



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



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	6
Section D: Direct Employment	9
Section E: MHAA Planned Funds and Expenditures	11
Section F: Charter Governing Board Approval	12

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).

Goal 1: 100 percent of SCCS staff will be trained (first 6 hours YMHA course or recertified online) by the end of the 2023 school year.

Charter Assurance 1A: 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.

Goal 2: School-based mental health providers will utilize a spreadsheet to accurately document number of referrals/screenings and the services provided with 100 percent fidelity. This document will be reviewed with the school leadership team on a quarterly basis during the weekly leadership meeting.

Charter Assurance 6A: 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.

Charter Program Implementation

Evidence-Based Program	Monique Burr Safety Matters
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.	
Monique Burr-Safety Matters is used as a Tier 1 curriculum and is implemented in monthly classroom guidance lessons.	
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>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address 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. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</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>One component of Safety Matters is the importance of "telling a trusted adult". The lessons discuss what a trusted adult is and students have to identify adults they trust at school and home.</p> <p>School-based counselors at SCCS build relationships with all students through the use of classroom guidance lessons, individual counseling, and small group counseling. Students are referred by parents, staff, and by self referral. Once referred, counselors meet with the student individually to assess the area of need using a self assessment. Based on the assessment, the student is sent one of two types of permission slips: school-based counseling or outside therapeutic counseling. Referrals to outside agencies are tailored to fit the individual student's needs. For example, if substance abuse is identified, then that student is referred to an outside program to assist with substance abuse.</p>	

Evidence-Based Program	Sanford Harmony SEL Curriculum
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>Sanford Harmony is a five unit grade level curriculum. Students identified by the school-based problem solving team, are referred for individual or small group counseling. Based on the the need the counselor teaches lessons to the student using the Sanford Harmony curriculum and then tracks the student's progress weekly (Tier 3) or bi-weekly (Tier 2). The behavioral data collected from the teacher is tracked using Performance Matters and is graphed. Meetings are held with the school team (and parents for Tier 3) every 6-8 weeks to evaluate the effectiveness and to adjust the evidence-based program if needed.</p>	
<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>	
<p>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address 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. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</p>	
<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>	
<p>Sanford Harmony teaches about diversity and inclusion, empathy and critical thinking, recognizing feelings, communicating with others, problem solving, and peer relationships.</p> <p>School-based counselors at SCCS build relationships with all students through the use of classroom guidance lessons, individual counseling, and small group counseling. Students are referred by parents, staff, and by self referral. Once referred, counselors meet with the student individually to assess the area of need using a self assessment. Based on the assessment, the student is sent one of two types of permission slips: school-based counseling or outside therapeutic counseling. Referrals to outside agencies are tailored to fit the individual student's needs. For example, if substance abuse is identified, then that student is referred to an outside program to assist with substance abuse.</p>	

Evidence-Based Program	LEAPS
Tiers of Implementation	Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Students identified by the problem solving team as needing additional social/emotional/behavioral support are taught individual and/or small group lessons using the LEAPS online curriculum. Prior to implementation, LEAPS uses a self-assessment and a teacher rating scale to determine the area of need. Based on the data, the counselor teaches the specific lesson associated with the need, and collects weekly data which is tracked on Performance Matters. MTSS meetings are held every 6-8 weeks with the school-based team and parents. During these meetings the data is reviewed and the intervention is adjusted as needed.</p>	
<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>	
<p>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address 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. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</p>	
<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>	
<p>LEAPS teaches about diversity and inclusion, empathy and critical thinking, recognizing feelings, communicating with others, problem solving, and peer relationships. The LEAPS data base houses multiple lessons that can be implemented individually and/or small group on a weekly basis. Weekly assessments are given to the teacher to evaluate the behavioral performance of the student. Every 6-8 weeks the school team and parents meet to review the data. If needed the intervention is adjusted. In some cases, students need more therapeutic support and a referral to an outside agency is made. For those cases students receive multiple levels of support from the school-based counseling team as well as the outside agency.</p>	

