



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	11

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 mental health. 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.) Apalachicola Bay Charter School will contract with and/or employ mental health professionals and community agencies to provide direct student services at the Tier 1, Tier 2, and Tier 3 levels. By providing these services, 80% of students will have an increase in academic achievement from the beginning of the school year until June 2023. It is our goal to provide services to whole classes, small groups, and individuals to help students address mental health needs, learn social-emotional skills such as self-regulation, how to manage their emotions, increase motivation and overall happiness at school, thus increasing academic achievement.

2.) It is the mission of the Apalachicola Bay Charter School that each student will reach his or her academic and social potential. Apalachicola Bay Charter school will train educators and other school staff in detecting and responding to mental health issues by implementing Youth Mental Health First Aid training to a minimum of 85% of our staff by June 2023, with a target of 100%. 100% of our staff will have initial training in Conscious Discipline prior to school beginning, with continual, on-going opportunities to implement the best practices of trauma-informed care in our schools to increase student

success and mental well-being. It is the expectation for all staff members to be trauma-informed, Youth Mental Health First Aiders, and properly trained to teach the whole child (academic and mental health/ social/emotional). We will utilize Youth Mental Health First Aid, Conscious Discipline, and other programs and professional development opportunities that focus on both the mental health needs of our students and staff.

Charter Program Implementation

Evidence-Based Program	Conscious Discipline
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.	
Conscious Discipline is a research based social emotional program. It is a brain based model teaching staff and students to self-regulate their emotions, problem-solve, and access executive functioning. Tier 1, classroom teachers and the sel teacher will implement whole class instruction and classroom teachers will also implement whole class structures that support brain based self-regulation. Tier 2 services will be provided by administration, counselors, school psychologist, etc... in small group settings. Tier 3 services will be provided on an individual student basis for deeper practice with the brain based model.	
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.	
To help with early identification of students who need mental health services using our evidence based mental health services, classroom teachers and sel teachers will be trained in Conscious Discipline to identify what tier students need to be in, as well, as Youth Mental Health First Aid for early identification.	
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.	
Conscious Discipline identifies 12 research based executive function skills and is based on the premise that student executive function skills be assessed, diagnosed, and when necessary, interventions and treatments put into place. Students at higher risk may be placed in Tier 2 or Tier 3 services for assessment, diagnosis, and treatment.	

Evidence-Based Program	Child Safety Matters
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.	
Child Safety Matters is evidence based, and will be implemented Pre-K through 8th grade as a Tier 1 and Tier 2 intervention. The basis of this program is to identify good touch/bad touch, grooming, human trafficking, etc... Tier 1 is whole group and tier 2 is small groups with similar needs.	
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.	
SEL Lessons with the Safer, Smarter Kids program lends itself to early identification of students with high risks and likelihood of developing social, emotional, behavioral, etc... issues. Students are made aware of red flags and taught how to properly seek safe help.	
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.	
Child Safety Matters Kids is a program that is mostly Tier 1, with some Tier 2 concept interventions. However, it does serve as a screening model for students to seek mental health support for themselves or their friends. It teaches red flags and warning signs, as well as how to seek help from a mental health professional and/or safe adult.	

Evidence-Based Program	You're Not Alone
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.	
Mental Health issues such as depression, anxiety, ADHD, Schizophrenia, Mood disorders, etc., are taught explicitly to students in whole group Tier 1 instruction, these issues are also targeted in small tier 2 groups. This program is focused solely on the research and evidence surrounding diagnostic criteria, clinical presentation, how to seek help, and interventions that are available .	
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 will be trained in the You're Not Alone program to identify for themselves and their peers when they need to make a referral for counseling services or at minimum to reach out to a safe adult. The purpose of this program is to educate youth on mental health diagnoses, how to seek help, and to reassure student they are not alone.	
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 at high risk of mental health and substance abuse diagnoses may be referred during the You're Not Alone program through the counselor's office, MTSS process, speaking to any teacher or staff member. The mental health coordinator will determine if a referral for counseling, psychological assessment, diagnosis, and/or interventions are needed.	

