IDEA Florida
Board Action Item
July 30, 2021

Subject: IDEA Mental Health Assistance Allocation Plan and School Safety Policy

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Proposed Board Action: For Approval

Executive Summary: Section 1011.62, Florida Statutes, creates the Mental Health Assistance Allocation (MHAA) to provide funding to assist school districts and charter schools in establishing or expanding 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 who may experience behavioral health issues with appropriate services. The law provides that prior to receiving funds a district or charter school must develop and submit a detailed plan outlining the program and planned expenditures.

One of the requirements of the MHAA plan is a policy that address areas such as mental health screening, community-based services, and requirements related to crisis intervention training.

Supporting Documentation: MHAA Plan; School Safety Policy

Presenter: Melissa Huffman, Regional Director of Operations

2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan
Part II: Mental Health Assistance Allocation Plan

(Insert District Name)

IDEA Public Schools-Victory & Hope

Deadline for submission to ShareFile
on or before August 1, 2021

Purpose

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 mental health. This application is separated into two primary sections: Part I includes the YMHAT Plan and Part II includes the MHAAP

Part I. Youth Mental Health Awareness Training Plan
In accordance with section (s.) 1012.584, Florida Statutes (F.S.), the YMHAT allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Part II. Mental Health Assistance Allocation Plan
In accordance with s. 1011.62(16), F.S., the MHAA Plan allocation is to assist districts in 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.

The application must be submitted to the Florida Department of Education (FDOE) ShareFile by the deadline **August 1, 2021**.
There are two submission options for charter schools:

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

YMHAT Objective: provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Part I. Youth Mental Health Awareness Training Plan and Projected Budget

Section A: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in YMHAT?
There are % of employees trained and certified as of (date)
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
3. In addition, the annual goal for the 2021-2022 school year is to train:
% of employees as of (date)
4. Explain the training goal(s) for the next 3-5 years.
5. What is the procedure for training new personnel to the district?
6. Explain how the district will utilize the following three YMHAT programs:
• Youth Mental Health First Aid (YMHFA)
• YMHFA Recertification
.
• Kognito At-Risk Modules (at all three levels: elementary, middle, high school)

Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
1. Stipends (Detailed # of personnel and stipend cost per person)			
2. Materials (Detail # of units x individual unit cost, plus shipping)			
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)			
4. Additional Kognito Modules (Provide the name of training module and cost)			
		TOTAL 2021-2022 BUDGET:	0
5. Additional narrative (optional):			

Part II. Mental Health Assistance Allocation Plan s. 1011.62 (16), F.S.

Section A: MHAA Plan Assurances

The district assures…

- ☑ One hundred percent of state funds are 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.
- ☑ Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.
- ☑ Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).
- ☑ Collaboration with FDOE to disseminate mental health information and resources to students and families
- ☑ The district website includes local contacts, information and resources for mental health services for students and families.
- ☑ 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.

A school board policy or procedure has been established for…

- ☑ Students referred for a mental health screening assessed within 15 calendar days of referral.
- ☑ School-based mental health services initiated within 15 calendar days of identification and assessment.
- ☑ Community-based mental health services initiated within 30 calendar days of referral coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in student care.
- ☑ 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. Procedures include 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.
- ☑ 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.

Section B: Planned Outcomes

Identify one or two specific and measurable outcomes for your district's plan to achieve through the 2021-2022 evidence-based mental health program.
70% or more of the students will rate the school as a 3 or higher on their perception of school physical and psychological safety as measure on the end of the year Panorama school survey. 70% or more of the students will rate the school as a 3 or higher on their perception of the social and learning climate of the school as measure on the end of the year Panorama school survey.

Section C: District Program Implementation

Please include the following in this section:

1. **Evidence-Based Program (EBP) and Description**
   Name and provide the essential elements of the EBP you will be implementing through a Multi-Tiered System of Supports (MTSS) using one or more of the preferred EBP/Practices found in Blue Menu of Evidence-Based Psychosocial Interventions for Youth and the SAMHSA Evidence-Based Practices Resource Center.

   Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
   ***If you will be using another EBP other than those provided above please explain using the same format listed.**

2. **EBP Implementation**

   This should include:

   - Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies and how these will assist students dealing with trauma and violence.
   - 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.

3. **Outcome Measures**
   - Provide the outcome measures of your EBPs and how each aligns with your overall annual program goals in Section 2.

4. **Multi-tiered System of Support (MTSS)**
   - Identify the tier(s) of the EBP being implemented.

