



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 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).

Charter Assurance 1a. - One hundred percent of the state funded proportionate share is used to expand school-based mental health care.

Goal 1 - Increase in competency in using interactive skills. Baseline data is provided by a pre-test to be administered in Fall 2022 (or upon enrollment); growth of 20-25% in interactive skills as evidenced by a post-test is expected after completion of "SPARK Teen Social-Emotional Curriculum" and its attendant activities under the guidance and direction of the school counselor.

Goal 2 - Increase in monthly attendance rate as a result of positive, daily interactions, mentoring and regular individualized meetings with mental health counselors, teachers and/or other staff. Attendance rates are calculated on a "whole school" basis and can be calculated for individual students with particularly low attendance levels. Low attendance is often a sign of low self-esteem.

Charter Program Implementation

Evidence-Based Program	SPARK Teen (13-22) Curriculum
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
SPARK is an SEL curriculum consisting of 22 independent lessons designed to be taught independently or separately. 9 lessons focus on life and social skills - meaningful relationships, leadership, academic success, college and career readiness and financial stability. 13 lessons explore topics including discovering oneself, building self-esteem and confidence and surviving mood swings. Lessons provide both group and individual activities.	
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.	
Guidance counselors and classroom teachers will conduct selected sessions with all students during "homeroom" once a week. Staff will have the option of conducting more than one session per week dependent upon student attendance. Students will be allowed to engage in "SPARK activities" independently throughout the week. Educators will examine scenarios to recognize bias and to increase self-awareness. Guidance counselors will be available to supervise session progress with classroom teachers. Counselors will be responsible for tracking student progress thru SPARK, addressing questions and concerns from staff, students and parents.	
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.	
At the beginning of the school year or upon enrollment, all students will take the "SPARK Preliminary Assessment" to determine a "Base-Line Pre-Test" score. Growth will be demonstrated by an increase of 10%-25% in "Interactive Skills" scores by comparing the Pre-Test score with the score attained upon completion of "SPARK activities". Regular attention paid to students as they participate in "SPARK activities", whether in small groups or one-on-one conversations, will allow staff - teachers / guidance counselors / administrators - the opportunity to observe changes in mood and behavior of students. Students will become more comfortable talking with school staff about their own mental health concerns or their particular anxieties. The School's referral system provides next steps to be taken by the Counselor / Principal to ensure that	

students are appropriately assessed, diagnosed, provided treatment plans and referrals to recovery services as required.

Evidence-Based Program	Progress Monitoring Mentor Program
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Monthly meetings between individual students and staff - Teachers / Guidance / Principal - to address several items. Items to be specifically reviewed at each meeting include academic progress towards graduation goals; course choice options available to meet graduation criteria; student pace relative to course completion; attendance; obstacles that may present problems relative to student's goals. If staff determines a student needs to meet more frequently than monthly, a bi-weekly or weekly meeting will be arranged. A record of meeting with the student, including a current "grad plan" and any other notes for future follow-up, will be made by the staff person conducting the meeting. Parents will receive a copy of revised "grad plans" so they are aware of student accomplishments in "real time." All students are encouraged to "share" their thoughts, accomplishments, dreams and goals with any adult employee they are comfortable with. All staff are trained to look for any signs of developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies and to immediately refer that student to the Guidance Counselor and Principal for follow-up. The School's referral system provides next steps to be taken by the Counselor / Principal to ensure that students are appropriately assessed, diagnosed, provided treatment plans and referrals to recovery services as required.	
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.	
Students respond to adults that respect them, listen to them and support them. The individual attention and update regarding progress towards their graduation and post-high school goals, hopefully, inspires them to develop skills to cope with the realities of life. Staff taking the time to review each student's progress using the visually-reinforcing "grad plan" shows the student that they can succeed where they had previously failed. A positive outlook will increase self-esteem which should lead to improved attendance and improved rates of course completions.	
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.	
Total school and individual student attendance is maintained through the District's automated system. Weekly and Monthly reports are available for staff review. Individual students' attendance and its effect on their progress will be reviewed at each on -on-one progress meeting held. Student progress through our on-line curriculum is set to an average pace of 5 quizzes per day and one	

course completed about once every two months. During the "grad plan" one-on-one meetings, the individual student's current pace will be compared with their goal and the "standard pace".

Regular one-on-one meetings between students and staff will afford staff to monitor student affect and behavior so that any mental health issues should be able to be noticed and referred to the Guidance Counselor and/or Principal for additional assessment and possible referral for additional services.

Attendance records will be maintained to provide evidence of improved attendance. Course completion records will provide additional evidence to support improved self-esteem and healthy attitudes towards dealing with the challenges of adulthood.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

.25 Counselor to 100 students

2022-2023 proposed Ratio by June 30, 2023

.5 Counselor to 150 students

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.

The Guidance Counselor (GC) provides daily support to every teacher every day of the week. GC is available for consult with individual students, parents and/or staff regarding mental health issues. GC

provides intensive support for students when/when needed. GC is scheduled for student "grad plan" review meetings along with classroom teachers and the Principal.

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).

Several anonymous referral routes are available to staff, students and parents. The GC prioritizes mental health issues to be addressed.

During mid-Spring semester of FY22, the Board of Directors hired a second full-time guidance counselor to serve the approximately 500 students enrolled in the three schools included in our organization. Previously, one GC served all three schools and all students.

The Board of Directors is seeking to hire an additional GC during FY23 to meet the continuing needs and enrollment growth.

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

There are no formal contracts. City of Palms Charter High School, Inc. dba Northern Palms Charter High School has good relationships with local drug rehab facilities, homeless shelters, police and hospitals -- especially relative to students that may need to be "Baker-Acted". Fewer interactions with these agencies indicate successes for our students.

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.

NA - None

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 4,954.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 4,954.00

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

Wednesday 7/27/2022