



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2022-23 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	4
Section A: MHAA Plan Assurances	4
Section B: Planned Outcomes	5
Section C: Charter Program Implementation	5
Section D: Direct Employment	7
Section E: MHAA Planned Funds and Expenditures	9
Section F: Charter Governing Board Approval	9

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 mental health. 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).

1. Alee Academy will employ a school based Mental Health Liaison that will facilitate all mental health services. The MHL will assess student crisis situations, provide referrals to the community based mental health partners, and provide student and parent resources for next steps for treatment.
2. All personnel of Alee Academy will be provided training in youth mental health awareness, verbal de-escalation techniques, and suicide awareness and prevention. Documentation or certifications will be available at the conclusion of each training.

Both of these planned outcomes are aligned with Charter School Assurances 1a and 1b.

Charter Program Implementation

Evidence-Based Program	EYP - Empowering Young People
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
Individualized Behavior Intervention skills.	
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.	
Alee Academy will partner with the local community based mental health facility, Lifestream, as part of our crisis intervention team. We will reach out to their Emergency Response Team when necessary. We will also refer students and families to Lifestream for extended treatment opportunities. We will also be contracting with Empowering Young People, a community agency's, BCBA team to assist with students that need continuing therapeutic services on our campus. On site, we will utilize the LCS suicide prevention process and related forms. We will use a universal screening tool as well when students are referred to the MHL. (Charter School Assurance 2a, 2b, 2c, and 2e)	
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.	
By offering continuous support through individualize therapeutic sessions with the EYP BCBA team, students will continue to be monitored with treatments and interventions being adjusted to best meet the students' needs.	

Evidence-Based Program	Teen Safety Matters - Monique Burr
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Teen safety including - suicide prevention and awareness, bullying, depression, anxiety, and responses to trauma and violence.	
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.	
Teen Safety Matters - Monique Burr is a complete curriculum that will be implemented in the classroom for all students (Tier 1) and will be taught by our MHL. The curriculum will address various types of social, emotional, and substance use issues and affords the MHL the opportunity to establish a trusting relationship with students. Based on the assessments found in the curriculum, students that might require early intervention or be at higher risk for developing a mental health or substance use problem will be identified earlier. These students will then move to Tier 2 where they will begin small group sessions with the MHL targeting the issue that was identified through the curriculum and assessments.	
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.	
Based on the outcomes of the Tier 2 small groups which will be assessed using the Monique Burr curriculum, the MHL will begin moving students to Tier 3 which, in turn, will lead to bringing in our community partner, Lifestream Behavioral Health or contracted services through EYP's behavior specialists.	

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

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

145:1

2022-2023 proposed Ratio by June 30, 2023

225:1

School Social Worker

Current Ratio as of August 1, 2022

145:1

2022-2023 proposed Ratio by June 30, 2023

225:1

School Psychologist

Current Ratio as of August 1, 2022

145:1

2022-2023 proposed Ratio by June 30, 2023

225:1

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

N/A

2022-2023 proposed Ratio by June 30, 2023

N/A

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.

Alee Academy only directly employs a Mental Health Liaison. The school psychologist, social workers and other mental health professionals are contracted through our Sponsor, however should we receive enough funding to hire additional mental health personnel, our staff-to-student ratio could be reduced. The weekly visits from the school psychologist and social worker does reduce the number off staff to students to approximately 48:1, however this reduction is only 1x per week.

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).

Alee Academy's MHL developed a digital mental health referral form, giving access to all personnel. We believe this will expedite the process of identifying and servicing the mental health needs of our students. There is also a digital form available to our students that encourages them to refer themselves or others for mental health services. The MHL will receive immediate notification of these referrals which include specific information pertaining to the needs and is able to quickly assess the needs and make a plan for the next steps for treatment.

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

Once the referral form is evaluated by the MHL, contact with the student will be set up, a plan for treatment will be established and may or may not include our community based partners.

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.

Lifestream Behavioral Health Center - Mobile Response Team & Telehealth provider
 Lifestream Case Managers - campus visits
 CAT Team - campus visits
 EYP - Empowering Young People

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 13,361.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 13,361.00

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:

MHAA_Planned_Expenditures_Report_2022-2023_-_7.12.22_(1).pdf
2022-2023 MHAA Expenditure Report
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

Wednesday 7/27/2022