



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).

 School staff will be able to successfully identify students in need of mental health services and /or social supports as evidenced by a 20% increase in recorded referrals to the Student Services Department (clinical staff/interns). The Student Services Department will conduct a psycho-social assessment (s) and evidence based scales within 30 days of enrollment and as indicated by the referrals. The Student Services Department utilizes the schools' internal information system (STARS) under confidential "Student Services" section for all student service related documents and interactions with student(s) and/or families. Assurance 1.a. expanding school based mental health care.
Student Services Department (clinical staff/interns) will increase community partnership with local mental health and social welfare partners resulting in an increase in external referrals made and recorded in the 2021-22 school year. Assurance 1.a. connecting children, youth and families with appropriate behavioral health services.

Charter Program Implementation

Evidence-Based Program	Comprehensive Psycho-Social Assessment
Tiers of Implementation	Tier 1, Tier 3
Describe the key EBP compo	programs, services, policies and strategies.
enrolled in the school. The asse a one-on-one interview within the	I assessment will be conducted by a trained clinician with all student essment will utilize Motivational Interviewing (MI) and will be conducted via ne first 30 days of enrollment to the school to further identify any high risk my impact social, emotional and academic success.
	clinical staff/interns) will provide therapeutic communication techniques de affirmations, reflections, summaries and open ended questions to agement and participation.
An intervention plan will be outl old) based on needs identified i	ined with the student and parent/guardian(if students is under 18 years in the assessment.
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.
30 days of enrollment. The ass	It will participate in a one-on-one pyscho-social needs assessment with in essment and associated scales (ACES, Likert and Resiliency) are nse eligible clinician or by interns under the supervision of a licensed/
administered	aviors(as described below in item 3) will be reassessed or will be AFFT or the Columbia-Suicide Severity Rating Scale depending on their naviors
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.
individual Student Support Plan	nd areas of needs identified during the research based assessment , an n will be outlined as indicated. This plan may include referrals to community site services to address student specific needs.
	essions on identified students will take place on a monthly basis (more ents and parents/guardians (if student is under 18 years of age) to ensure
Follow up Likert scales will be u ensure correct services for ider	used to evaluate the success of interventions; inform future planning ; and ntified students.

Evidence-Based Program	CBT- Cognitive Behavioral Therapy
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP compo	onents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
provide Individual/Group Cogni	nent (clinical staff/ interns) and community partners (as indicated) will itive Behavioral Therapy (CBT) to address students' negative thought ors and to decrease signs and symptoms of mental health/emotional health Anxiety, OCD and PTSD.
	ly held during school hours. The goal of the session is to identify and patterns, problems-soling skills, and social/emotional regulation
the early identification of soci the likelihood of at-risk studer	implement evidence-based mental health services for students to improve ial, emotional, behavioral problems or substance use disorders, as well as its developing social, emotional, behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
as needing mental health supp	nent (clinical staff/ interns) will provide support to students who are identified ort via the results of the pre-screening self-reporting tool(s) at enrollment; ehensive psycho-social assessment/scales results; self referrals; and/or
	ervices Department (clinical staff/interns) will assess students needs and or external referral as necessary, through community agency partners.
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 se diagnoses and to students at high risk of such diagnoses.
emotional health concerns such	al Therapy (CBT) will reduce the signs and symptoms of mental health/ h as Depression, Anxiety, OCD and PTSD, Eating Disorders, and measured as indicated by post Likert scale results, staff observations, and

Evidence-Based Program	Handle with Care
Tiers of Implementation	Tier 1, Tier 2
•	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
	ioral Management System teaches the safest and most powerful verbal ods to support students in school
-	ns enable staff to develop and utilize therapeutic relationship skills, eate and maintain a calm and safe environment.
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.
intervention training to staff.	is certified in and will deliver annual verbal and physical de-escalation ent (clinical staff/ interns) will collaborate in the delivery of the training for
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.
100% of school staff are HWC trained.	
Increase the number of students successfully de-escalated in high tension situations	

Evidence-Based Program	MindSage
Tiers of Implementation	Tier 1
•	programs, services, policies and strategies.
comprehensive manner, to ensu	earning Curriculum) teaches corporate level soft skills in age appropriate, ure students develop SEL/MESH skills. Skill that can be applied in all nd edge moving forward after graduation.
Each week , students are given topic.	a lesson in the beginning of the week to introduce them to the weeks
mid week students to record the	ated metacognitive assignment for the week, in the lesson plan or video, eir self -analysis and observations in their Mind Sage journal, on the last their observations as part of a social metacognitive learning exercise.
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.
awareness through the MindSa	s weekly interactive classroom-base lesson on social-emotional ge curriculum. The curriculum focuses on boosting students social, as well as improving social climate.
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.
Students will demonstrate mast portfolio	ery of SEL objectives through successful completion of the course
Participating students will impro skills learned in the SEL curricu	ove engagement and performance in academic coursework as a result of llum.

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.
	mplement 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.

Evidence-Based Program	
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.

Evidence-Based Program	
Tiers of Implementation	[none selected]
Describe the key ERP components that will be implemented as well as any related activities, curricula	

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

Lee-North Nicholas High School - 2022-23 MENTAL HEALTH APPLICATION CHARTER

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

School Social Worker

Current Ratio as of August 1, 2022 **1:600***

2022-2023 proposed Ratio by June 30, 2023 1:450*

School Psychologist

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

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.

