



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org



# 2022-23 Mental Health Application

## 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 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).**

Tiers 1, 2, 3, services will be provided on a daily basis as needed. Measurable outcomes will be to see decrease in daily visits to counselor, and/or daily visits to the Principal, decrease in referrals, improved grades, attendance and monitor referrals to outside services.

## Charter Program Implementation

<b>Evidence-Based Program</b>	Brief Counseling/ Solution Focused Approach
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
Brief Counseling/Solution Focused Approach allows for individual needs in the present with academic, social and behavior of a student.	
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.	
Counselor will ask student questions about how the student would like to better themselves either with academics, behavior or social skills. Questions are focused on setting positive goals and steps students can do to achieve success. This allows the counselor or trained school personnel to help the student focus on the present and to provide tools that will help them to succeed in the areas that the student struggles and determines if a student will need tier 2 intervention by asking a series of general questions.	
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.	
Teacher reported - grades and social skills should improve. Student reported - how many friends they have now. Admin reported - Demerits and visits to Principals Office should lessen	

<b>Evidence-Based Program</b>	Screening for Generalized Anxiety Disorder (GAD-7)
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Student who says he/she is anxious will be given this screener - Severity Measure for Generalized Anxiety Disorder for ages 11-17.	
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.	
Counselor and/or trained school personnel can use the screening to determine the severity of the anxiety. Counselor may use relaxation techniques, coping strategies, and teach some basic problem solving skills. If a student's anxiety is severe, the Counselor will work together with the parents and present community resources to provide more in depth services to the family.	
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.	
Teacher Reported - Grades should improve Counselor Reported - Decrease number of visits to Counselor or clinic	

<b>Evidence-Based Program</b>	Depression Self-Rating for Children (DSRS-C)
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Using the DSRS-C tool will allow the counselor a way to determine how a child really feels about things.	
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.	
Counselor and/or trained school personnel can use the DSRS-C to assess the severity of depression. Counselor will use Brief Counseling Solution Focused approach to help come up with a plan to do more self care and activities that the child enjoys in order to focus on the positive aspects of his/her life. If the depression is severe, the counselor will work together with the parents and present community resources to provide more in depth services to the family.	
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.	
Teacher Report - Grades should improve Counselor Report - a log of visits with the counselor will determine if supports in place are sufficient Parental Report - student happiness, sleeping and/or eating habits should improve.	



<b>Evidence-Based Program</b>	Student Interview for Suicide Risk Screening (SISRS)
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
This risk assessment is an evaluation of a student who may be at risk for suicide and is conducted by a school counselor, school psychologist, or school social worker. This is designed to elicit information regarding the student's intent to kill himself/herself, previous history of suicide attempts, the presence of a suicide plan, and its level of feasibility and availability, the presence of support systems, level of hopelessness and helplessness, mental status and other relevant risk factors.	
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>If the student mentions suicide or hurting himself/herself, the SISRS will be implemented.</p> <p>The resource office will be called and may ask follow-up questions. Parents will be notified to come to the school and while parents are enroute the counselor or trained school personnel will call the Mobile "Crisis Unit" and together, as a mental health team will determine if further action should be taken.</p> <p>The counselor and Mental Health Crisis Team will work together with the parents to offer them options from community resources available in the area that will best suit the student's and family needs.</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>Counselor, Teacher and Parental observation and monitoring.</p> <p>Student may be given the jDSRS-C, after a time, to determine improvement of student's mental health.</p>	

## Direct Employment

### MHAA Plan Direct Employment

#### School Counselor

*Current Ratio as of August 1, 2022*

**1: 1425**

*2022-2023 proposed Ratio by June 30, 2023*

**2: 1500**

#### School Social Worker

*Current Ratio as of August 1, 2022*

**NA**

*2022-2023 proposed Ratio by June 30, 2023*

**NA**

### **School Psychologist**

*Current Ratio as of August 1, 2022*

**NA**

*2022-2023 proposed Ratio by June 30, 2023*

**NA**

### **Other Licensed Mental Health Provider**

*Current Ratio as of August 1, 2022*

**NA**

*2022-2023 proposed Ratio by June 30, 2023*

**NA**

### **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.**

Students will be referred to outside community services as needed.

**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).**

School Based services are available daily.

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

They will work together to provide the mental health services the student may need and student progress may be monitored via report cards, attendance and/or counselor visits.

### **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.**

CPE: Mobile Crisis Unit, Dept. of Children and Families: Crisis intervention, Individual Counseling, Mental Health Evaluation, etc.

David Lawrence Center: Mental Health Evaluation, Inpatient Crisis stabilization, Outpatient Services.

Mental Health Unit and Youth Resource Center, Collier County Sheriff's Office: Individual and group counseling, substance abuse counseling and education, anger management and crisis intervention, etc.

Aunt Janet's House, Avow - Hospice: Grief support for Children/Teens and their families.

### **MHAA Planned Funds and Expenditures**

#### **Allocation Funding Summary**

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

\$ 50,000.00

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

\$ 0.00

**Grand Total MHAA Funds**

\$ 50,000.00

**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:

22-23_MCA_Charter_MHAAP_Planned_Expenditures.pdf
<i>MCA 2022-2023 MHAAP Planned Funds and Expenditures</i>
<a href="#">Document Link</a>

**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**

Thursday 7/7/2022