



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).

Our primary goal continues to be to increase student access to mental health services. We intend to do this by bringing on an additional guidance counselor. This will reduce the ratio of students to staff and allow more services to be provided directly to students. In 2021, 68 students received services from our school counselor. By adding another counselor, we anticipate that an additional 65 students could receive services. Another goal is to implement a social emotional program K-8, with fidelity, in order to increase coping skills of students and reduce stress. The program for Elementary students will be Paths; the program for Middle School students will be Positive Action. We will measure student coping skills though tracking behavior incident reports.

Charter Program Implementation

Evidence-Based Program	Paths Curriculum
Tier(s) of Implementation	Tier 1
Describe	e the key EBP components that will be implemented.
This is a comprehensive progra aggression and behavior proble	m for promoting emotional and social competencies and reducing ems in elementary students.
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.
have a better understanding of	ed and monitored by the classroom teachers in grades K-6. Students will the five conceptual domains: self-control, emotional understanding, ip, and interpersonal problem solving skills.
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.
	s to respond more appropriately to classroom and school situations, as

These skills will enable students to respond more appropriately to classroom and school situations, as well as situations in their personal lives. Students will develop coping skills and learn to become resilient. Because of this, we anticipate seeing a lower rate of behavior problems, improved self-control in students, and lower depression and anxiety.

Evidence-Based Program	Positive Action
Tier(s) of Implementation	Tier 1
Describe	e the key EBP components that will be implemented.
	ed, social emotional learning program for students to increase positive avior, and improve social emotional learning and school climate.
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.
focuses on the practice and rein	ed and monitored by the classroom/Advisory teachers in grades 7-8. It nforcement of positive actions. Middle school students will learn how to ng skills, and how to be more resilient.
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.	
	and providing this support to middle school students, students will learn ond to situations which cause an emotional response. We anticipate a

By implementing this program and providing this support to middle school students, students will learn how to more appropriately respond to situations which cause an emotional response. We anticipate a reduction in discipline referrals, a lower rate of reported bullying behaviors, and lower amounts of depression and anxiety.

Evidence-Based Program	Restorative Practices
Tier(s) of Implementation	Tier 1, Tier 2
Describe	e the key EBP components that will be implemented.
Restorative practices is a socia discipline through participatory	I science that studies how to build social capital and achieve social learning and decision making.
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.
	ed by all teachers, Administrators, and Guidance Counselors as they are to take responsibility for their actions, restore relationships, and repair any
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 be diagnoses and to students at high risk of such diagnoses.
•	will learn to both build relationships, as well as restore ones that have erefore, feel more positive about school and the people around them. We

Through this program, students will learn to both build relationships, as well as restore ones that have been harmed. Students will, therefore, feel more positive about school and the people around them. We anticipate a reduction in reported bullying behaviors, an improvement in interpersonal relationships formed, and less "middle school drama."

Evidence-Based Program	Sources of Strength
Tier(s) of Implementation	Tier 1
Describe	e the key EBP components that will be implemented.
Sources of Strength is a youth s for students and staff.	suicide prevention program designed to promote a healthy school culture
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.
The program will be lead by the grades 6-8 will implement activition	e school counselor(s) and Staff Advisors. Peer (student) leaders from ties for the entire school.
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.
These strengths help students of and ears of the school and are	understand that they have many areas in their lives that are strengths. develop resilience during difficult times. The peer advisors are the eyes instrumental in identifying struggling students. Through this program, we upport to students and decreased student suicidal ideations, but increased

reporting of same.

Evidence-Based Program	PBIS-Positive Behavioral Interventions and Supports	
Tier(s) of Implementation	Tier 1, Tier 2	
Describe	e the key EBP components that will be implemented.	
	ns and Supports (PBIS) is an evidence-based, tiered framework for I, academic, social, emotional, and mental health.	
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.	
emotional competence, acaden	gram as a school-wide initiative. PBIS has been shown to "improve social nic success, and school climate. It also improves teacher health and positive, predictable, equitable and safe learning environments where	
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.	
be developed and maintained. behavioral, and social skills will	mentation of this program, a positive climate of belonging and nurturing will School-wide expectations will be created and appropriate emotional, be priortized. We believe this program will assist in creating a positive udents behaving appropriately. We anticipate a reduction in discipline tation of this program.	
Direct Employment		
MHAA Plan Direct Employn	nent	
School Counselor		
Current Ratio as of Augus 1 counselor/554 student		
2022-2023 proposed Ratio by June 30, 2023 2 counselors/554 students		

School Social Worker

Current Ratio as of August 1, 2022 **0**

2022-2023 proposed Ratio by June 30, 2023 **0**

School Psychologist

Current Ratio as of August 1, 2022 **0** 2022-2023 proposed Ratio by June 30, 2023 **0**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022 0 2022-2023 proposed Ratio by June 30, 2023 0

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.

Currently, we only have one school counselor to serve 554 students. There is more student need than what one counselor can provide. Adding another counselor will allow more students to access services, including providing lessons within the classrooms and providing one-on-one and small group counseling sessions to students.

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).

Our counselor has an assistant that is able to coordinate meetings so that she can spend the majority of her time providing direct mental health services to students. Adding another counselor would allow more students to have access to a school counselor.

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

We currently contract with a Licensed Mental Health Counselor who provides therapy to students directly on our campus, via teletherapy, or through office-based visits. Having service available on our campus during the school day is very beneficial to families as many do not have the ability to travel to an office location.

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.

Jolie Cogan - Licensed Mental Health Counselor - Direct Student counseling and therapy School Psychologist-Brevard Public Schools - Assessments, review of data (Indirect services)

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP) \$ 25,396.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan \$ 15,707.00

Grand Total MHAA Funds

\$ 41,103.00

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:

Planned_expenditures-Sculptor-2022-23-BUDGET.pdf Planned Funds and Expenditures 2022-2023 Document Link

Charter Governing Board Approval

This application certifies that the **Brevard 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

Monday 7/25/2022