



2022-23 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	4
Section A: MHAA Plan Assurances	4
Section B: Planned Outcomes	5
Section C: Charter Program Implementation	5
Section D: Direct Employment	13
Section E: MHAA Planned Funds and Expenditures	14
Section F: Charter Governing Board Approval	15

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).

1. To provide YMHFA training to 100% of Belmont Academy Charter School employees for the 2022-2023 school year, by July 1, 2023. In order to achieve this goal, three separate training dates will be offered during the 2022-2023 school year.

2. Increase the use of our Multi-Tiered System of Supports in Mental Health by placing 90% of students in a Tier 2 intervention for Mental Health support before referring to outside mental health counselors.

Charter Program Implementation

	Monique Barr Foundation- MBF Child Safety Matters
Tiers of Implementation	Tier 1
	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
program education and empow prevent, recognize, and respon abuse dangers. MBF Teen Safety Matters is a c	ence based curriculum for elementary school students in grades k-5. The ers children and all relevant adults with information and strategies to d appropriately to bullying, cyberbullying, all types of abuse, and digital comprehensive, evidence informative prevention education program for es 6-8 and high school students 9-12.
the early identification of sociation the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
teachers in specific classes, du focus on topics such as bullying for schools, to make the best us	eive lessons based on MBF curriculum that is provided by specific ring electives and/or at lunch. The lessons will be one class period and g, cyberbullying, and abuse. The program was developed with schools, no se of existing resources and ensure schools have effective programs that sented in two comprehensive lessons ranging from 35-55 minutes (or in ors.
teachers in specific classes, du focus on topics such as bullying for schools, to make the best us are easy to implement. It is pre- four shorter lessons) by facilitat Explain how the supports of intervention, treatment, and rec	ring electives and/or at lunch. The lessons will be one class period and g, cyberbullying, and abuse. The program was developed with schools, no se of existing resources and ensure schools have effective programs that sented in two comprehensive lessons ranging from 35-55 minutes (or in

Evidence-Based Program	Positive Behavior Interventions and Supports (PBIS)
Tiers of Implementation	Tier 1
•	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
assessment, intervention and d competencies, creating support	or support that includes an ongoing process of research based ata-based decision making focused on building social and other functional tive contexts and preventing the occurrence of problem behaviors. PBIS ered approach, incorporating parents, teachers, counselors and
the early identification of social the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
will be provided in the classroom strategies in elementary, middle Students will receive specific cla teachers will involve school cou Belmont we also utilize the Hou encourage positive behaviors b	ent daily PBIS strategies throughout the school day. Strategies and support m and other school based areas. Students will get PBIS school-wide e and high school to co-inside with their age and development level. ass rewards, grade level rewards, and school based rewards. Classroom inselor for a more individualized PBIS for specific students as needed. At ise Point system as a school-wide reward. These reward systems will y providing rewards and staff being more attention to positive behaviors. e students with key components of resiliency.
intervention, treatment, and red	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Intended Outcomes: 1. Decreased discipline referral 2. Increased school wide engag 3. Decrease negative behaviors	gement S

4. Increases student performance and grades.

Evidence-Based Program	Counselor Initial Assessment
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.	
Completed by the school couns crises management services.	elor to assess students for more intensive level of services and to assess
the early identification of socia the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
	ssessment at school. Students are referred through staff members that and who have received YMHFA training. The counselor will assess the s a need for crises intervention.
intervention, treatment, and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Intended Outcomes: 1. Decrease crises intervention 2. Decrease depression and anxiety symptoms in students 3. Provide student with more intensive services to increase coping skills, improve problem solving skills and decrease over mental health symptoms.	

Evidence-Based Program	School Wide Prevention Programs
Tiers of Implementation	Tier 1
	programs, services, policies and strategies.
School wide prevention program Program.	ns include Red Ribbon Weeks, Bullying Awareness and the Man Up
the early identification of sociation the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as its developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
encourage students to make go programs such as the "Man Up behavioral problems or substar social, emotional, behavioral pr	ms are on-going throughout the year. Programs are developed to help bod choices, and at times explain why those are the best choices. Some " program is designed specifically for students exhibiting social, emotional, nce use disorders, as well as the likelihood of at-risk students developing oblems, depression, anxiety disorders, suicidal tendencies. Teachers and elor and administration approve students based on the overall group. PBIS
intervention, treatment, and rea	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring se diagnoses and to students at high risk of such diagnoses.
Intended Outcomes: 1. Increase knowledge of stude 2. Improve students ability to di 3. Decrease drug use, bullying, 4. Awareness results in decrease 5. Increased comradery among	scuss topics of concern. suicide and vaping. sed discipline referrals and crises intervention.

Evidence-Based Program	Early Warning Systems
Tiers of Implementation	Tier 1
Describe the key EBP compo	programs, services, policies and strategies.
Early Warning Systems conside students.	ers failing grades, absences, and suspensions as a way to monitor
the early identification of soci the likelihood of at-risk studer	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as its developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
	I be gathered by administration, teachers and the school wide data team. It tion and teachers of those students. This data will be shared at a minimum TAT meetings as needed.
intervention, treatment, and re-	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring be diagnoses and to students at high risk of such diagnoses.
and/or administration. This cou	ified will be referred to specific services by mental health staff, teachers Id include guidance sessions, school counseling, referral for counseling, s, testing or other evaluations. Intended outcomes would be decreased

discipline referrals, increased overall mental health and school performance.

