

Ms. Lourdes Diaz, Chief Academic Officer
Office of Academics and Transformation

**SUBJECT: REQUEST SCHOOL BOARD APPROVAL OF 2022-2023
M-DCPS MENTAL HEALTH ASSISTANCE ALLOCATION PLAN**

COMMITTEE: ACADEMICS, INNOVATION, EVALUATION AND TECHNOLOGY

**LINK TO STRATEGIC
PLAN: SAFE, HEALTHY AND SUPPORTIVE LEARNING ENVIRONMENT**

Miami-Dade County Public Schools (M-DCPS) prioritizes the overall wellbeing of its students and as such, continues to focus on identifying students who may need specific interventions to ensure successful educational outcomes. Section 1011.62(14), Florida Statutes, states that the Mental Health Awareness Allocation (MHAA) was created to provide funding to assist school districts in establishing or expanding school-based mental healthcare; train educators and 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. M-DCPS established the Department of Mental Health Services in July 2018 to further enhance the comprehensive system of support to address the social, emotional and mental health needs of students within the District.

To receive MHAA funds for the 2022-2023 school year, the District must develop and submit to the Board for approval a detailed plan outlining the local program and planned expenditures. The plan must be submitted to the Commissioner of Education by August 1st.

In order to best support and meet the needs students and families, and in accordance with the requirement of the statute to focus on a multitiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students, the District continues to follow the Miami-Dade County Public Schools' (M-DCPS) Multi-Tiered Systems of Support (MTSS). The District's program elevates its prevention strategies and identifies and incorporates mental health programs to enhance the early identification of social, emotional, or mental health challenges or substance abuse disorders and provide early intervention to assist students in dealing with trauma and violence. Transitioning into the 2022-2023 school year, a full continuum of evidence-based supports will be in place focused on social, behavioral, and emotional skills; creating and maintaining a positive and nurturing environment that supports well-being; and promoting resilience to prevent and reduce risk factors that

result in mental health challenges.

To continue to fully implement the M-DCPS Mental Health Assistance Allocation Plan, the District will continue to be responsible for coordinating school and community services and resources to deliver evidence-based mental health care for M-DCPS students. Services will continue to include provisions for prevention activities, screenings, assessments, interventions, and follow-up services.

The plan in its entirety is attached as Exhibit 1.

RECOMMENDED: That The School Board of Miami-Dade County, Florida, approve the M-DCPS Mental Health Assistance Allocation Plan and authorize the Superintendent to submit the plan to the Commissioner of Education.

LD/SA/ws

Exhibit 1



2022-2023 Mental Health Application
Mental Health Assistance Allocation Plan
District: Miami-Dade County

Mental Health Assistance Allocation Plan

Miami-Dade County Public Schools (M-DCPS) continues to prioritize the social-emotional and mental well-being of its students. In alignment with Senate Bill 7030 and with the support of the Mental Health Assistance Allocation (Section 1011.62 (14), F.S.), the District continues to enhance both school and community-based supports, resources and services through the implementation of evidence-based programs, practices and strategies.

The Department of Mental Health Services, established in July 2018, aligns its work with all departments throughout the District to expand mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect with children, youth and families who may experience challenges with appropriate services.

A full continuum of supports will be in place for the 2022-2023 school year focused on: social, behavioral, and emotional skills; creating and maintaining a safe and positive learning environment that supports student well-being; and promoting resilience to prevent and reduce risk factors that result in mental health challenges.

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
- ✓ Parents of a student receiving services are provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers. This may be met by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.
- ✓ The availability of information for individuals living in a household with a student receiving services information about behavioral health services available through other delivery systems or payers 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.
- ✓ 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 2022-2023 evidence-based mental health program.

1. The results of the School Climate Survey will show students and staff agree that schools effectively support students' social-emotional well-being by a 5% increase.
2. By referring students at risk with mental health challenges, school-based mental health providers and contracted community agencies will provide and implement evidenced based strategies and programs to assist students with social-emotional, behavioral, and substance use issues, and academic engagement. The number of mental health sessions provided to students referred for services from September 2022 to June 2023, will increase by **20%** based on the 2021-2022 school year baseline.

