



# **2023-24 Mental Health Application**

Part I: Youth Mental Health Awareness Training Plan

## **Table of Contents**

| Introduction                                     | 3 |
|--|---|
| Part I. Mental Health Assistance Allocation Plan | 3 |
| Section A: MHAA Plan Assurances                  | 3 |
| Section B: Planned Outcomes                      | 0 |
| Section C: Charter Program Implementation        | 4 |
| Section D: Direct Employment                     | 7 |
| Section E: MHAA Planned Funds and Expenditures   | 9 |
| Section F: Charter Governing Board Approval      | 9 |

## 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**

| Tier(s) of Implementation  | Tier 1   |
|--|--|
| Describe   | e the key EBP components that will be implemented.   |
| empower students to end socia  | is an age-appropriate version of the program that teaches empathy to<br>I isolation. The program provides a video training for students, an<br>ook to help schools build and reinforce a culture of inclusion.   |
| the early identification of social the likelihood of at risk student   | mplement evidence-based mental health services for students to improve<br>, emotional, or behavioral problems or substance use disorders, as well a<br>s developing social emotional or behavioral problems, depression, anxiety<br>ies, and how these will assist students dealing with trauma and violence.  |
|  |  |
| monitor completion of the cours  | ndy Hook Promise training. The school administrator and Social Worker wise and implementation into the classrooms. This will be done through mplementation of lessons during instructional time. The school will also rogram with students.  |
| monitor completion of the cours<br>classroom walk-throughs and in<br>emphasize the tenants of the pr<br>Student assemblies will be held<br>other and clearly articulating the  | se and implementation into the classrooms. This will be done through<br>mplementation of lessons during instructional time. The school will also<br>rogram with students.<br>If each quarter to reiterate the importance of showing empathy to each<br>e process for reaching out to staff to seek help.<br>eriencing emotional challenges will be referred to mental health support |
| monitor completion of the cours<br>classroom walk-throughs and in<br>emphasize the tenants of the pro-<br>Student assemblies will be held<br>other and clearly articulating the<br>Students who identified as expension<br>staff to create a support system<br>Explain how the supports of<br>intervention, treatment and reco | se and implementation into the classrooms. This will be done through<br>mplementation of lessons during instructional time. The school will also<br>rogram with students.<br>If each quarter to reiterate the importance of showing empathy to each<br>e process for reaching out to staff to seek help.<br>eriencing emotional challenges will be referred to mental health support |

| Evidence-Based Program   | Cognitive Behavior Theory: Mindfulness Based Stress Reduction (MBSR)   |
|--|--|
| Tier(s) of Implementation  | Tier 2   |
| ()   | the key EBP components that will be implemented.   |
| body awareness and emotional   | uction (MBSR) therapy is a meditation therapy. It can also include yoga,<br>awareness. When though the original design was to help with stress<br>be used to treat a variety of illnesses including depression and anxiety.  |
| the early identification of social the likelihood of at risk students  | mplement evidence-based mental health services for students to improve<br>, emotional, or behavioral problems or substance use disorders, as well as<br>s developing social emotional or behavioral problems, depression, anxiety<br>es, and how these will assist students dealing with trauma and violence.  |
| referrals will be identified to part<br>and includes a pretreatment original<br>sessions is guided by the setting<br>single-session offerings to expansion<br>exposure to the skills is potential<br>Sessions are shortened to 10–2<br>traditional 40-minute practices r | or more moderate to serious interpersonal conflicts that resulted in<br>ticipate in MBSR as an intervention. The MBSR-T program lasts 8 weeks<br>entation followed by weekly 90-minute sessions. The length and number of<br>g in which it is being taught. Many variations can be used, ranging from<br>nded versions lasting as long as 12 weeks. It is assumed that even brief<br>ally beneficial. Both formal and informal mindfulness practices are taught.<br>20 minutes to accommodate the attention span of teenagers, for whom the<br>night not be developmentally appropriate. Brief at-home practices are<br>re referred to as on-your-own-practices (OYOP) rather than homework. |
| intervention, treatment and rec  | vill deliver evidence-based mental health care assessment, diagnosis,<br>overy services to students with one or more mental health or co-occurring<br>e diagnoses and to students at high risk of such diagnoses.  |
| effectiveness of the program with feedback from teachers and part  | e provided by licensed Social Workers who will be able to determine the<br>th each student. Based on the interactions with students, as well as<br>rents, the mental health professional can determine the need for additional<br>is implementation of a recovery plan aligned to the needs of the students.   |

