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Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The District 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

Review for compliance the Mental Health Assistance Allocation Plans submitted by Charter Schools who opt out of the District's MHAAP.

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 school 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

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| Evidence-Based Program | AIM Curriculum |
| Tier(s) of Implementation | Tier 2, Tier 3 |
| Describe the key EBP components that will be implemented. | |
| AIM is a behavior analytic curriculum. It introduces and blends together the concepts of Mindfulness, Acceptance and Commitment Therapy, and Applied Behavior Analysis. Together the approach seeks to improve the lives of children with or without disabilities who struggle with social and emotional challenges. | |
| 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. | |
| Implementation at Tier 2 and Tier 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. | |
| This curriculum may be provided to identified students by teachers and/or school based mental health staff members. Lessons are provided weekly and range from 30 min. to 1 hour. This additional evidenced based practice will result in an increased number of students receiving direct mental health services. Families are provided information on additional school based and/or community mental health resources through the Mental Health and Wellness Portal/website. | |

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| Evidence-Based Program | Cognitive Behavioral Therapy (CBT) |
| Tier(s) of Implementation | Tier 3 |
| Describe the key EBP components that will be implemented. | |
| Brief, targeted CBT interventions will be used by school based mental health professionals with the goal of promoting the development of students' problem solving and social skills and increasing emotional regulation. | |
| 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. | |
| Implementation at Tier 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. | |
| Students are identified through a review of Early Warning Signs as well as the School Based Problem-Solving Teams. Referrals are made by self, teacher, parent, or other community service providers. Students are provided with individual counseling on a regularly scheduled basis, determined by their level of need. Individual counseling services are provided to CCPS students by school counselors, school social workers, school psychologists, and community-based mental health providers. Community counseling referral lists are also distributed to families in need. This service will result in an increase in students receiving direct SBMH services. Families are provided with the School Based Mental Health Services brochure which directs them to the Charlotte County Public School Mental Health and Wellness Portal for further school based and community services. | |

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| Evidence-Based Program | Strengthening Families |
| Tier(s) of Implementation | Tier 3 |
| Describe the key EBP components that will be implemented. | |
| The Strengthening Families Program is an evidenced-based program that teaches skills to parents and children which help strengthen bonds, build resiliency and support healthy parenting and family development. | |
| 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. | |
| Implementation at Tier 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. | |
| Students are identified and referred by school based mental health staff members, as well as through the Suspension Expulsion Review Team process. Strengthening Families is a program provided to students and families by Drug Free Charlotte County with one or more mental health or co-occurring substance abuse diagnoses or at high risk of such diagnoses. The program runs for 11 weeks with weekly sessions that last up to 1.5 hours. Families must have one child at least 7 years old to qualify. This program, run through a partnered agency, will increase referrals for student and families at both the school and community level. | |

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| Evidence-Based Program | MATCH - ADTC |
| Tier(s) of Implementation | Tier 3 |
| Describe the key EBP components that will be implemented. | |
| <p>MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems) is an evidence-based program designed for children ages 6-13. It is a collection of 33 components including a decision flowchart to help guide school based mental health staff in selecting and sequencing the modules based on the needs of the student. Explanatory handouts and worksheets are used for both students and parent/guardians.</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> | |
| Implementation at Tier 3 | |
| <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>Students are identified through a review of Early Warning Signs as well as the School Based Problem Solving Teams. Referrals are made by self, teacher, parent, or other community service providers. MATCH-ADTC is used by school based mental health professionals to address anxiety, depression, trauma-related issues, or conduct problems and provide resources to parent/guardians. Parent/guardians are also provided with resources from the CCPS Mental Health & Wellness Portal.</p> | |

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| Evidence-Based Program | Navigate Suite 360 - Mental Health & Prevention |
| Tier(s) of Implementation | Tier 1, Tier 2 |
| Describe the key EBP components that will be implemented. | |
| <p>The Mental Health and Prevention lessons are grounded in evidence-based practices. They offer support for teachers and families of students in grades K-12 to address mental health and safety topics. Lessons provide mental health awareness, tools, and resources that students can use immediately to proactively care for their own mental health and to respond appropriately when they or someone they care about is in need.</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>The Mental Health & Prevention lessons will be used within the classroom setting across the district at a Tier 1 level in grades K-12 to increase student resiliency. Students that continue to demonstrate maladaptive behaviors despite Tier 1 intervention, as evidenced by early warning sign indicators, will be referred to Tier 2 interventions, which may include additional mental health and prevention lessons, targeted to the individual student needs. These additional lessons are provided by school counselors, school psychologists, social workers, and teachers and range from 15-30 minutes per lesson. The frequency of lessons will depend on the individual student's 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> | |
| Implementation at Tier 1 and Tier 2 | |