Section C: District Program Implementation

1. Evidence-Based Program (EBP) and Description
2. EBP Implementation
3. Outcome Measures

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Youth Mental Health First Aid (YMHFA): This training is designed to teach youth professionals, parents, caregivers, teachers, school staff, neighbors, and other caring citizens how to help an adolescent (age 12–18) who is experiencing a mental health or addiction crisis.</p>	<p>Selected individuals from various departments in the district have attended a 3-day “Train-the-Trainer” training on the Mental Health First Aid course to receive in-depth instruction on facilitating the curriculum. The instructors are paired and scheduled to provide training to school and district staff. The trainings are advertised through the “MyLearning Plan” portal in our district whereby participants will be able to register and receive master plan points for their participation. Weekly and Saturday trainings will occur with a maximum of 30 participants per training. The district will schedule YMHFA Re-certification training for participants who completed YMHFA training during the 2018-2020 school years. This is a 90-minute virtual training.</p>	<p>Trainings in mental health first aid is effective in increasing mental health literacy, confidence in providing first aid, and a reduction in stigmatizing attitudes. As a result of these trainings, there is an increase in participants’ knowledge of signs, symptoms, and risk factors of mental health problems; an increase in participants’ confidence to help someone experiencing a mental health crisis, and an increase in overall mental wellness.</p>	X		

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Teen Mental Health First Aid (tMHFA): Teen Mental Health First Aid is supported by the National Council for Mental Wellbeing and teaches high school students how to identify, understand, and respond to signs of mental illnesses and substance use disorders among their friends and peers. The training gives students the skills to have supportive conversations with their friends and get a responsible and trusted adult to take over, as necessary.</p>	<p>Trained tMHFA professionals will assist with providing curriculum to high school students grade levels 10-12. Trained staff will work with school site to coordinate whole grade level implementation. Students will receive three 90-minute sessions or 75 minute five sessions. Students will complete exit tickets. If necessary, students will be referred to a school site based mental health professional for follow up services.</p>	<p>Student outcomes include quality of first aid intentions to help peers, confidence in helping, reducing stigmatizing attitudes, recognition of anxiety disorder, number of adults thought to be helpful, help-seeking intentions, quality of support provided to a peer, quality of support received, and reducing psychological distress.</p>	X		
<p>Restorative Justice Practices: Restorative practices in schools provide a vehicle for creating positive school communities by strengthening relationships and assisting stakeholders in working together to make decisions, resolve problems, and engage in teaching and learning</p>	<p>The Restorative Justice Practices (RJP) framework is a 3-tiered model that places emphasis on community building and making connections. Miami-Dade County Public Schools places emphasis on teaching students to reflect on how they interact with others. Tier 1 is the foundation for building positive relationships through shared problem solving, positive behavior support and through the establishment of school-wide norms and expectations. Tier 2 initiates the use of proactive restorative tools to repair and manage difficult behavior through restorative supports. Tier 3 is where intensive intervention takes place to rebuild and repair relations using restorative circles.</p>	<p>Students will learn and grow as we integrate the concepts of Restorative Practices into our Character Education, Bullying Prevention, Social Emotional Learning, and Progressive Discipline. Restorative Practices is not a program. It is the implementation of a practice by utilizing specific protocols designed to address wrongdoing as well as those who may have been directly impacted. Restorative Practices create connections with all stakeholders and teaches empathy, resilience, and life-long conflict resolution.</p>	X	X	X

