



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).

1. 100% of Gulf Coast Charter Academy South teachers and necessary full time staff completed the required mental health education trainings provided through YMHAT, Kognito and identified Safe School's Modules.
2. Increase the number of hours and availability for mental health services to be provided to students during the operational school day in person and virtually.

Charter Program Implementation

Evidence-Based Program	PBIS implemented school-wide
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
This framework integrates PBIS and school mental health implementation for all students including for students with, or at risk, of mental health challenges. The Multi-Tiered System of Supports (MTSS) is a tiered prevention system of supports. MTSS/PBIS provides a cross-system problem-solving team that utilizes data to select evidence-based practices to implement. This multilevel system of supports (PBIS and school mental health) provides for active involvement by youth, families, school staff, and community mental health providers.	
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.	
GCCAS will have an interconnected team which includes a school mental health professional (school counselor) on the MTSS team at all tiers, contributing to an integrated plan and to fidelity and data as well as developing supporting and monitoring interventions at tier 1,2 and 3.	
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.	
Increase student attendance by 1% Increase sense of belonging 1% Increase number of direct mental health services by 5% Other Supported Outcomes: • Student outcomes including academic performance, social/emotional competence, reduced bullying behaviors and decreased rates of student reported drug/alcohol abuse. • Reduced exclusionary discipline outcomes. • Improved school climate as reported by staff and students.	

Evidence-Based Program	Crisis Prevention Institute Training (CPI) (K-12)
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Admin, ESE and Counselor will get CPI certified.	
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.	
This will help reduce risk to other students when another student is in crisis.	
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.	
1. Decreased episodes of physical restraint by 1% 2. Decrease total number of involuntary examinations by 1%	

Evidence-Based Program	Youth Mental Health First Aid
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
All staff will be trained to be aware of students who might need help and how to properly respond.	
Returning Staff have all completed this training. New staff will complete this training.	
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.	
Assess for risk of suicide or harm Survey) Health First Aid USA • Listen nonjudgmentally 3. Increase number of is a live or virtual training • Give reassurance and information direct mental health program designed to give • Encourage appropriate professional help services by 5% people the skills to help • Encourage self-help and other support strategies	
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.	
Staff will be trained on how to notice and report students in need, and how to react to students after.	

Direct Employment

MHAA Plan Direct Employment**School Counselor***Current Ratio as of August 1, 2022***1 per 620***2022-2023 proposed Ratio by June 30, 2023***1 per 650****School Social Worker***Current Ratio as of August 1, 2022***0***2022-2023 proposed Ratio by June 30, 2023***0****School Psychologist***Current Ratio as of August 1, 2022***Contracted agreement as needed with Collier County Public Schools***2022-2023 proposed Ratio by June 30, 2023***Contracted agreement as needed with Collier County Public Schools****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2022***0***2022-2023 proposed Ratio by June 30, 2023***0****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.**

Current staff to student ratios is estimated at 1 to 650 Students. While every effort is made to ensure equal access, staffing and budget remain is constant barrier to adding additional resources. Through effective training, partnerships with the community resources, and working with CCPS, we will meet all required aspects of this Mental Health Plan.

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).

Gulf Coast Charter Academy South will increase the amount of time student services personnel spend providing direct mental health services by evaluating the current need and analyzing year end data which evaluates the following:

- Number of students referred
- Number of students screened

Number of students who received interventions/services

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

Our school counselor will be supportive in nature to our contracted licensed mental health/substance abuse counselor.

Our contracted licensed mental health/substance abuse counselor will implement all evidence-based programs and best practices through their own professional decision-making as required through the use of our MTSS model.

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.

Mental Health Provider:
Peter Letendre

Agency:
Big Cypress Counseling
12272 Tamiami Trail E STE 402
Naples, FL 34113
Office #: 401 – 226 - 1119

Services Provided:
Onsite Counseling - Licensed Mental Health Counselor/Substance Abuse Counselor

Virtual Counseling (as needed) – Licensed Mental Health Counselor/Substance Abuse Counselor
Emergency – (Onsite, Virtual, In-Office)

Staff Training/Awareness – Professional Development

Youth Mental Health Education – Develop and implement school wide presentations (1 each semester)

Funding Sources
100% of the Mental Health Assistance Allocation Plan Funding.
Gulf Coast Charter Academy South will provide additional funding to meet the needs of our students.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)
\$ 31,297.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan
\$ 0.00

Grand Total MHAA Funds
\$ 31,297.00

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:

GCCAS_Mental_Health_Planned_Funds_and_Expenditures.pdf
<i>GCCAS mental health plan expenditures is attached.</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Collier County Public 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 8/3/2022