



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).

1. Increase direct mental health support to students by increasing our current in school mental health staff by hiring one (in school) additional counselor/therapist. This will increase our Mental Health counseling services from three (3) to four (4) counselors for our current 3450 enrolled student population.
2. Increase our Youth Mental Health First Aid trained staff by 28%, thus fulfilling the 2022-2023 mandatory requirement of having at least 80% of our school staff trained in YMHFA. This training will increase our mental health support to students by increasing evidence based mental health practices in the detection, identification, and treatment of mental health complications that could have a negative impact on the development of our students.

Charter Program Implementation

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| Evidence-Based Program | SEE ATTACHED FILE ON BACK PAGE |
| Tiers of Implementation | |
| Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies. | |
| N/A | |
| 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. | |
| N/A | |
| 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. | |
| N/A | |

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| Evidence-Based Program | Cognitive Behavioral Therapy |
| 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. | |
| Cognitive Behavioral Therapy is a form of therapy that has been demonstrated to be effective for students dealing with anxiety, depression, stress, eating disorders, and other mental disorders. CBT improves functioning, grades, attendance, and other coping skills. It can be used in an individual or group setting. | |
| 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. | |
| School mental health therapist will deliver the sessions to students in grades K-12. CBT can be used for short-term or long-term therapy. CBT is an approach for which there is ample scientific evidence that the methods have been developed actually produce positive change. | |
| 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 who are high risk, with one or more mental health disorders, or co-occurring substance abuse diagnoses will either be self-referred or referred to the school mental health therapist by their school guidance counselor. The school mental health therapist will create treatment plans for students. Students will be monitored and the mental health coordinator and Threat Assessment Team will collaborate on student progress. | |

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| Evidence-Based Program | Solution-Focused Brief Therapy |
| 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. | |
| Solution-Focused Brief Therapy (SFBT) is a short-term goal-focused evidence-based therapeutic approach, which incorporates positive psychology principles and practices, and which helps students change by constructing solutions rather than focusing on problems. SFBT is a positive and motivating therapy intervention used to help students sustain desired behavioral change. It can be used in individual and group settings. | |
| 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. | |
| School mental health therapist will deliver SFBT sessions to grades K-12. SFBT is meant to be short-term therapy and goes up to 6 sessions. SFBT helps students identify some previous solutions and exceptions to their problem. Therapist gently invite the students to do more of what has previously worked, or try changes they have brought up which they would like to try, which can help students dealing with trauma, depression, anxiety, and other mental disorders. | |
| 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 who are high risk, with one or more mental health disorders, or co-occurring substance abuse diagnoses will either be self-referred or referred to the school mental health therapist by the student's school guidance counselor. The mental health therapist will develop a treatment plan for the student, and they will be monitor by the Threat Assessment Team. SFBT helps the student come up with solutions that have worked in the past, helps promote positive change and motivation, and helps validate what they are already doing to help find a solution to the problem. | |

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|---|----------------|
| Evidence-Based Program | |
| 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. | |
| na | |
| 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. | |
| na | |
| 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. | |
| na | |

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| Evidence-Based Program | Person-Centered Therapy |
| Tiers of Implementation | |
| 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. | |
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| Evidence-Based Program | Dialectical Behavioral Therapy (DBT) |
| Tiers of Implementation | |
| 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. | |
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| Evidence-Based Program | Motivational Interviewing |
| Tiers of Implementation | |
| 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. | |
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| Evidence-Based Program | Art Therapy Techniques |
| 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

1:3450

2022-2023 proposed Ratio by June 30, 2023

2:3450

School Social Worker

Current Ratio as of August 1, 2022

0:3450

2022-2023 proposed Ratio by June 30, 2023

1:3450

School Psychologist

Current Ratio as of August 1, 2022

1:3450

2022-2023 proposed Ratio by June 30, 2023

2:3450

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

3:3450

2022-2023 proposed Ratio by June 30, 2023

3:3450

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 Villages Charter School is hiring an additional in school counselor/therapist during the 2022-2023 school year, adding to our one in school therapist and two mental health providers from Lifestreams. In addition we will continue to have a therapist provide counseling through Cornerstone Bereavement Therapy to our students experiencing bereavement and trauma. This mental health improvement will reduce our provider to student ratio and improve our ability to support our evidence based mental health efforts during school hours. This added staff will enable us to focus on providing professional therapeutic services to our students in a faster time frame, thus allowing our therapists to meet with more students and address their needs in a more efficient manner.

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).

Our mental health plan addresses increasing personnel employment for direct mental health services to students at our 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 based mental health personnel provide direct services, ensure mental health services and timelines are met while providing a stronger school to family connection. Community & partners provide Tier I, Tier II & Tier III services in schools and link our services directly to MRT , Baker Act Services, and Community Action Team (CAT).

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.

LifeStream Behavioral Center: This contractor will be providing therapeutic services to students through the Potentials Intervention Program. Our two contracted counselors will provide therapeutic counseling services to all of our students in all five school buildings, five days a week. The counselors will also continue to provide counseling services to our students as needed during school breaks & vacation hours to include our summer recess. This contract allows us to provide year round care for our students needs. This contractor besides providing in-school counseling will also provide virtual individual counseling when the needs are warranted. They will also provide information to local resources and link students to other supportive services to help sustain the home & academic environment. The Lifestream services further provide the utilization of the Mobile Response Team (MRT), Baker Act, and the Community Action Team (CAT) services to all of our students.

Cornerstone Bereavement Hospice Care: This contractor will be providing therapeutic bereavement & hospice counseling care to all of our students who are experiencing bereavement, loss, or the effects of traumatic events. The contractor can meet with students in all of our five buildings, in all grade levels, five days a week or as needed.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 188,368.00

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

\$ 31,268.00

Grand Total MHAA Funds

\$ 219,636.00

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:

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| Mental_Health_DOE_101S_2022-23.xlsx |
| <i>Mental Health DOE 101S form</i> |
| Document Link |
| Mental_Health_Fund-Expenditures_2022-23.pdf |
| <i>Planned Funds and Expenditures 2022-2023</i> |
| Document Link |
| Mental_Health_Accountability_Form_2022-23.doc |
| <i>Project Performance Accountability Form</i> |
| Document Link |
| Mental_Health_Project_Application_2022-2023.pdf |
| <i>Project Application DOE 100A</i> |
| Document Link |
| Mental_Health_Evidence_Based_Programs_2022-2023.docx |
| <i>Evidence-Based Programs & Tiers of Implementation</i> |
| Document Link |

Charter Governing Board Approval

This application certifies that the **Sumter District Schools** governing board has approved the Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(14), F.S.

Governing Board Approval date

Thursday 8/25/2022