Evidence-Based Program	Responsive Classroom
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.	
<p>Responsive Classroom is a SEL program that is implemented school-wide with all students and staff. It all begins with the language we use with our students and the relationships we build with them as their school family. Morning meetings are held in every class grades Pre-K- grade 5. In grades 6-8 Responsive Classroom advisory is implemented since it is more developmentally appropriate for middle school aged students. It is the expectation of SCCS that all staff be trained on Responsive Classroom and implement it throughout the day.</p>	
<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>	
<p>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address 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. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</p>	
<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>	
<p>Students needing additional support are delivered evidence-based counseling. Students are referred and assessed to determine additional interventions and treatment. In many cases, school-based counseling is the appropriate intervention. In some cases outside therapeutic counseling is needed. If outside counseling is needed, two agencies are contracted with SCCS to come on campus and provide counseling during school hours. The school-based counseling and outside agencies consult regularly on the progress of the student and determine if additional outside supports are needed for the student and family,</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

534:2

2022-2023 proposed Ratio by June 30, 2023

562:2

School Social Worker

Current Ratio as of August 1, 2022

534:1

2022-2023 proposed Ratio by June 30, 2023

562:1

School Psychologist

Current Ratio as of August 1, 2022

534:1

2022-2023 proposed Ratio by June 30, 2023

562:1

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

534:2

2022-2023 proposed Ratio by June 30, 2023

562:2

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.

Our school currently employs the following: one school counselor, one mental health liaison, one school psychologist, one social worker, two community-based counseling partners (CCOS/Life Stream and Advanced Psychiatric Solutions). The additional school-based mental health provider reduces the staff-to-student ratio. Our current ratio is 286:1. Although it is not required, the counselors include Pre-K in their services which is why the ratio is slightly elevated. Early intervention is key and classroom lessons are implemented in Pre-K as well as individual counseling.

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).

A school of our size (573 students including VPK) in the past has been allocated one school counselor. Our mission is to offer superior mental health care for our students. As a result, we use our funds to hire one school counselor, one mental health liaison, and one test/MTSS coordinator. The two mental health school-based providers (school counselor and MHL) provide direct services to students; therefore they are not assigned additional duties above and beyond, nor are they assigned other tasks such as test coordinating and MTSS coordinating. It is expected that the two full-time counselors work directly with students for the majority of their work day.

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

The school based mental health team provides guidance lessons once per month to every class in all grade levels (VPK-8th). They also screen students that are referred and based on the results of the

screening, offer small group counseling or individual counseling. Students needing therapeutic support that is above and beyond are referred to outside community-based counseling partners. We currently have two community-based providers that come on campus and work with students- CCOS (Life Stream) and Advanced Psychiatric Solutions.

Evidence-based programs used for school-based counseling include but are not limited to:

1. Sanford Harmony
2. LEAPS
3. Monique Burr Safety Matters
4. Responsive Classroom

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. CCOS (Life Stream) Counseling- This provider meets with referred students during school hours, once per week and offers therapeutic counseling. Spring Creek Charter has a separate contract with CCOS/Life Stream and pays them directly using the mental health funds allocated by the state. According to the current contract, the therapist is assigned to our school three days per week and has a case load of up to 15 students.
2. Advanced Psychiatric Solutions-This provider meets with referred students during school hours, once per week and offers therapeutic counseling. At this time they do not require a separate contract and the case load is not quantified. They take as many referrals as requested.
3. CAT Team- For students needing wraparound services, CAT Team is utilized as a provider. They offer therapeutic counseling to the student which includes support for the family. CAT Team is utilized for our most intense cases.
4. Mobile Response Team- When students are in crisis and are identified using the Columbia as a higher suicide risk, MRT is called. They are extremely supportive and are used throughout the year as needed. MRT has a therapist that comes directly to our school to assess the student and determine if the student needs to be Baker Acted. They also meet with the school team and discuss strategies and interventions.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 27,898.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 27,898.00

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:

MHAA_Planned_Expenditures_Report_2022-2023.pdf
<i>MHAA Planned Funds and Expenditures Form</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Lake County 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

Tuesday 9/6/2022