Evidence-Based Program	Youth Mental Health First Aid
Tiers of Implementation	Tier 1
•	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
staff, peers, neighbors, health a adolescent who is experiencing designed for adults who regular health challenges for youth, rev for how to help young people in	a designed to teach parents, family members, caregivers, teachers, school and human services workers and other caring citizens how to help an mental health or additions challenge or is in crisis. YMHFA is primarily ly interact with young people. The course introduces common mental iews typical adolescents development, and teaches a 5-step action plan both crisis and non-crisis situations. Topics covered include: anxiety, orders in which psychosis may occur, disruptive behavior disorders and
the early identification of social the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
staff trained is the current guide	I staff will complete the required course based on state guidelines. 80% of elines, we at Belmont are aiming for 100%. All new teachers and staff are the year, three different trainings will be offered to better accommodate
intervention, treatment, and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Intended Outcomes: 1. Help students emotionally reg 2. Increase student school perfo 3. Decrease Crises Intervention	ormance/ decrease negative behaviors.

	Check In Check Out
Tiers of Implementation	Tier 2
Describe the key EBP compo	programs, services, policies and strategies.
behavioral goals that can lead to customized to reflect behaviors these behaviors throughout the	a PBIS Intervention. It can give students a boost and allow them to meet them back to Tier 1. Check In/Check Out intervention forms can be that need additional focus. Teachers provide feedback to the student on day. These can be customized for the student to Check In/Check Out in based on student need if we also need to add an additional check-in mid-
the early identification of soci the likelihood of at-risk studer	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as its developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
intervention check-in, will check can be an administrator, coach	achers, IEP teams, and administration. Students assigned to a CICO <-in with the assigned staff member at the beginning of the day. This adult , Special Education teacher, or other staff member. We try not to utilize the Id be a dual role. Typically, a point system will be used for the student to
day at lunch time. At the end of the day with.	n positive behaviors. If needed, an additional check in can be applied mid- the day, the student checks out with the same staff member they began eeting is an opportunity for students and mentors to work together to
day at lunch time. At the end of the day with. At the most basic, the CICO me improve behavior. Explain how the supports intervention, treatment, and rec	n positive behaviors. If needed, an additional check in can be applied mid- the day, the student checks out with the same staff member they began

Evidence-Based Program	
Tiers of Implementation	[none selected]
Describe the key EBP compo	pnents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
the early identification of soci the likelihood of at-risk studer	implement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as hts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
ntervention, treatment, and re	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring se diagnoses and to students at high risk of such diagnoses.
rect Employment	
MHAA Plan Direct Employr	nent
School Counselor	
Current Ratio as of Augus 2:791	st 1, 2022
2022-2023 proposed Rati 2:791	o by June 30, 2023
School Social Worker	
Current Ratio as of Augus	st 1, 2022
2022-2023 proposed Rati	o by June 30, 2023
School Psychologist	
Current Ratio as of Augus	st 1, 2022
2022-2023 proposed Rati	o by June 30, 2023
Other Licensed Mental H	Health Provider
Current Ratio as of August 1, 2022	
2022-2023 proposed Ratio by June 30, 2023	
Direct employment policy,	roles and responsibilities
psychologists, school s	loyment of school-based mental health services providers (school ocial workers, school counselors and other licensed mental health ce staff-to-student ratios.
licensure. Having our two	e of our two school counselors is a Clinical Social Worker working on school counselors allows for counselors to provide direct mental health ess when outside agency providers are needed, provide ongoing education

services to students, assess when outside agency providers are needed, provide ongoing education and prevention programs to student body, be proactive it mitigating crisis situations, assessing threats as needed, implementing positive behavior interventions, referrals to community wide agencies, and case-management.

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).

Teachers and staff refer students as needed to counselor. Counselor assess the student and based on student needs, moves forward with a plan of action. Other personnel that may be involved are any involved in the students IEP/504, administration, school nurse. Staff members communicate regularly and on-going.

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

Meridian Behavioral Healthcare provides the Meridian Mobile Response Team (MRT). The MRT provides services for individuals newborn to 24 years of age at no cost and that will come to the family or school if contacted. They will provide a continuum of care based on the crisis.

Meridian Behavioral Healthcare provides the Meridian Community Action Team (CAT). Belmont counselor can make referrals for CAT which provides individual, family, psychiatric and nursing assistance to families who consent to services.

Center for Autism and Related Disorders (CARD) provides school based and home based services, classes and materials to consenting parents/guardians.

Belmont collaborates with other agencies to assess or assist with students needs. These agencies include Florida MTSS, ISRD, Florida Department of Children and Families, Florida Department of Juvenile Justice, SEDNET, Lutheran Services of Florida and Law Enforcement.

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.

Meridian Behavioral Healthcare: MRT Meridian Behavioral Healthcare: CAT Center for Autism and Related Disorders Florida Diagnostic and Learning Resources (FDLRS) Contracted Mental Health/Social Work Partnerships

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP) \$42,023.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan \$ 0.00

Grand Total MHAA Funds \$ 42,023.00

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 Statues.

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 **Columbia County School District** 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 7/28/2022