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Mindfulness: Technique in which one focuses on being intensely aware of what they are sensing and feeling in the moment without interpretation or judgment to relax the body and mind and help reduce stress. M-DCPS partnership with the Miami Heat, Florida Blue and Mindful Kids Miami continues with the "Mindfulness Champions Initiative" in all K-12 schools.</p>	<p>Mindfulness Champions Initiative - Mindful Kids Miami will provide ongoing mindfulness training to designated Mindfulness Champion at every K-12 school site. Participants will explore the mental and physical impacts of stress and the research-based benefits of mindfulness practice for educators and students and will experience a variety of mindfulness practices including mindful eating, movement, communication, and focused attention practices. Practices for students will also be demonstrated and discussed and each Champion will draft an implementation plan for their individual school, based on lessons learned to bring mindfulness skills and activities to students K-12 schools.</p> <p>Implementation within the school sites will include the incorporation of mindfulness-related practices and activities throughout the school day.</p>	<p>Build a culture of mindfulness in all K-12 schools. Teach school-site employees and students mindfulness practices so mindful attitudes and practices are integrated, positively impact individuals, and the benefits multiply and are sustainable over time. Enhance self-control, improved concentration, mental clarity and emotional intelligence and the ability to relate to others and oneself with kindness, acceptance compassion. Climate survey data will support outcome measures.</p>	X	X	X
<p>Grief Therapy: A type of talk therapy which focuses on the ways in which a death can affect children, teens, and adults and includes practical strategies for providing compassionate and effective grief support both individually and within a school setting.</p>	<p>Trained SBMHPs will implement Grief Therapy based on school counselor and/or administrator referral, grade level, and scheduling needs, and will be scheduled in a variety of different modalities including individual, group sessions. Length of session are brief and flexible.</p>	<p>Based on youth self-report, grief and bereavement services will be provided and assessed regularly to monitor progress and determine if continued intervention is needed.</p>		X	X

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Cognitive Behavior Therapy (CBT): a short-term therapy technique that can assist students with new ways to behave by changing their thought patterns. Using CBT can help students reduce stress, cope with complicated relationships, deal with grief, and face many other common life challenges.</p>	<p>Trained school-based mental health providers (SBMHP), including school psychologists, will use cognitive behavioral therapy techniques and strategies based on school counselor and/or administrator referral, grade level, and scheduling needs in individual or group settings to prevent or reduce depression and anxiety symptoms among school-aged children and adolescents. Length of treatment varies.</p>	<p>Self-reported, parent-reported and teacher reported youth anxiety symptoms, impairment from anxiety, depressive symptoms, and clinical severity will be assessed pre-treatment and every 6 months after to monitor progress and determine continued treatment.</p>		X	X
<p>Trauma Focused Cognitive Behavior Therapy (TFCBT): Short-term trauma focused therapy technique that can assist students with new ways to behave by changing their thought patterns.</p>	<p>Trained SBMHP will participate in training to use trauma focused cognitive behavioral therapy techniques and strategies for students with or at risk of Emotional/Behavior Disabilities (E/BD) in individual or group settings to prevent or reduce depression and anxiety symptoms.</p>	<p>Will help students with or at risk of E/BD reduce stress, cope with complicated relationships, deal with grief, and face many other common life challenges.</p>		X	X
<p>Solution-Focused Brief Therapy (SFBT): A therapeutic technique to assist students to find solutions to problems that they may be facing. Symptoms of stress, anxiety, and depression may be reduced, and interpersonal relationships may be improved.</p>	<p>Trained SBMHPs will implement Solution-Focused Brief Therapy techniques and strategies based on school counselor and/or administrator referral, grade level, and scheduling needs using a variety of different modalities including individual, group and teacher consultations, focusing on student behavioral and emotional issues, academic problems, and social skills. Length of session are brief and flexible.</p>	<p>Scaling questions provide students with the opportunity to examine or evaluate progress toward identified goals. This process allows both the client and practitioner to quantify client progress and to identify the next steps to change by using a numeric rating scale (usually ranging from 0 or 1–10 with 0 or 1 as the lowest and 10 as the highest).</p>		X	X

