



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	8
Section E: MHAA Planned Funds and Expenditures	9
Section F: Charter Governing Board Approval	10

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. LWCS will reduce the overall involuntary examinations by 10% through continued YMHFA/Kognito training.
2. 100% of parents will be contacted and provided with community mental health resources when their student is identified as needing mental health services.

Charter Program Implementation

Evidence-Based Program	Crisis Prevention Intervention Training (CPI) (K-12)
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
CPI training is part of comprehensive crisis prevention and intervention plan and teaches participants how to defuse challenging and disruptive behavior before an incident escalates to a crisis.	
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.	
The Nonviolent Crisis Intervention training program can be taught in one of two ways--in its entirety in a classroom setting or as a hybrid option. In the hybrid option, participants receive much of the content in a web-based format, followed by a classroom session designed to help apply that content to workplace situations.	
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>No increase in episodes of physical restraint.</p> <p>Decrease the total number of involuntary examinations.</p> <p>Other supported outcomes: Certified Instructors repeatedly report the value of the program's approach of viewing the crisis moment more holistically--as a component of an individual's behavior. The user-friendly principles of the Nonviolent Crisis Intervention training program give staff easy-to-understand behavior de-escalation tools to incorporate into their daily interactions with clients at their organizations.</p>	

Evidence-Based Program	Mental Health Awareness Suite
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
The goal of the Mental Health Awareness Suite is to provide teachers with tools to build mental health awareness among students in a variety of areas and provide students with concrete strategies to approach these serious challenges.	
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.	
All resources and materials are designed for flexible use throughout the school day and are completely open and accessible by teachers, parents, and students at their points of need as well as scheduled classroom implementation.	
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.	
Pre and Post tests help measure mental health awareness skills.	

Evidence-Based Program	Individual and Small Groups
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.	
Mental Health interventions using therapeutic modalities including Cognitive Behavior Therapy, Solution Focused Brief Therapy and Motivational Interviewing.	
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.	
Mental Health Professionals will further screen and identify referred students who need individual or small group counseling or mental health support. The supports provided include relaxation coping, resiliency, and self-esteem building. Strengths-based interventions that are brief and goal-oriented will be utilized.	
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.	
Using evidence-based strategies, students will increase their perception that their goal will be met and derive a sense of successful agency. Depending on counseling goal, progress will be measured by an individualized care plan.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:308

2022-2023 proposed Ratio by June 30, 2023

1:308

School Social Worker

Current Ratio as of August 1, 2022

1:689

2022-2023 proposed Ratio by June 30, 2023

1:689

School Psychologist

Current Ratio as of August 1, 2022

1:4857

2022-2023 proposed Ratio by June 30, 2023

1:4857

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1:4857

2022-2023 proposed Ratio by June 30, 2023

1:2428

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.

LWCS for the 21-22 school year, implemented a plan to have a minimum of 1 full-time social worker on each campus. For the 22-23 school year, we will continue to provide a minimum of 1 mental health professional on each school campus.

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).

School-based mental health staff review data and determine student mental health needs. Health Services district staff review individual school data and adjust health services staffing ratios based on student mental health needs.

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

LWCS collaborates with a range of school-based and community-based stakeholders invested in integrated approaches to reduce mental health care barriers to students. Our school-based mental health providers are key to the success of our EBP's throughout our district and work closely with contracted mental health providers.

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.

Dr. Ed Shoemaker, LMHC--Mental Health Counseling
Megan Balliett, LCSW--MH Counseling & Risk Assessments
PBS West Coast--ABA Therapy
Alternative Behavioral Concepts--ABA Therapy
Soliant--Psychological Services

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 18,388.00

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

\$ 4,541.00

Grand Total MHAA Funds

\$ 22,929.00

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:

JHW_MHA_22-23.xls
JHW
Document Link

Charter Governing Board Approval

This application certifies that the **Lake Wales Charter 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

Monday 7/25/2022