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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).

Continuing on last year's number of mental health interventions delivered through the school's counseling program, (an average of 10 hours per month), during the current school year we will increase by 20% the number of hours and the availability of mental health solution-focused counseling services/ interventions to be provided to students both during the school day and as well as virtually.

We will reduce referrals by 5% during the 2022-2023 school year through the Learning for Life Character Education program.

Charter Program Implementation

Evidence-Based Program	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>CBITS is designed to reduce posttraumatic stress disorder (PTSD), depression, and anxiety among children with symptoms of PTSD. The 10-session school-based intervention teaches cognitive behavioral skills in a group format, led by mental health professionals, with 6-8 students per group, using a mixture of didactic presentation, examples, and games to solidify concepts.</p> <p>Some components of the program include, relaxation training, combating negative thoughts, reducing avoidance, developing a trauma narrative, and building social problem solving skills. The program also includes 1-3 individual child sessions, 2 optional parent sessions, and a teachers in-service session.</p>	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<p>CBITS identifies children who have been exposed to violence and show symptoms of and show symptoms of posttraumatic stress disorder (PTSD). Once the children have been identified, they begin an intervention program based in cognitive behavioral therapy. CBITS is a 10-session intervention designed for use in an inner-city school mental health clinic with multicultural population in a group format, augmented by 1-3 individual child sessions, 2 optional parent sessions, and a teachers in-service session. The groups meet once a week and have homework assignments in between groups. CBITS emphasizes applying techniques learned in the program to the child's own problems. Some components of the program include: relaxation training, combating negative thoughts, reducing avoidance, developing a trauma narrative and building social problem solving skills.</p> <p>The skills are introduced by a mixture of didactic presentation, age-appropriate examples, and games to solidify concepts.</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.	
Decrease in self-reported PTSD and depression, relative to a waitlisted control group, at 3 month follow-up.	

Evidence-Based Program	The Yale Bright Bodies Weight Management Program
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>The Yale Bright Bodies Weight Management Program is a family-based, intensive lifestyle intervention that uses nutrition education, behavior modification and exercise to address weight and weight-related issues in children and adolescents. The program is designed for ethnically diverse, obese, inner-city youth.</p> <p>Participants and caregivers are provided nutrition education and behavior modification techniques in 40-minute sessions, once per week, for six months, followed by every other week for the next six months. The exercise component, facilitated by exercise physiologists, is provided in two 50-minute sessions once per week for the first 6 months and two 50 minute sessions twice per month for the next 6 months.</p>	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<p>Nutrition education is provided by a registered dietician using the "Smart Moves Workbook" (a curriculum developed for overweight children) and emphasizes food choice and portion control. Participants and caregivers attend these sessions once per week for 40 minutes for the first 6 months, followed by once every other week for the next 6 months.</p> <p>The behavior modification component of the program also uses the "Smart Moves Workbook" and teaches techniques such as self-awareness and goal setting, and uses coping skills training, cognitive behavioral skills training and contingency management as modalities. Behavior modification classes are also provided to the caregivers of the children enrolled in the program and topics focus on challenges that the caregivers are experiencing with the children with the overall goal of empowering the caregiver.</p> <p>Participants and caregivers attend these sessions once per week for 40 minutes for the first 6 months, followed by once every other week for the next 6 months.</p> <p>The exercise component, facilitated by exercise physiologists, consists of a warm up, high-intensity aerobic exercise (e.g., obstacle courses, games, sprints, dance), and a cool down. Participants wear heart monitors as well as report their level of perceived exertion. The minimum requirement of this component is two 50-minute sessions per week for the first 6 months and two 50-minute sessions twice per month for the next 6 months.</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>Participants in the Bright Bodies program frequently experienced the following outcomes: minimal weight gain over 12 months, despite increases in height resulting in a reduction in BMI a 4% reduction in body fat; and reductions in total cholesterol and insulin sensitivity at 12 months maintenance of the improvements for 1 year after the intervention (2 year study) subsample of participants as also measured on glucose and insulin sensitivity and participants in the treatment group experienced the following outcomes after 12 month:</p> <p>53% reduction in insulin levels, 42% increase in whole body insulin sensitivity index small, but statistically</p>	

significant, decrease in glucose levels significant conversion from prediabetes to normal glucose for intervention and conversion from normal to prediabetics in control group.

Evidence-Based Program	
Tiers of Implementation	[none selected]
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, 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

1 per 585 students

2022-2023 proposed Ratio by June 30, 2023

1 per 585 students

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

0

2022-2023 proposed Ratio by June 30, 2023

0

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 are estimated at 1 to 585 students. While every effort is made to ensure equal access, staffing and budget remain a constant barrier to adding additional resources. Through effective training, partnerships with the community resources, and working with SDLC, we will meet all required aspects

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).

Oak Creek Charter School 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

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 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

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.

1. Licensed Mental Health Counselors- SalusCare- 763 Evans Ave Fort Myers, FL 339- Onsite Counseling 100% of the MHAAP
2. Certified Mental Health Counselors on Staff- Virtual Counseling (as needed)- Oak Creek Charter Staff Training/Awareness Youth Mental Health Education

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 20,288.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 20,288.00

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:

No files were uploaded

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

Thursday 6/23/2022