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Dialectical Behavioral Therapy (DBT): A type of Cognitive Behavioral Therapy. This is a form of talk therapy that helps the student to identify and change negative thinking patterns and to change unhelpful behavior. There is evidence that DBT can be useful in treating mood disorders, suicidal ideation, and for change in behavioral patterns such as self-harm and substance use.</p>	<p>Trained SBMHPs will implement DBT based on school counselor and/or administrator referral, grade level, and will be scheduled in a variety of different modalities including individual, group sessions, focusing on teaching emotion regulation skills to reduce problem behaviors among adolescent population. Length of sessions are brief and flexible.</p>	<p>Self-reported, parent-reported and teacher reported self-mutilation behaviors, self-mutilation urges, suicidal ideation, and suicidal urges will be assessed pre-treatment and every 6 months after to monitor progress and determine continued treatment.</p>			X
<p>PREPaRE: A curriculum to improve and strengthen school safety and crisis management plans and emergency response.</p>	<p>Skills learned will be implemented as crisis prevention and intervention. During crisis response and recovery, school-based mental health providers will be able to evaluate risk of psychological trauma and provide aid.</p>	<p>Outcome measures include improved school climate and decreased student crisis situations. It is expected that school and students' level of functioning return to previous levels after a crisis</p>	X	X	X
<p>Moving Towards Culturally Responsive Assessment; Institute of Educational Sciences (IES). Culturally competent assessment includes culture-specific styles of service delivery, use of the client's first language, and an evaluation of the client as a cultural being prior to test administration using cultural orientation categories.</p>	<p>Over a period of an academic year, trained SBMHP's will work together collaboratively to create a definition of culturally competent assessment and evaluation. SBMHP's will then work together collaboratively to create/update systems related to the assessment and evaluation process for students in need of more individualized and/or specialized educational services to ensure they are equitable and culturally responsive.</p>	<p>To empower students for success through intentional efforts to address inequity within our structures, create clear transparent pathways, and ensure that credits and credentials are awarded by demonstration of learning, in whatever form that may take. Additionally, students will have increased access to supports and services that consider and/or incorporate their cultural backgrounds and unique lived experiences which may increase their overall academic success.</p>		X	X

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Best Practices & Evidence-based Interventions for Students Diagnosed with Conduct and Oppositional Defiant Disorders. Serious behavior problems in students are often prevalent in early childhood. Therefore, it is important to begin interventions as early as feasible. Unfortunately, if such behaviors continue unaddressed, conduct disorders (CD) can worsen and potentially develop and transition into antisocial personality disorder which does not currently have evidence-based treatment methods. In addition, studies show that emotional dysregulation may be related to oppositional defiant disorder (ODD) and related to disruptive behavior in children.</p>	<p>Trained SBMHP's will be able to provide students who experience disruptive behavior and emotional dysregulation related to Conduct Disorder and/or Oppositional Defiant Disorder with evidenced-based interventions that have been proven effective to address such disorders in school age children such as Parent-Child Interaction Therapy in a School Setting, Multisystemic Therapy, Problem-Solving Skills Training, and Parent Management Therapy.</p>	<p>Students diagnosed with (or suspected of) Conduct Disorder and Oppositional Defiant Disorder as well as those who experience severe disruptive behaviors will experience reduced time out of the classroom and a significant reduction in office referrals. These students will also experience significant improvements in the quality of their interpersonal relationships including their parents and teachers.</p>		X	X
<p>Play Therapy: Used with students who may not be able to process their own emotions or articulate problems to parents or other adults.</p>	<p>Trained SBMHPs will implement Play Therapy based on school counselor and/or administrator referral, grade level, and scheduling needs, and will be scheduled in a variety of different modalities including individual, group sessions. Length of session are brief and flexible.</p>	<p>Students will measure themselves in relation to self-concept, locus of control, anxiety, and other measures of interpersonal functioning to determine progress; behavioral measures including behavioral checklists and ratings of problem behaviors will also be used; and academic measures including measures of academic achievement and functioning will be included a well.</p>		X	X