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| Evidence-Based Program | Navigate Suite 360 - Intervention & Restorative Practice |
| Tier(s) of Implementation | Tier 2, Tier 3 |
| Describe the key EBP components that will be implemented. | |
| <p>The Intervention and Restorative Practices lessons are grounded in evidence-based practices that are linked to the district's existing discipline matrix for grades K-12. The Intervention and Restorative Practice lessons are focused on reducing recidivism. They include lessons that are customized to specific student needs and social/emotional/behavioral challenges.</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> | |
| Implementation at Tier 2 and Tier 3 | |
| <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>Students in grades K-12 will be identified for this intervention based on early warning sign indicators and office discipline referral data. Lessons will be assigned based on the individual students' area(s) of need. Students will complete the lessons in a direct, hybrid, or independent format. Following completion of each lesson, students will write and/or orally present a personal reflection. This reflection will be reviewed and discussed with the interventionist. Interventionists may include administrators, teachers, school counselors, school psychologists, school social workers, or other school-based staff members as designated by administration. This intervention will result in an increased number of students receiving school-based social, emotional, and behavioral support.</p> | |

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| Evidence-Based Program | LifeSkills Training |
| Tier(s) of Implementation | Tier 2, Tier 3 |
| Describe the key EBP components that will be implemented. | |
| LifeSkills training is a classroom-based substance abuse prevention program designed to reduce teenage drug/alcohol abuse, tobacco use, violence and other risk behaviors. Students will learn self management skills, social skills and drug awareness/ resistance 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. | |
| Implementation at Tier 2 and Tier 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. | |
| This program is targeted towards students requiring a Tier 2 and/or Tier 3 level of support. Students are identified and referred by school based mental health staff members as well as through the Suspension Expulsion Review Team process. This program is classroom-based and is provided district-wide to students and families by Drug Free Charlotte County staff members individually and/or small group. This program, run through a partnered agency, will increase referrals to school based mental health staff and community agencies. | |

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| Evidence-Based Program | Check & Connect |
| Tier(s) of Implementation | Tier 2, Tier 3 |
| Describe the key EBP components that will be implemented. | |
| <p>Check & Connect is an intervention used with K-12 students who show warning signs of disengagement with school and who are at risk of dropping out. At the core of Check & Connect is a trusting relationship between the student and a caring, trained mentor who advocates for the student. Students may be referred to Check & Connect when they show warning signs of disengaging from school, such as poor attendance, behavioral issues, and/or low grades.</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> | |
| Implementation at Tier 2 and Tier 3 | |
| <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 Check & Connect intervention is currently available at five secondary schools and seven elementary schools. Mentors include staff and community members. Students are identified by school leadership teams by reviewing early warning systems and students with 2 or more are considered for intervention. The mentors work with no more than 1-2 students. Mentors systematically monitor student performance variables (e.g., absences, tardies, behavioral referrals, grades), while providing personalized, timely interventions to help students solve problems, build skills, and enhance competence. Mentors work with assigned students and their families for at least two years, functioning as liaisons between home and school and striving to build constructive family-school relationships. Family engagement is a key component and mentors refer families to school based mental health staff resources, as well as community resources when needed.</p> | |

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| Evidence-Based Program | Positive Behavioral Interventions and Supports (PBIS) |
| Tier(s) of Implementation | Tier 1, Tier 2 |
| Describe the key EBP components that will be implemented. | |
| Positive behavioral interventions and supports (PBIS) is an approach schools use to promote school safety and good behavior. With PBIS, schools teach kids about behavior expectations and strategies. | |
| 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. | |
| At the Tier 1 level, schools teach appropriate behavior to all children. Tier I behavior supports are behavioral strategies that all students have access to. These interventions set the foundation for behavior in the classroom. | |
| 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. | |
| Sometimes, students will need more specific behavioral supports to succeed. When that is the case, school based mental health staff should identify students in need of Tier 2 and Tier 3 Interventions after working through the universal PBIS strategies. Interventions will be evidence based. Through PBIS, Charlotte County Public Schools will identify students in need of additional school-based and or community-based mental health and or substance use/abuse support in a more effective and timely manner. This will result in an increase in the number of students receiving direct mental health services at the school and community level. | |