Appendix Examples

Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Move This World (MTW): A CASEL-aligned social emotional learning program which uses videos, movement and creative expression to help students, educators and families develop emotional intelligence skills for long term well being.	Schools implement Move This World's curriculum seamlessly into their day with short evidence-based videos that introduce a common language and methods for expressing emotion. Move This World's programs lead to deeper self awareness, stronger relationships, effective communication and a culture of safety and support.MTW was developed with educators in alignment with the Collaborative for Academic, Social, and Emotional Learning (CASEL). Staff will receive initial training for MTW during the beginning of the year training in July 2021. Additionally, staff will receive a minimum of 4 hours of refresher trainings during the school year. The Student Success Advisor and School Social Worker will support teachers to implement the daily lessons with fidelity through conducting weekly walkthroughs.	90% of assigned staff use the MTW curriculum with fidelity (as defined by students interacting with the video program 4 days per week)	✔		
Evidence-Based Psycho-Social Interventions Small group sessions will be held weekly during school hours to discuss a range of topics inclusive of the following, but not limited to: behavior modeling and training, anger control, problem solving, restorative justice circles and social skills training. These topics are derived from staff completing a screen tool of students in need of additional support with emotional regulation and coping strategies.	The School Social Worker will engage in evidence-based psycho-social interventions with referred students. Staff will complete a request for School Social Worker support form. Once received, the SSW will complete an intake form and schedule a meeting with the parents to discuss a plan for therapy. Students will be clustered in appropriate group sessions, no more than six students per group. Group sessions are structured around an agenda that includes modeling, role-playing, performance feedback, and generalization—to teach essential pro-social skills to school aged students. SSWs use posters, individual skill cards, classroom trackers and homework reports to support student implementation of the necessary strategies in the classroom setting and	Increased skill building techniques to reduce the prevalence of the referring condition (e.g., impulsive or risky behavior, anxiety, isolation) Improve on survey responses to questions regarding social adjustments (staff and student reported)		✔	✔

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Specialized Therapeutic behavioral health services for individual students and families HEADS USA will house a licensed mental health therapist to meet the Tier 3 mental health needs of students and families.	An in- house referral process is established in which the IDEA SSW identifies students with Tier 3 mental health needs, the family is contacted to discuss a counseling referral, and the referral is provided to HEADS USA staff for engagement. When possible the IDEA SSW obtains a release of information from the student's legal guardian to ensure that student progress can be staffed through multidisciplinary team meetings with school staff and other service providers. Should the student have additional psychosocial needs, the HEADS USA clinician will facilitate referrals to other services including, substance abuse assessment and treatment, medication management, Targeted Case Management, Transitional Trauma Team, or mentorship programming. (continued below)	Improve student response to social-emotional stressors in their environment (parent and student report)	☐	☐	✔
	IDEA SSWs and HEADS USA mental health clinicians meet biweekly to identify and discuss students presenting with social, emotional, or behavioral problems or substance abuse disorders. The SSW refers identified students to HEADS USA clinicians for a mental health screening which is completed within 15 days. HEADS USA clinicians initiate mental health services within 15 days of identification and assessment for students presenting with Tier 3 mental health needs. Should a student require referral to community-based mental health services not provided by HEADS USA clinicians, the SSW will ensure those services are initiated within 30 days of referral.		☐	☐	☐

Additional narrative may be added here

Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	1:500	1:500
School Social Worker	1:500	1:500
School Psychologist	1:1000	1:1000
Other Licensed Mental Health Provider	1:500	1:500

Direct employment policy, roles and responsibilities	Description
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 American School Counselors Association recommends a 1:250 ratio for students to counselors. IDEA Public Schools employs school-based mental health providers to meet the national standard, thereby reducing the staff to student ratios.
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.	Each school hired testing coordinators so that the mental health professionals are engaged in providing direct services instead of assessment.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	The school based mental health providers will oversee the implementation of the evidence based mental health program at IDEA. They are responsible for monitoring and evaluating program effectiveness.

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.

Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided

Mental Health Provider:	Agency:	Services Provided:	Funding Source:
Zekecia Bennett ISW14601	School-Based Social Worker	Small Group Therapy	MHAA, FEFP
Luz Lema #968794	School-Based Counselor	Small Group Therapy	FEFP
Licensed Therapist, TBD	HEADS, USA	Individual & Family Therapy	Medicare/Medicaid

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	0.00
School district expenditures for mental health services provided by staff who are employees of the school district:	40978.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	0.00
Other expenditures (see below):	0
Total MHAA expenditures:	40978

Other expenditures (specify details such as type, supplies, training and amount):

Type: Narrative description with detailed cost	Total Amount
Total Other Expenditures:	0

District Certification

This application certifies that the IDEA Public Schools-Victory School Board approved the district's 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(16), F.S.