Employment of school based mental health services providers will reduce staff-to-student ratio permitting educational and supportive staff to meet the existing and growing needs of students, families, and school.

School based mental health service providers (Family Support Specialists) address the behavioral and socioemotional needs of students reducing interruptions during instructional time.

*Between the directly employed licensed clinical social worker (Family Support Specialist) grant funded full-time MSW Social Worker, and the anticipated interns, the expected average clinician-to student ratio for metal support is 1:68.

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 schools Family Support Specialist(s) 1 grant funded and 1 LCSW) is exclusively assigned to the role of providing mental health services through direct service and through the supervision of interns. They are not assigned to other non-relevant duties.

- Mental health providers are available on-site during school hours.

- Students can obtain a pass from their teacher to visit the student services office at any given time.

- Teachers, administration, and support staff will complete student services referrals for students that they have identified as needing student support.

- Student services personnel (clinical staff/interns) participate in student entry to observe and/or identify students who need support.

- Student services personnel (clinical staff/interns) will engage with students during orientation to inform them of the services offered through student support services.

- Student services personnel (clinical staff/interns) will refer students to appropriate community-based services and provide follow-up.

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

Community based partners along with the school based mental health providers provide life skills groups, parenting groups, individual therapeutic services nd interns are Bachelor's and Master's level interns in the field of Social Work and/or Mental Health Counseling

The school has defined a MOU process in which local social service agency partners engage with the school to provide a wide array of supports both on site as well as by referral. Services included are not limited to : Individual therapy, Family therapy, Group therapy, Case management, Mentoring, Wellness Programs, Grief counseling, Addiction and Substance Abuse counseling in partnership with several colleges and universities, the school(s) serve as a practicum/internship site students completing degrees in Social Work and Mental Health Counseling.

Under the provision of the licensed clinician, these interns provide services to students while learning to apply the rich knowledge gained in the classroom to direct practice; assist in the development of groups and activities with students; and work one-on-one with students and families to address mental health and social needs.

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.

- Centerstone Fort Myers: Children Community Action (CAT) Team.

- Salus Care: Behavioral Healthcare Services - substance use, mental health, emergency and acute care services, adult and youth services.

- Park Royal: Behavioral Health Treatment Center (18+) - therapy, education, AA/NA meetings, medication management.

- Center for Progress and Excellence (CPE) (Mobile Crisis Unit): Social and Behavioral Health Services - counseling, telehealth, law enforcement/legal liaisons, medical referrals, transportation assistance, trafficking victims' assistance program.

- ACT Abuse Counseling Treatment: private, not-for-profit agency committed to serving victims of domestic violence, sexual assault, and human trafficking.

- Lutheran Services of FL: helps with early education, youth shelters, foster care, refugee and resettlement services, substance abuse and mental health services, and adult guardianship.

- AMI KIDS: offers programs in education, behavior modification and treatment.

- Heads: mental health counseling services provided.

- Sunshine State Counseling: counseling, mental health and clinical social work.

- Elite DNA: therapy and psychiatric services and case management, ABA, speech and language therapy and occupational therapy.

- Delta Family Counseling: provide individual, family, couples counseling, community seminars, professional workshops, supervision and consultation, parent consult and education. Play therapy, animal assisted play therapy, bereavement counseling, adoption, grandparents raising grandkids, failure to launch.

- Direct Access Counseling: Areas of treatment - grief, depression, suicide prevention, anxiety, anger, eating disorders, stress, self-esteem, addiction and recovery, loneliness, personality disorders and relationships.

Hope Hospice - Hospice houses, Hospice at home, and caregiver support. Grief and bereavement support - counseling and groups. Rainbow Trails Camp.

- Valerie's House (bereavement): children and adult peer groups, young adult programs, and mentoring.

- Salvation Army: Provide crisis services, food and clothing, utilities, and outreach services and shelters and emergency services relief, youth camp and recreation, Christmas assistance and homeless services.

- Children's Network: for kids in care, they provide kinship care, independent living, foster parenting services.

- McGregor Clinic: HIV services, COVID assistance, Carols Closet, food pantry, community education, and mobile units.

- DOH - Lee County: Clinical and nutrition services, wellness programs, community health planning, environmental health, emergency preparedness, infectious disease services.

- Sterling Center: Mental health counseling - in home/in office.

- Beyond Barriers: anger management, parenting, mental health counseling, and substance abuse counseling.

-Verity Pregnancy and Medical Resource Center: Provides free pregnancy testing, referrals, peer counseling, childbirth/parenting classes, limited assistance for infant supplies, and post-abortion support.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP) \$ 50,171.00

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

Grand Total MHAA Funds

\$ 50,171.00

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:

MHAA_Planned_Expenditures_Report_2022-2023_(Lee).pdf

Mental Health Assistance Allocation (MHAA) Plan 2022-2023 for ALS Lee County Schools: Coronado Middle and High School, Island Park High School, and North Nicholas High School Document Link

Charter Governing Board Approval

This application certifies that the **The School District of Lee County** 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 7/19/2022