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Motivational Interview: A tool used to help students recognize their own reasons for doing something.</p>	<p>SBMHP will participate in additional motivational interviewing training to gain further competence in supporting students through their ambivalence. Motivational Interviewing will be implemented in individual and group counseling settings for students that present with risky behavior.</p>	<p>As a result of motivational interviewing implementation, student will be able to identify thoughts and feelings that cause continued maladaptive behaviors and will be able to develop a more effective behavior patterns that aid in behavior change. students will be able to identify triggers and develop more appropriate coping skills.</p>		X	X
<p>Brain Power Wellness: Provides hands-on activities to promote focus, mindfulness and emotional wellness for students while promoting social emotional learning, neuroplasticity, meditation, positive socialization, emotional regulation, and character development.</p>	<p>Activities learned will be implemented with students during individual and group counseling. Also, within classroom lessons as social emotional learning.</p>	<p>Students will develop strategies for emotional regulation, focus, and concentration. Activities will help students stay engaged with school while developing appropriate social skills.</p>	X	X	
<p>Suicide Risk Assessment Instrument: A standardized suicide screening instrument appropriate for use with school-age populations. This instrument was a combination of the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) Columbia-Suicide Severity Rating Scale (C-SSRS)-Recent.</p>	<p>Trained SBMHP will use this tool in conducting suicide assessments using a 5-step evaluation and triage plan to identify risk factors and protective factors, conduct a suicide inquiry, determine risk level and potential interventions, and document a treatment plan.</p>	<p>This measure is administered and initiated with any self-reported, parent-reported and teacher reported self-mutilation behaviors, self-mutilation urges, suicidal ideation, and suicidal urges. Level of risk is assessed at the time of the report to determine potential intervention as well as after intervention to determine continued treatment.</p>		X	X

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	MTSS		
			1	2	3
<p>Revised Children’s Anxiety and Depression Scale (RCADS): Youth self-report questionnaire with subscales including, separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and low mood (major depressive disorder).</p>	<p>MHCs will provide this screener with students in grades K-5 routinely, starting with pre-treatment and then every 6 months to track changes in the child’s symptom presentation over time. The measures are, for the most part, self-report and self-administered, which facilitates student engagement in their own assessment and care. The questionnaire takes between five and ten minutes to administer.</p>	<p>This measure is a 25-item, youth self-report questionnaire which yields a Total Anxiety Scale (sum of the 5 anxiety subscales) and a Total Internalizing Scale (sum of all 6 subscales) This measure is administered pre-treatment and every 6 months after to monitor progress and determine continued treatment. Depending on the where the score is in comparison to the "clinical threshold" for the overall scores, MHC will tailor their sessions and interventions to meet student's continuing needs.</p>		X	X
<p>The Zones of Regulation framework and curriculum: a type of intervention that teaches students scaffolded skills toward developing a metacognitive pathway to build awareness of their feelings/internal state and utilize a variety of tools and strategies for regulation, prosocial skills, self-care, and overall wellness.</p>	<p>Trained SBMHPs will implement The Zones of Regulation based on school counselor and/or administrator referral, grade level, and scheduling needs, and will be scheduled in a variety of different modalities including individual, group sessions. Length of session are brief and flexible.</p>	<p>Self-reported youth anxiety symptoms, impairment from anxiety, depressive symptoms, and clinical severity will be assessed every 6 months to monitor progress and determine continued treatment.</p>		X	X
<p>SAEBRS (Social, Academic and Emotional Behavior Risk Screener): The Social, Academic and Emotional Behavior Risk Screener (SAEBRS) is a universal screening assessment that is used to identify students at risk for social, academic, and emotional behaviors and is part of a broader assessment suite that includes parent and student report forms. The SAEBS is intended for students from kindergarten through 12th grade.</p>	<p>The SAEBS is a 19-item universal screening assessment that is computer-based and completed by teachers (SAEBRS-Teacher Rating Scale), students (SAEBRS-Student Rating Scale), and parents.</p>	<p>Students with internalizing social and emotional concerns will be identified. Student identified with some level of risk with be provided evidence-based interventions to minimize and reduce signs and symptoms.</p>	X		

2022-2023 Mental Health Application

Section D: Direct Employment

Table 2: MHA Plan Direct Employment

Position	Current Ratio as of August 1, 2022	2022-2023 Proposed Ratio by June 30, 2023
School Counselor	1 to 385 students	1 to 350 students
School Social Worker	1 to 1750 students	1 to 1700 students
School Psychologist	1 to 1162 students	1 to 1100 students
Other Licensed/Certified Mental Health Provider	1 to 700 students	1 to 650 students

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.	All students in M-DCPS have access to a mental health professional as the district continues to expand the hiring of counselors, social workers, psychologists, and mental health coordinators to directly support student’s social, emotional, and mental well-being. Therefore, reducing staff to student ratio.
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.	M-DCPS facilitates professional development for administrators and school-based mental health professionals to become more efficient in caseload management and increase knowledge in mental health practices. Staff allocations and referrals for services are reviewed regularly to ensure adequate staffing at schools to support the needs of students.
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 support students and families with social, emotional, and mental health needs to enhance and maximize student success. Additionally, community-based partners are utilized on a referral basis for a more intensive level of support.