School (MSID) Number	Charter School Name
29-7840	IDEA Public Schools- Hope
29-7835	IDEA Public Schools-Victory

Note: Charter schools not listed above will be included in the school district youth mental health awareness plan and mental health assistance allocation plan. If you have more Charter schools to add, please list them on a separate sheet.

_____
Signature of District Superintendent

Addison Davis
_____
Printed Name of District Superintendent

_____
Board Approval Date

Charter School Certification

This application certifies that the IDEA Public Schools Charter School Governing Board approved the school's Mental Health Assistance Allocation Plan, which outlines the 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(16), F.S.

Charter School Administrator Signature: Julene Robinson

Governing Board Approval Date: 7/30/21

APPENDIX

Resources for Program Implementation

1. **Evidence-Based Program and Description**

This is a three-module series about implementing evidence-based programs. The modules in this series are as follows: **Module 1:** Selecting Evidenced-Based Programs for School Settings, which covers using data to inform EBP selection, engaging stakeholders, assessing and building readiness, and reviewing and selecting EBPs; **Module 2:** Preparing to Implement Evidence-Based Programs in School Settings, which covers creating an implementation plan and team, understanding fidelity and adaptations, building staff and organizational competencies, and scheduling implementation; and **Module 3:** Implementing Evidenced-Based Programs in School Settings, which covers executing implementation, collecting data and monitoring progress, overcoming barriers and challenges, and planning for sustainability.

Below is a series of interactive, self-paced learning modules on selecting, preparing for and implementing EBPs in school settings.

- Selecting Evidence-Based Programs for School Settings
- Preparing to Implement Evidence-Based Programs in School Settings
- Implementing Evidence-Based Programs in School Settings

Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the Evidence-Based Practices Resource Center that aims to provide communities, clinicians, policy makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

- Selecting Evidence-Based Programs
- Evidence-Based Module Series

2. **Assessment Resources**

The SHAPE System Screening and Assessment Library includes instruments appropriate for use in school mental health. Search for the screening or assessment tools that fit your school(s) by focus area (academic, school climate or social/emotional/behavioral), assessment purpose, student age, language, reporter and cost. The Center for School Mental Health team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information.

- School Mental Health Screening Playbook
- Desrochers, J., & Houck, G. (2013). Depression in Children and Adolescents: Guidelines for School Practice. Handout H: Mental Health Screening in Schools

3. EBP/Practice Implementation for Co-Occurring Mental Health or Substance Use Diagnoses

Co-Occurring Mental Health or Substance Use Diagnoses Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-Occurring Substance Use

Blue Prints This interactive search enables you to identify Blueprints – certified interventions based on specific criteria – and browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy but require follow-up research before being recommended for large-scale adoption.

Table 5: District Program Implementation Examples

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Example 1 **Bounce Back** Bounce Back based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is comprised of 10 one-hour group sessions, two to three individual sessions and one to three parent education sessions that last over a three-month period. Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies and emotional regulation and coping skills. These topics and methods derive from established successful interventions for children with post-traumatic stress disorder (PTSD), including a gradual approach of anxiety-provoking situations **and a** modified trauma narratives approach.	School Social Workers and Family Therapists will administer the sessions to students ages 5-11. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities and create personal storybooks as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with "courage cards" tailored to each student. Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range. The School Social Worker and Family Therapist review the skills the children are learning in Bounce Back, with the student's parent.	Improve: Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported) and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).		X	

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	Parents can support the children practicing the skills at home. The School Social Worker and Family Therapist will help each child develop a "My Story" trauma narrative. Near the end of the program, the School Social Worker and Family Therapist meets with the parent and child to share the child's story. The Bounce Back program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.				
Example 2 **Support for Students Exposed to Trauma (SSET)** A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.	SSET is delivered in an easy-to-use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program. Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation. The program consists of 10 45-minute lessons designed to be delivered during one class period. These lessons focus on: • common reactions to trauma • relaxation techniques • coping strategies • learning to approach difficult situations • developing a trauma narrative • problem solving	Through the use of this evidence-based program, middle school students ages 10-14 will learn to deal with real-life problems and stressors and increase levels of peer and parent support To increase skill-building techniques to reduce current problems with: • anxiety or nervousness • withdrawal or isolation • depressed mood • acting out in school • impulsive or risky behavior	X	X	

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

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			1	2	3

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

IDEA Mental Health YMHAT and MHAA Plan Final ADA Reader

Final Audit Report 2021-07-26

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