



Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	3
Section A: MHAA Plan Assurances	3
Section B: Planned Outcomes	0
Section C: Charter Program Implementation	4
Section D: Direct Employment	7
Section E: MHAA Planned Funds and Expenditures	9
Section F: Charter Governing Board Approval	9

Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The Charter School 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

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 charter governing 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	Attitude is Altitude
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
A comprehensive learning experience that includes a K-12 curriculum where students learn and repeatedly practice skills for learning and life, known as Noble Techniques, that help them shift to be confident, proactive, respectful, compassionate students who develop healthy relationships and make responsible decisions. This experience is built upon an intentional implementation approach.	
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.	
Attitude is Altitude will be implemented by teachers in designated grade levels through classroom lessons. The curriculum is aligned to research based on skills for learning and life, with an emphasis on self-awareness, self-management, social awareness, relationship skills and responsible decision making.	
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.	
Supports will help students develop their skills for learning and life and will help them succeed in the classroom and beyond. Skills for learning and life will be how children and adults learn to understand and manage emotions, set goals, show empathy for others, establish positive relationships and make responsible decisions. This will result in stronger academic outcomes, improved behaviors and student attendance, increased graduation rates, long-term and global impact, and improve lifetime outcomes.	

Evidence-Based Program	Invo's "Integrated Multidisciplinary Program to Address Childhood Trauma" (IMPACT) – Targeted Small Group Interventions
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
IMPACT provides front-line support for schools in driving outcomes for high-risk students by addressing the underlying causes of challenging, disruptive, and sometimes dangerous behaviors. Leveraging a unique team-based approach, the program integrates experienced Mental Health and Behavioral Health teams into the natural school environment to dramatically increase student's social and emotional skills while teaching and fostering replacement behaviors. Interventions are delivered by licensed mental health professionals who receive regular support from a board-certified behavior analyst. Behavior support and therapeutic interventions are provided while encouraging academic support and progress. Interventions are provided to targeted students in small groups, with a focus on skill acquisition, stress reduction, increased self-awareness, and enhanced personal empowerment.	
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.	
Interventions align closely with cognitive-behavioral therapy (CBT) techniques and applied behavior analysis with the explicit goal of reducing mental health symptoms, improving functioning in a variety of domains, encouraging youth and their parents to understand the nature of mental health and/or substance related disorders and how to use newly learned skills to maintain position functioning and recovery. In CBT, youth are taught about the link between thoughts and emotions, and how they may affect subsequent behavior. By replacing maladaptive thoughts with adaptive thoughts, youth are able to make better decisions about how to act on behavior and how to apply good coping skills. CBT also make use of established behavior principles such as positive reinforcement to reward adaptive behavior and extinguish unhealthy behaviors. Trauma-focused CBT is a subspecialty within CBT that allows providers to focus closely on Adverse Childhood Experiences (ACEs). This therapy addresses affective/emotional, cognitive/thinking-based and behavioral problems by incorporating discussions about the specifics of the trauma, teaching effective parenting skills to caregivers, and capitalizing on the healing therapeutic alliance between therapist and student. Tier 2 services will be provided via targeted small group interventions.	
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.	
Implementation and treatment will allow students to make progress in areas of skill acquisition, stress reduction, increased self-awareness, and enhanced personal empowerment.	

Evidence-Based Program	Invo's "Integrated Multidisciplinary Program to Address Childhood Trauma" (IMPACT) – Intensive Individualized Interventions
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
IMPACT provides front-line support for schools in driving outcomes for high-risk students by addressing the underlying causes of challenging, disruptive, and sometimes dangerous behaviors. Leveraging a unique team-based approach, the program integrates experienced Mental Health and Behavioral Health teams into the natural school environment to dramatically increase student's social and emotional skills while teaching and fostering replacement behaviors. Interventions are delivered by licensed mental health professionals who receive regular support from a board-certified behavior analyst. Behavior support and therapeutic interventions are provided while encouraging academic support and progress. Interventions draw on each youth's strengths and may incorporate family with the goal of establishing healthy behaviors that will serve the youth throughout his/her lifetime.	
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.	
Interventions align closely with cognitive-behavioral therapy (CBT) techniques and applied behavior analysis with the explicit goal of reducing mental health symptoms, improving functioning in a variety of domains, encouraging youth and their parents to understand the nature of mental health and/or substance related disorders and how to use newly learned skills to maintain position functioning and recovery. In CBT, youth are taught about the link between thoughts and emotions, and how they may affect subsequent behavior. By replacing maladaptive thoughts with adaptive thoughts, youth are able to make better decisions about how to actor behavior and how to apply good coping skills. CBT also make use of established behavior principles such as positive reinforcement to reward adaptive behavior and extinguish unhealthy behaviors. Trauma-focused CBT is a subspecialty within CBT that allows providers to focus closely on Adverse Childhood Experiences (ACEs). This therapy addresses effective/emotional, cognitive/ thinking-based and behavioral problems by incorporating discussions about the specifics of the trauma, teaching effective parenting skills to caregivers, and capitalizing on the healing therapeutic alliance between therapist and student. Tier 3 services will be provided via individual therapy and/or family therapy.	
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.	
Implementation and treatment will allow students to make progress in relevant domains assessed by the Invo Outcome Scale (IOS), which is administered at intake and discharge. The IOS measures the following domains: Anxiety Symptoms, Anger Symptoms, Attitude Towards School, Coping Skills Acquisition, Crisis Response/Sense of Safety, Depressive Symptoms, Feelings of Connectedness/ Belonging, Improvement of Behavior, Self-Esteem, and Socialization/Peer Relations.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

N/A

2023-2024 proposed Ratio by June 30, 2024

N/A

School Social Worker

Current Ratio as of August 1, 2023

N/A

2023-2024 proposed Ratio by June 30, 2024

N/A

School Psychologist

Current Ratio as of August 1, 2023

N/A

2023-2024 proposed Ratio by June 30, 2024

N/A

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

1:1235

2023-2024 proposed Ratio by June 30, 2024

1:1240

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 school will secure licensed mental health providers who will work on site for at least a total number of hours commensurate to a minimum of 90% of the school's MHAA. Additional funding opportunities will be sought to allow for increased financial resources to allow for expanded provider service schedules and a reduction in staff-to-student ratios.

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).

Through mental health team meetings, the school will identify students who are at the greatest need of intervention. We will use an MTSS model to allocate resources based on student need. Students identified as needing Tier 3 interventions will have the greatest number of touch-points, followed by those identifies as needing Tier 2 supports. The team will meet regularly to review student progress.

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

Providers/partners will work collaboratively with the school mental health team to ensure that services are aligned and coordinated to meet the needs of the students on the caseload. Services will be initiated timely, in accordance with state statute.

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.

Invo-Progressus Therapy: Qualified mental health provider (LMHC, LMFT, LCSW, RMHCI, RMFTI, RCSIWI) - Assessment, therapy, collaboration Invo-Progressus Therapy: Board Certified Behavior Analyst - Consultation/Collaboration

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 57,876.00

Unexpended MHAA funds from previous fiscal years

\$ 12,826.00

Grand Total MHAA Funds

\$ 70,702.00

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:

36-4103_Gateway_Charter_School_MHAA_Planned_Expenditures_Report_2023-2024.pdf
36-4103_Gateway_Charter_School_MHAAP_Planned_Expenditures_Report_2023- 2024
Document Link

Charter Governing Board Approval

This application certifies that the **The School District of Lee County** 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

Tuesday 6/27/2023