| Evidence-Based Program   | Dialectical behavior therapy (DBT)   |
|--|--|
| Tier(s) of Implementation  | Tier 3   |
| Describe   | the key EBP components that will be implemented.   |
| emotions and who may be self-<br>it can sometimes help teens wit   | DBT, is a therapy that helps students who struggle with managing<br>destructive. DBT isn't a treatment for learning and thinking differences. But<br>h mental health issues that often co-occur with those issues.<br>and accept their feelings in the moment. It also gives them tools to improve   |
| <ul> <li>Weekly individual therapy session</li> <li>Weekly group therapy session</li> <li>As-needed consultations with</li> <li>Weekly meetings where therapy</li> </ul> | s for building DBT-related skills, like regulating emotions  |
| the early identification of social the likelihood of at risk student   | mplement evidence-based mental health services for students to improve<br>, emotional, or behavioral problems or substance use disorders, as well as<br>s developing social emotional or behavioral problems, depression, anxiety<br>ies, and how these will assist students dealing with trauma and violence.   |
| them how to use thinking to cha<br>they can use to soothe themsel<br>social issues as well as trauma   | nselves and their feelings in the present. At the same time, it teaches<br>inge negative feelings and behaviors. DBT gives people concrete skills<br>ves, redirect their thinking and handle tough emotions that are a result of<br>and violence. Group skills-training sessions may involve special<br>lete exercises to help identify their trouble spots and brainstorm better  |
| intervention, treatment and rec  | will deliver evidence-based mental health care assessment, diagnosis,<br>covery services to students with one or more mental health or co-occurring<br>e diagnoses and to students at high risk of such diagnoses.   |
| effectiveness of the program wir<br>feedback from teachers and par<br>intervention, treatment as well a<br>High Risk students can also ber                               | e provided by licensed Social Workers who will be able to determine the<br>th each student. Based on the interactions with students, as well as<br>rents, the mental health professional can determine the need for additional<br>as implementation of a recovery plan aligned to the needs of the students.<br>nefit from having individual sessions with a DBT therapist. These individual<br>he mental health provider based on treatment and recovery results. |

## Direct Employment

## MHAA Plan Direct Employment

Broward-Eagles Nest Middle Charter School - 2023-24 MENTAL HEALTH APPLICATION CHARTER

## School Counselor

*Current Ratio as of August 1, 2023* **0:55** 

2023-2024 proposed Ratio by June 30, 2024 **1:55** 

## School Social Worker

Current Ratio as of August 1, 2023 **1:55** 

2023-2024 proposed Ratio by June 30, 2024 **1:55** 

## School Psychologist

*Current Ratio as of August 1, 2023* **0:55** 

2023-2024 proposed Ratio by June 30, 2024 0:55

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023 0:55

2023-2024 proposed Ratio by June 30, 2024 **0:55** 

## 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.

By adding a school counselor, our school will have an additional mental health service provider to assist with identifying, providing services and monitoring the mental health of students. The counselorwill allow for the student /staff ratio to be reduced.

# 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).

Increasing the total amount of mental health personnel will allow for students to gain access to increased student services. Our school's identification procedures will also be implemented to help train teachers on identifying the signs of poor mental health as well at risk of self-harm with the goal of increasing the overall number of students identified and receiving mental health services.

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

School based mental health providers will provide training to teachers and staff on identification and referral process. They will then provide support services to students such as support groups, counseling sessions as well as referrals for more intensive services based on the student's needs.

## 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.

Inspire4Purpose: Students identification for mental health services, individual as well as family counseling, Mental Health student groups such as Anger Management, Conflict Resolution and staff training on identifying and supporting student needs

Henderson Behavioral Health: Family counseling, Crisis intervention and support

## MHAA Planned Funds and Expenditures

## **Allocation Funding Summary**

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP) \$ 3,057.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

**Grand Total MHAA Funds** 

\$ 3,057.00

### **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:

| 4_MHAA_Planned_Expenditures_Report_2023-2024_5356.pdf |  |
|---|--|
| MHAA Planned Expenditure Form_5356                    |  |
| Document Link   |  |

## Charter Governing Board Approval

This application certifies that the **Broward 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

Sunday 1/28/2024