Evidence-Based Program	Youth Mental Health Health First Aid
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.	
All staff will be trained in Youth Mental Health First Aid as and EBP to train staff to identify red flags early warning signs of youth mental health disorders such as anxiety, depression, adhd, bipolar and mood disorders, substance abuse and co-occurring disorders.	
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.	
Because staff will be trained in evidence based information regarding mental health disorders and how to identify them, students will be assisted in 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.	
Staff trained in Youth Mental Health First Aid will make referrals for students to receive a consultation and/or services by a provider if a mental health and/or substance abuse diagnosis is suspected or if they are at such risk.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

2:350

2022-2023 proposed Ratio by June 30, 2023

2:350

School Social Worker

Current Ratio as of August 1, 2022

0:350

2022-2023 proposed Ratio by June 30, 2023

0:350

School Psychologist

Current Ratio as of August 1, 2022

1:350

2022-2023 proposed Ratio by June 30, 2023

1:350

Other Licensed Mental Health Provider*Current Ratio as of August 1, 2022***3:350***2022-2023 proposed Ratio by June 30, 2023***3:350****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.

One of our school counselors will be providing Tier 1 Services to all students PreK-8th Grade using evidence based programs and practices, and to meet the requirements set forth in this plan, and other state mandates, such as suicide prevention, and Middle Grades Mental Health Education. This allows a mental health professional to see each student often, develop a relationship with them, reinforce our school wide initiatives, and introduce them to all resources, as well as make referrals for Tier 2 and Tier 3 services based on classroom observations and interactions. This services puts a trained mental health professional in contact with every student throughout the year. The two counselors employed by the school will work to have cohorts to focus on their needs, PreK-3rd Grade and 4th Grade - 8th Grade.

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).

The prior school counselor will be moving into a role of mental health coordinator and mental health provider, thus a full time Licensed Mental Health Provider will be on staff providing direct mental health services to students to provide Tier 1-3 needs. Contractors and Community Agencies will work on a referral based system only. The MTSS team, a parent, a student, a teacher, or an administrator can make a referral for services. Contractors have 15 days to follow up with the referral and begin services if the parent agrees, and Community Agencies have 30 days. ABC School asks parents to sign a Confidentiality Release so the providers can communicate with the Mental Health Coordinator, Teacher, MTSS team, Administration, as needed, with confidentiality being a priority, however knowing that continuity of care is very important.

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

Conscious Discipline is an adult first evidence based social emotional program that provides everyone, including staff and students with the skills to handle challenges - mental health related, social, emotional, etc... Our providers will have clear understanding that this is what we are using school wide and expect students to have the opportunity to interact with at all Tiers in the MTSS and Therapeutic Process.

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.

Currently, we have a memorandum of understanding with Dr. Sarah Madson of Florida Psychology Services. She is a Licensed Psychologist who we contract with for risk and threat assessments, involuntary examination, etc... She also provides therapy services. ABC School has a contract with

our sponsoring district Franklin County Schools, to have Kevin Haeusser on campus once a week as a Certified School Psychologist. He also provides therapy, academic/cognitive testing, as well as risk and threat assessments. Florida Therapy Services provides us with a counselor who provides therapy weekly on campus, and they have a host of other services we can refer students to, such as medication management and psychiatry services. If a student should need to be involuntarily examined, we partner with the local Sheriff's Department for transportation and initiation to Tallahassee Memorial Hospital or Capital Regional Medical Center for the Baker Act. Apalachee Center has been a resource to us in the past, that we will continue to try to foster a working relationship and enter into an agreement with.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 42,860.00

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

\$ 13,356.00

Grand Total MHAA Funds

\$ 56,216.00

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:

ABC_SCHOOL_EXPENDITURES_MH22-23.pdf
ABC SCHOOL MHAA EXPENDITURES /Users/leeannepoloronis/Documents/ABC SCHOOL EXPENDITURES MH22-23.pdf
Document Link

Charter Governing Board Approval

This application certifies that the **Franklin County 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 7/28/2022