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| Evidence-Based Program | Signs of Suicide (SOS) |
| Tier(s) of Implementation | Tier 1 |
| Describe the key EBP components that will be implemented. | |
| <p>Signs of Suicide (SOS) is a nationally recognized suicide prevention program offered by The Center for Suicide Prevention and Research (CSPR) at Nationwide Children’s Hospital that: (1) decreases suicide attempts by students; (2) increases the ability of participants to identify signs/symptoms of depression; (3) to respond in a way that keeps students safe and (4) encourages students to seek help for themselves or a friend.</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>Charlotte County Public Schools contracts annually with Charlotte Behavioral Health Care (CBHC) to provide the SOS program to students in grades 6th and 9th across the district. The SOS program teaches students, school staff and parents that suicide is preventable by promoting the ACT® message. When anyone notices warning signs of depression or suicide they should take the following actions: (1) Acknowledge there is a serious concern; (2) Show the person you Care and (3) Tell a trusted adult. Licensed mental health professionals, employed by CBHC, provide the program to students. This instruction is provided in-person and in a classroom and/or large group setting. Students requiring additional support are referred to school based mental health staff for school-based counseling or are referred to community-based agencies. Through this program, we are able to better identify students in need of additional support and as a result, increase the number of students receiving direct interventions/ support.</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> | |
| Implementation at Tier 1 | |

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:468

2023-2024 proposed Ratio by June 30, 2024

1:453

School Social Worker

Current Ratio as of August 1, 2023

1:712

2023-2024 proposed Ratio by June 30, 2024

1:680**School Psychologist***Current Ratio as of August 1, 2023***1:787***2023-2024 proposed Ratio by June 30, 2024***1:787****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2023**2023-2024 proposed Ratio by June 30, 2024***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.

Each school has an assigned team of school based mental health professionals. Additionally, the district has expanded both school psychology and social work internship programs to reduce staff-to-student ratios. Reduced staff-to-student ratios result in an increase in staff visibility as well as the number of direct services provided to students.

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).

Funding from the mental health allocation, referendum tax, and ESSER has allowed for 7 out of 8 of our secondary schools to have a full-time social worker. The 7 secondary schools also have a second full time social worker or the assistance of an additional social worker 1-2 days/week to work with rising 6th and 9th grade students. 80% of elementary schools are staffed with a social worker 4 days each week. All elementary schools are provided with a school psychologist a minimum of 3 days each week. One additional school counselor has been added to reduce the counselor to student ratio at the elementary schools. It is important to note that all students within the CCPS school district have direct access to consult with a school based mental health professional. The Coordinator of Social Work and Mental Health Services in conjunction with the Coordinator of Psychological and Mental Health Services have established procedures to prioritize direct student contact time with school based mental health staff. Data pertaining to direct student contact is reviewed on a periodic basis with school counselors, school social workers and school psychologists. The mental health needs of students are reviewed regularly by district leaders and resources are allocated based on the level of need at each school.

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

School and community based mental health partners work collaboratively to implement, support, and refer students to evidence based programs which match the student's level of need. Evidence based programs include but are not limited to: the Signs of Suicide Program, substance use prevention and counseling, and the Community Action Team (CAT) referrals. Community partners are an integral part of student referrals for mental health consultations and psychiatric evaluations. This collaboration ensures that the district meets state statute requirements for referring and providing services to students based off the 15/15/30 timeline.

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.

Charlotte Behavioral Health Care:

- a full time DOH licensed or license eligible Mental Health provider staffed at a K-12 center and an alternative secondary school to provide mental health counseling and provide recommendations to the Suspension Expulsion Review Team

-a full time DOH licensed or license eligible Mental Health provider serving district secondary schools to provide substance use counseling and provide recommendations to parents and/or guardians for follow up care

-50 Psychiatric and 25 Mental Health Consultation Appointments for students suffering from potential mental health disorders and/or co-occurring substance abuse disorders

-Signs of Suicide (Evidence-Based Program) provided to select secondary grade levels

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 991,293.00

Unexpended MHAA funds from previous fiscal years

\$ 398,592.00

Grand Total MHAA Funds

\$ 1,389,885.00

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:

No files were uploaded

School District Certification

This application certifies that the **Charlotte County Public Schools** School Superintendent and School Board approved the district's 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 s. 1006.041(14), F.S.

Note: The charter schools listed below have **Opted Out** of the district's Mental Health Assistance Allocation Plan and are expected to submit their own MHAAP to the District for review.

Charter Schools Opting Out

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School Board Approval Date

Monday 7/24/2023