adolescents, and effective ways to treat it. It also aims to assist parents in how to help and support their child at home by recognizing signs, seeking services and support for the child, and knowing who to ask and where to look for help.</p>	
<p>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.</p>	
<p>At tier 1, Montessori teachers are trained to observe students' interactions with their peers and their environment assessing students' needs for support. Teachers will collect the observational data and information provided by parents to determine whether a child or adolescent exhibits behaviors in school and at home that need to be addressed or that would warrant further interventions. Teachers complete a "Strengths and Difficulties" research-based screening questionnaire DAWBA (Development and Wellbeing Assessment) that generates results to inform the MTSS and the Mental Health Team whether a child needs to be referred to Tier 2 level of interventions. If in need of assistance, school-based mental health intervention support is initiated. Targeted-Supplemental "at risk" students will be referred to the MTSS coordinator and a conference with the parent, teacher, coordinator, school counselor and administrator will take place. Parents will be provided a list of outside mental health providers and agencies that the school has a partnership with if deemed necessary or to make an official referral to initiate outside support. At the school-based level, students will participate in individual or group counseling with the school counselor or the agency counselor assigned to our school once a week or as deemed necessary by the student's case and tier of support.</p>	
<p>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.</p>	
<p>Coral Reef Montessori will continue to focus on the delivery of professional development to expand on best practices in the Montessori approach and strategies that improve classroom behavior management, teacher-student connections, improve interactions, and promote positive, equitable, and safe environments for all children. We will continue to build on the application of strategies already learned and proven effective in promoting and integrating social-emotional learning, positive and safe school climate, safety, and improved academic achievement. Teachers will continue to enhance their ability to recognize and manage self-regulatory behaviors, creating and changing perspectives as it relates to response to conflicts and challenging behaviors. In addition, our administrators and staff will continue to apply strategies learned through Mindfulness as it relates to becoming aware of our emotional capacity and the tools employed to practice self-care, addressing and transforming the physical, emotional, and mental challenges faced in our personal lives and in the context of our schools. Our parents will be trained in Trauma Informed Montessori Practices within ABAR (Anti-Racist/Anti-Bias) framework. Through a series of workshops, we will raise our awareness in understanding the signs and symptoms of trauma-related behaviors in children. We are aware that early recognition of these signs and symptoms will assist in</p>	

planning strategies and support mental health care. There is a school-wide effort to continue the development and implementation of a culturally relevant discipline tool addressing teacher behaviors and aspects of language used when dealing with children's difficult behaviors. We will further explore ACEs within this framework and as it relates to the COVID-19 pandemic's impact on children. Our new and existing faculty that has not been trained in Youth Mental Health First Aid will be trained and those trained will have an opportunity to sign up for a refresher course in order to keep abreast in recognizing signs of distress in order to guide and refer children and adolescents to school-based services of mental health care. CRMA will continue to adhere to the MTSS process and integrated Mental Health Services.

