



Part I: Youth Mental Health Awareness Training Plan

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Introduction

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mentalhealth. This application is separated into two primary sections: Part II includes the YMHAT Plan and Part III includes the MHAA Plan.

Part I. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62, F.S., the MHAA Plan allocation is to assist districts with establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by August 1, 2022.

There are two submission options for charter schools (MHAA Plan Only):

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

Part I: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The Charter School Assurances

One hundred percent of the state funded proportionate share is used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

Yes

Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.

Yes

Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

Yes

Collaboration with FDOE to disseminate mental health information and resources to students and families.

Yes

Includes a system for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

Yes

A Charter school board policy or procedures has been established for

Students referred to a school-based or community-based mental health services provider, for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 calendar days of referral.

Yes

School-based mental health services are initiated within 15 calendar days of identification and assessment.

Yes

Community-based mental health services are initiated within 30 calendar days of referral.

Yes

Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems or payors for which such individuals may qualify if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.

Yes

District schools and local mobile response teams use the same suicide screening instrument approved by FDOE pursuant to s. 1012.583, F.S., and Rule 6A-40010, Florida Administrative Code.

Yes

Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463, F.S. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.

Yes

The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. 394.463, F.S. Such contact may be in person or using telehealth, as defined in s. 456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee. Note: All initiated involuntary examinations located on school grounds, on school transportation or at a school sponsored activity must be documented in the Involuntary Examinations and Restraint and Seclusion (IERS) platform.

Yes

Parents of students receiving services are provided information about other behavioral health services available through the student's school or local community-based behavioral health service providers. Schools may meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services.

Yes

Planned Outcomes

Identify two specific and measurable goals that will be accomplished within the 2022-23 school year, and specify which component of Charter Assurance 1.a. directs that goal (refer to the Guidance Tab if needed).

As a result of the initiatives in the mental health plan, student discipline referrals will decrease by 5 percent as compared to the 2021-2022 school year. The component of the plan that reflects this goal is Assurance 1e: 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.

Annually certify that at least 80 percent of school personnel have received mandatory youth mental health awareness training. The component of the plan that reflects this goal is Assurance 1a: One hundred percent of the state funded proportionate share is used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

Charter Program Implementation

Evidence-Based Program	Positive Behavioral Intervention Support
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>A system of rewards is implemented consistently across campus and a variety of methods are used to reward students.</p> <p>*Supervision: School staff provide reminders and actively scan, move, and interact with students</p> <p>*Opportunity: School staff provide high rates and varied opportunities for all students to respond</p> <p>*Acknowledgement: School staff use specific praise and other strategies to communicate when students meet expectations</p> <p>* Prompts and Pre-corrections: School staff provide reminders that clearly describe the expectation</p> <p>* Error Corrections: School staff use brief, contingent, and specific statements when misbehavior occurs</p> <p>* Other Strategies: School staff use other strategies that preempt escalation, minimize inadvertent reward of a problem behavior, create a learning opportunity for emphasizing desired behavior, and maintain optimal instructional time</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>Mascotte Charter School will regularly examine student behavior data. The goal is to provide counseling to all students in need via individualized and group counseling. The intervention services will provide an outlet and teach students coping skills that are tailored to their individualized needs.</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>The school based supports will provide opportunity for mental health interventions that will reflect principles of a trauma based approach and solution focused counseling. For students that require more individualized services based on their risk factors or behaviors, the school has a referral system in place that facilitates connecting students with appropriate trauma treatment.</p>	

Evidence-Based Program	Sanford Harmony
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Sanford Harmony is a social-emotional teaching program that cultivates strong classroom relationships between all students. Sanford Harmony uses CASEL as a framework for evaluating effectiveness and guiding objectives. The program works to develop students into tolerant, compassionate, caring adults of the future. This is done by implementing relationship building and strategies that foster strong classroom communities by helping each child understand and appreciate the diversity in others.</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>Mascotte Charter School will utilize the five themes the Sanford Harmony program focuses on: diversity & inclusion, empathy & critical thinking, communication, problem solving and peer relationships. Each of the five themes, or units, has a specific set of lessons and activities that teach the underlying concepts and skills. The activities and lessons are designed to be age-appropriate for each grade level (PreK through 5th grade). The themes assist students dealing with trauma and violence by laying the foundation of effective critical thinking and communication skills. Students will also develop a better understanding of how and why their peers react to trauma and express emotions in different ways.</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>Sanford Harmony curriculum will be used to assist the mental health team in providing necessary intervention services related to the themes of the program. The themes encourage students to think critically, identify emotions in themselves and others, demonstrate empathy, and develop tools and coping skills to assist them through their struggles. For students that require more individualized services based on their risk factors or behaviors, the school has a referral system in place that facilitates connecting students with appropriate trauma treatment.</p>	

Evidence-Based Program	
Tier(s) of Implementation	[none selected]
Describe the key EBP components that will be implemented.	
<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>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>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

2

2022-2023 proposed Ratio by June 30, 2023

2

School Social Worker

Current Ratio as of August 1, 2022

1

2022-2023 proposed Ratio by June 30, 2023

1

School Psychologist

Current Ratio as of August 1, 2022

1

2022-2023 proposed Ratio by June 30, 2023

1

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1

2022-2023 proposed Ratio by June 30, 2023

1

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.

The mental health team will reduce staff to student ratios by providing a team of professionals available to assist with students social/emotional needs.

Describe your school's established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).

The counselors will address a student's mental health needs per referral or request. If the counselors/ mental health liaisons are not available, the Instructional Dean is the subsequent professional and then as follows: ESE Specialist, Administration, and Nurses. The time spent with a student will involve processing the students' needs or concerns. Parent contact may be necessary specific to the concern and/or a possible counseling referral may be provided. A follow-up meeting with a student may also be scheduled for a future date.

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

The role of school based mental health and community providers is to provide a continuum of services related to a student's mental health needs. This would include identifying, assessing, and treating students' symptoms related to their social/emotional 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.

Family Life Counseling: Services include Individual/Group Counseling (in-office and school-based) and Innovative Therapeutic Services(Art/Music/Action-based, Play Therapy, etc.)

Life Stream Mobile response Unit: A mobile unit, staffed with mental health service providers, whom respond directly to the location of an individual that may be experiencing a mental health crisis.

FL Department of Children & Families: Collaborates with our school in regards to students in the foster care system and in instances where there are allegations of abuse and/or neglect, may provide counseling and case management referrals to families who are in need of this type of assistance.

SEDNET: Facilitate student and family access to effective services and programs for students with and at-risk of emotional/behavioral disabilities that include necessary educational, residential, and mental health treatment services, enabling these students to learn appropriate behaviors, reduce dependency, and fully participate in all aspects of school and community living.

Guardian Ad Litem, Lake County 5th Circuit: Strongly advocates for the best interests of youth that have been abused, abandoned and/or neglected.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)

\$ 36,126.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan

\$ 0.00

Grand Total MHAA Funds

\$ 36,126.00

MHAA planned Funds and Expenditures Form

Please complete the MHAA planned Funds and Expenditures Form to verify the use of funds in accordance with (s.) 1011.62 Florida 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:

Mascotte_MHAA_22-23_Allocation.pdf

MHAA Allocation

[Document Link](#)

Charter Governing Board Approval

This application certifies that the **Lake County Schools** governing board has approved the Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or

expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(14), F.S.

Governing Board Approval date

Monday 8/15/2022