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
Social Worker/Psychologist	Chrysalis Health, Inc.	Direct	MHAA
Social Worker/Psychologist	Citrus Health Network, Inc.	Direct	MHAA
Social Worker/Psychologist	DTT Coaching Services	Direct	MHAA
Social Worker/Psychologist	The Florida International University Board of Trustees	Direct	MHAA
Social Worker/Psychologist	Jewish Community Services of South Florida, Inc.	Direct	MHAA
Social Worker/Psychologist	Village South	Direct	MHAA
Social Worker/Psychologist	Ayuda, Inc.	Direct	MHAA/ESSER
Social Worker/Psychologist	Empowering Youth, Inc.	Direct	MHAA/ESSER
Social Worker/Psychologist	Healthy Connection CMHC, Inc.	Direct	MHAA/ESSER
Social Worker/Psychologist	Invo Healthcare Associates, LLC	Direct	MHAA/ESSER
Social Worker/Psychologist	Neurohealth Professionals of Florida, LLC	Direct	MHAA/ESSER
Social Worker/Psychologist	Prosperity Social& Community Development Group, Inc.	Direct	MHAA/ESSER
Social Worker/Psychologist	Creative Solutions Companion Care Service, LLC	Direct	ESSER
Social Worker/Psychologist	Inspire4Purpose, LLC	Direct	ESSER
Social Worker/Psychologist	Maxim Healthcare Staffing Services, Inc.	Direct	ESSER
Social Worker/Psychologist	Sunbelt Staffing, LLC	Direct	ESSER
Social Worker/Psychologist	The Counseling Center, Inc.	Direct	ESSER
Social Worker/Psychologist	The Stepping Stones Group, LLC	Direct	ESSER
Social Worker/Psychologist	Citrus Health Network, Inc.	Direct and Indirect	Children’s Trust
Social Worker/Psychologist	Jessie Trice Community Health System	Direct and Indirect	Children’s Trust
Social Worker/Psychologist	University of Miami	Direct and Indirect	Children’s Trust
Social Worker/Psychologist	Community Health of South Florida, Inc.	Direct and Indirect	Children’s Trust
Social Worker/Psychologist	Nicklaus Children’s Hospital	Direct and Indirect	Children’s Trust
Social Worker/Psychologist	Borinquen Medical Centers of Miami-Dade	Direct and Indirect	Children’s Trust
Social Worker/Psychologist	Banyan Health Systems	Mobile Crisis Response Team	Thriving Mind of South Florida

2022-2023 Mental Health Application 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:	\$9,872,240.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$1,200,000.00
Other expenditures (see below):	\$4,618,852.00
Total MHAA expenditures:	\$15,691,092.00

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

Type: Narrative description with detailed cost	Total Amount
1. Various social emotional learning, mindfulness and mental health awareness programs, activities and strategies for students that promote well-being and connectedness, teach compassion and empathy, and build a positive school environment. The mental health programs will teach mental health awareness and provide assistance including suicide prevention and the impacts of substance abuse.	\$550,000.00
2. Various professional development/training opportunities, temporary instructor coverage, stipends and registration costs for related workshops, conferences, training and technical assistance and other associated costs. Trainings include threat assessment, risk assessment, and mental health awareness training for school-based staff. These trainings are required for the implementation of evidence-based programs.	\$200,000.00
3. Resources and supplies that directly support school-based mental health professionals in working directly with students.	\$120,297.00
4. Charter School Proportionate Share	\$3,748,555.00
Total Other Expenditures:	\$4,618,852.00

District Certification

This application certifies that the Miami-Dade County_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\(14\)](#), F.S.

School (MSID) Number	Charter School Name

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

Printed Name of District Superintendent

Board Approval Date

Charter School Certification

This application certifies that the _____ 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: _____

Governing Board Approval Date: _____