Evidence-Based Program	Olweus Bullying Prevention Program
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>This program fulfills the positive and safe school climate component. It is focused on long-term changes that create a safe and positive school environment. The program's goal is to reduce and prevent bullying problems among school children and improve peer relations at school. With this program, we intend to reduce bullying among students, improve the social climate of classrooms, and reduce related antisocial behaviors, such as vandalism and truancy. This school-wide program involves the entire school community in the form of school-wide interventions, classroom activities, and individual interventions. Reducing bullying entails changing the climate of the school and the social norms regarding bullying. We stressed the importance for staff and students to observe and respond to bullying situations. This program requires an anonymous, research-based survey administered to students to assess the nature, extent, and location of bullying problems in school. Results will reflect the prevalence of bullying, the amount of bullying that students experience, the types of bullying that are most common, and the location where bullying happens. The program will have a monitoring component to determine its effectiveness and areas for continued attention. There will be a BPCC (Bullying Prevention Coordinating Committee) to support prevention activities. The BPCC is a representative group from the school that includes an administrator, a teacher from each grade, a member of non-teaching staff, a school counselor or other school-based mental health professional, a parent, and a community representative to serve as the leadership team for program implementation at the school. The BPCC undergoes comprehensive, highly organized 12-hour training by a specially trained Olweus Coach or Certified Olweus Trainer/Consultant. This team then meets at least monthly to plan bullying prevention activities, train and motivate staff, students, and families, and ensure that efforts continue over time. The BPCC ensures that administrators, faculty, and all other staff are adequately trained to understand the nature of bullying and its effects, how to respond if they observe bullying, and how to work with others at the school to help prevent bullying from occurring. Every staff member receives clear guidance about how to identify bullying and opportunities to role-play intervening in bullying situations. CRMA will continue to establish, reinforce and enforce school rules in compliance with bullying-related policies. At the classroom level, children will engage in regular discussions about bullying, peer relations, and other social and emotional issues allowing the teacher to monitor and obtain feedback related to students' attitudes and experiences with bullying. The program also trains staff to consistently and appropriately respond to bullying situations. Another component of the OBPP includes encouraging parental involvement from the planning stages through implementation. Families will be made aware, and actively participate in the school-wide efforts, classroom activities, and in individual bullying situations involving their child. There will be ongoing communication strengthening homeschool connections while building support for program implementation.</p>	
<p>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.</p>	
<p>In compliance with the district implementation, Coral Reef Montessori has ensured the coordination of school and community-based resources in an effort to deliver evidence-based mental health care to students including mental health screenings, assessments, intervention, treatment, and recovery services through a Multi-Tiered System of Support framework. CRMA is committed to employing evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses. CRMA has developed partnerships and contractual agreements with community-based mental health to expand the delivery of services to</p>	

students presenting mental health concerns based on tiers of support. Adhering to Section 1011.62 (16) Florida Statutes, CRMA has trained educators, staff, and administrators in Threat Assessment, Youth First Aid Mental Health Awareness, Multi-Tiered System of Support (MTSS) for Mental Health, District's Progression of Mental Health Support, Trauma-Informed Practices/Classrooms, Mental Health Referral Procedures, and Suicide Prevention to name a few. In addition, Coral Reef Montessori has created a Threat Assessment Team and a Mental Health Committee that meets regularly to discuss new strategies or procedures that need implementation as well as students' individual cases of mental health needs or any occurring threat.

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 school will follow the MTSS process and the progression of services and support for Mental Health services outlined in the MDCPS Threat Assessment Policy and Procedures Manual / Mental Health Services Guide for School Administrators. The student's mental health plan will be updated accordingly as will the services the students receive. Contact and collaboration with substance abuse providers will be made to ensure communication of treatment plans and school-based support. Coral Reef Montessori will adhere to the MDCPS Threat Assessment/Mental Health Services Guide for School Administrators with School Board policies and procedures to ensure timely services for students who are referred to a school-based or community-based mental health service provider. Such procedures focus on a mental health screening for the identification of mental health concerns and ensure that the assessment of students at risk for mental health disorders occurs within 15 days of referral. Policies to further ensure that school-based mental health services are initiated within 15 days after identification and assessment. Moreover, policies also outline that support from community-based mental health service providers for students who are referred must be initiated within 30 days after referral. Coral Reef Montessori intends to remain in compliance ensuring that community-based agencies and providers meet these timeframes in the delivery of services, following policies and procedures dictated by the M-DCPS plan.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

One school counselor

2023-2024 proposed Ratio by June 30, 2024

Two school counselors

School Social Worker

Current Ratio as of August 1, 2023

One CSO assigned School Social Worker

2023-2024 proposed Ratio by June 30, 2024

One CSO assigned School Social Worker

School Psychologist

Current Ratio as of August 1, 2023

CSO assigned School Psychologist

2023-2024 proposed Ratio by June 30, 2024

CSO assigned School Psychologist

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

One LMHP working under contractual partnership from Chrysalis

2023-2024 proposed Ratio by June 30, 2024

One LMHP working under contractual partnership from Chrysalis

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.

-The CSO-assigned school psychologist has a crucial role in the MTSS process. The psychologist collaborates with the educational staff in the creation of coordinated plans to manage social, emotional, behavioral, and learning problems children face. They help design and implement interventions for a wide spectrum of difficulties children may exhibit, for example, performance anxiety, learning difficulties, and anger management issues. They also support coordinated plans to encourage the student's well-being and healthy mindsets. The school psychologist assists as a guide in assessing and responding to students' at-risk behaviors. They have an active role in meetings to address students' potential mental health needs as a result of a threat to self or others, and voluntary or involuntary examinations resulting in hospitalizations. They make evaluation recommendations and report on student progress (e.g. using psychometric tests). They also guide parents in facilitating children's progress.

