
Table of Contents

Introduction	3
Mental Health Assistance Allocation Plan	3
Section A: MHAA Plan Assurances	3
Section C: District Program Implementation	4
Section D: Direct Employment	7
Section E: MHAA Planned Funds and Expenditures	8
Section F: School District Certification	9

Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The District 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

Review for compliance the Mental Health Assistance Allocation Plans submitted by Charter Schools who opt out of the District's MHAAP.

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 school 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	Check and Connect Mentor Program (C&C).
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>Check and Connect (C&C) is an evidence-based intervention with K -12 students who show warning signs of disengagement with school. There are four core components: Mentor, Check, Connect, and Family Engagement. This program impacts student outcomes with an increase in attendance, persistence in school, credit accrual and school completion rates, as well as decreases truancy, tardies, behavioral Check and Connect is implemented in schools by using the structured problem-solving process to identify students at risk that typically include attendance, behavioral academic course completion data, and mental health referrals. Students at risk who display school avoidance behaviors that impact attendance and access to comprehensive school-based social, emotional, behavioral, and mental health supports.</p> <p>Mentors attend the multi-day training and are connected with a district lead. Mentors use student data to identify students in need and connect to services. Finally, mentors connect to families to increase student engagement, attendance, and access to comprehensive school supports.</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>Staff Training: BPS Social Workers will participate in training and work with district leads to identify and prioritize students using multiple forms of data. The district will also prioritize students and schools using multiple forms of data. BPS will ensure all new Social Workers are trained in Check and Connect at the beginning of 23-24 sy and throughout the year with new hires.</p> <p>Through the use of this evidence-based mentor program, students in schools with BPS social workers will have increased direct services via school social workers. Through implementation, school and district will monitor key data points. It is expected to see an increase in attendance and persistence in school and access to mental health supports; decrease in behavior referrals, chronic absence, and truancy referrals.</p> <p>District tracking and monitoring: District will facilitate monthly meetings with social workers for progress monitoring on metrics (below) and aggregated data throughout the school year.</p> <p>Data collected will include: student attendance, behavior data (referrals, suspensions), course performance (interim and report cards), progress toward student goals (ex: making effective choices/ decision making, participation in community service, problem-solving skills, alternatives to suspension).</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>Mentor: BPS Social workers will begin to build relationships with identified students and families and work with students and families for at least two years. Social workers will consistently meet with students weekly and work with students and families from semester to semester.</p> <p>Check: The BPS Social Worker will implement regular checks on student’s attendance, behavior,</p>	

academic progress, and mental health referrals and record in progress monitoring forms. Social workers will review on at least a monthly basis to determine levels of risk for students and work with students in identifying problems, generating solutions, and choosing solutions to reduce risk.

Connect: BPS Social Workers will provide interventions necessary to reestablish and maintain student's connection to school and access to supports to continue learning, enhance students' social and emotional learning, including skill development of goal setting, problem-solving, self-monitoring, and self-advocacy. Social workers will provide and coordinate provision of interventions (based on need) including counseling for social, emotional, or behavioral needs.

Engagement with Families: School social workers will connect with student families and seek input from parents and establish two-way communication that works for both the family and the social worker. The social worker will communicate student progress to the family regularly and at least monthly and gather input in promoting the student's health and wellbeing in school.

Evidence-Based Program	Solution Focused Brief Therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Solution Focused Brief Therapy (SFBT) is a short-term goal focused evidence-based therapeutic framework which incorporates positive psychology principals and practices, helping students focus on positive solutions rather than problems.	
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.	
SFBT will be implemented by BPS School counselors, BPS school social workers, BPS school psychologists, or licensed mental health staff assigned to schools in agreements with BPS.	
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.	
BPS utilizes Mental Wellness Pathways, a framework for identifying and connecting students to additional supports. After referrals are made and parent permission is provided, school-based counselors and social workers provide small group and individual services based on student need. Student progress is monitored in individual problem solving team meetings.	

Evidence-Based Program	Skill Streaming
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
Skill Streaming is a program designed to build skills of youth through modeling, rehearsal, and reinforcement through deliberate learning of desirable behaviors to replace less productive behaviors.	
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.	
Skill streaming will be implemented by licensed mental health staff assigned to schools in agreements with BPS.	
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.	
BPS utilizes Mental Wellness Pathways, a framework for identifying and connecting students to additional supports. After referrals are made and parent permission is provided, school-based counselors and social workers provide small group and individual services based on student need. Student progress is monitored in individual problem solving team meetings.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:700 Elem. 1:637 Secondary

2023-2024 proposed Ratio by June 30, 2024
1:700 Elem. 1:637 Secondary

School Social Worker

Current Ratio as of August 1, 2023
1:1961

2023-2024 proposed Ratio by June 30, 2024
1:1961

School Psychologist

Current Ratio as of August 1, 2023
1:2527

2023-2024 proposed Ratio by June 30, 2024
1:2346

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

1:65,256

2023-2024 proposed Ratio by June 30, 2024

1:65,256

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.

In the 2023-2024 school year, BPS will maintain the current staff of social worker allocations (33) assigned to schools. In addition, hiring at least 5 school psychologists will reduce staff-to-student ratios in the area of School Psychological services.

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).

BPS has defined multiple pathways for students to be identified/referred for supports and connected to receive Tier 2 and Tier 3 mental health services and supports. School teams use multiple types of data to ensure student progress. The district uses several sources and types of data (mental health referrals, SRI, discipline, attendance, threat assessment data, EWS data) to identify where new school social worker staff are placed to support students at risk.

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

BPS engages in MOUs and contract agreements with community-based mental health providers as funds allow it to provide social work services in schools. Other community providers have an MOU to come on campus for individual counseling and they bill the student's insurance provider. These agencies are referred through the mental wellness pathways from school staff or families and provide individual student counseling supports based on student needs, such as Cognitive-behavior therapy (CBT), motivational interviewing or Trauma-focused CBT as appropriate. All mental health services are provided upon parent permission only.

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.

- Lifetime Counseling Center - Individual counseling, groups.
- KinderKonsulting - Individual Counseling.
- IMPOWER - Individual Counseling.
- Children's Home Society - Individual Counseling, targeted case management.
- Legacy - Individual Counseling.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 4,010,188.00

Unexpended MHAA funds from previous fiscal years

\$ 364,212.00

Grand Total MHAA Funds

\$ 4,374,400.00

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:

MHAA_Planned_Expenditures_Report_2023-2024_7.31.2023.pdf
<i>Please see the attached MHAA Planned Expenditure Report attached for 2023/2024. Thank you.</i>
Document Link

School District Certification

This application certifies that the **Brevard Public Schools** School Superintendent and 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 s. 1006.041(14), F.S.

Note: The charter schools listed below have **Opted Out** of the district's Mental Health Assistance Allocation Plan and are expected to submit their own MHAAP to the District for review.

Charter Schools Opting Out

6507 - Odyssey Charter School
6501 - Palm Bay Academy
6508 - Sculptor Elem School
6509 - Royal Palm Charter School
6511 - Educational Horizons Charter
6515 - Imagine School of West Melbourne
6529 - Pineapple Cove Lockmar
6540 - Viera Charter
6541 - Odyssey Prep
6543 - Pineapple Cover Academy
6554 - Pineapple Cove West Melbourne
6558 - Pinecrest Academy Space Coast
6521 - Riverside Charter High School

School Board Approval Date

Thursday 7/27/2023