-The CSO-assigned social worker conducts comprehensive student family history when students are referred for an evaluation through the MTSS process.

-The Coral Reef Montessori contracted school counselor provides individual or group counseling to students with an IEP, 504 Plan, and SE-BIP. Additionally, the counselor provides mental health/ counseling to students identified as in need of support through the different tiers of support. The counselor is directly involved in detecting and responding to mental health issues. In collaboration with teachers, parents, and administrators, the counselor develops Mental Health Plans for students with mental health concerns and is a first responder when a student poses a threat to self or others providing intervention and conducting risk assessments. The counselor provides consultation and training support to teachers in assisting and managing student behaviors within the classroom. She helps coordinate outside mental health services and establishes communication with parents and other providers. The counselor keeps logs of communication with providers and parents and service logs for IEP/504/SE-BIP and Tier 2 and Tier 3 support.

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).

The amount of time student services personnel spend providing direct mental health services is determined by observed and documented mental health needs. The school counselor will provide counseling services at the appropriate tiers within the MTSS levels to students referred by a Threat Assessment Team or by the assessment of identified at-risk mental health issues of the School Support Team and/or the Mental Health Team. The school counselor also implements services outlined in students' 504 plans. The frequency and time of services will depend on the time and frequency stipulated by the IEPs and 504 plans and/or the severity of the mental health issue and the student's response to the support provided under the MTSS. Through partnerships with The Chrysalis Center, students identified as requiring additional interventions will receive individual or group counseling support depending on the recommendation of the MHP Team and the SST. Strategies of

collaboration, communication with parents, teachers, and providers related to response to interventions, and monitoring of progress will be employed to ensure fidelity, the effectiveness of the support, or the need for adjustments under the MTSS.

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

The role of the school-based mental health providers is to help children and students manage social, emotional, and behavioral issues by implementing and monitoring interventions for a wide spectrum of difficulties children may face under the framework of MTSS, such as; performance and social anxiety, learning difficulties, anger management issues, suicide ideation, coping skills difficulties, identity issues, etc. Their function is to encourage and promote students' well-being and a healthier mindset. In collaboration with educational staff, they create and implement prevention programs to tackle common school problems, such as bullying. They collaborate with educational staff and communicate with parents and other providers to develop coordinated Mental Health Plans. The school-based mental health providers adhere to the school policies in regard to communication, evaluation, intervention, progress monitoring, guidance, and training. They support the school administrators resolve classroom or school crises. They provide support to teachers of high-risk children. Our SBMHP, facilitate connections and disseminate and provide information and referral pathways to community-based providers. When a crisis, threat, or when incident warrants it, the school-based mental health providers conduct risk assessments, risk intervention, refer students, and assist with postvention plans geared to transitioning students back to school from more restrictive environments.

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.

Coral Reef Montessori will continue the service contract with The Chrysalis Center, Inc. The type of behavioral health services that will be provided will be a full workday of a Licensed Mental Health counselor. The LMHC will help expand services to pre-identified students in need of mental health under the MTSS framework. She will help students manage social, emotional, and behavioral issues by implementing and monitoring interventions for a wide spectrum of difficulties. Her main role will be to provide a continuum of services to encourage and promote students' well-being and a healthier mindset. She will work in collaboration with educational staff to create and implement prevention programs and communicate with parents and other providers to develop coordinated Mental Health Plans. She will adhere to the school policies in regard to communication, evaluation, intervention, progress monitoring, guidance, and training. The behavioral health provider will support the school administrators resolve classroom or school crises. She will collaborate with teachers of high-risk children and will additionally, facilitate connections and provide referral pathways to community-based providers. When a crisis, threat, or when incident warrants it, the LMHC provider will conduct risk assessments, risk intervention, refer students, and assist with postvention plans.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 28,616.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 28,616.00

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:

No files were uploaded

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

Saturday 7/8/2023