



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 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).**

Goal #1- Athenian Academy Charter School's (AA) goal for Charter Assurance 1 a. will be to increase our staff's social and emotional competencies for the 22-23 school year from a baseline of 0% ( as we are pilot examining and measuring the Social and Emotional Competence of our teachers,) to a rate of 80% effective, using five levels of understanding rubric, provided in three opportunities; preschool week, midyear during Professional Development training and an end-of-year assessment. These gains will be through ongoing professional opportunities, integration of SEL into staff meetings, creating staff shared agreements, personalized learning plan, and creating a workplace wellness program supporting our teacher's physical and mental health. We believe a teacher with effective personal social-emotional knowledge and skillset will reflect and promote a positive, resilient, and socially responsive culture for all stakeholders.

Goal #2-AA will increase family engagement and commitment to support our school's SEL activities through documented returned parent surveys and questionnaires, attendance to follow-up meetings,

Learning for Life participation, and or parent reflection night with a goal of 80% participation from the current 10% parent engagement.

**Charter Program Implementation**

<b>Evidence-Based Program</b>	Learning for Life
<b>Tiers of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Learning for Life-SEL and Character Education Program for K-8 students- Focuses on 9 Character attributes for Student Development and Life Skills program.</p> <p>-Universal prevention uses age-appropriate, grade-specific lesson plans to give youth skills and information that will help them make positive decisions for themselves.</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.	
School-wide implementation from Teachers, Administration, other staff members, and Parents- Lessons are designed to reinforce academic, social, ethical, and character development skills in various areas such as critical and creative thinking, conflict resolution, decision making, interpersonal relationships, practical life skills, self-esteem, writing and language skills, citizenship, and personal fitness.	
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.	
This is an EBP for Tier 1 supports only.	

<b>Evidence-Based Program</b>	Second Step for Middle Grades, and SEL for Adults ( Second Step)ond Step Sel for Adults
<b>Tiers of Implementation</b>	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.	
<p>The EBP in both programs has the same outcome but through addressing very different stakeholders. According to Secon Step for Adults, the program " intentionally focuses on building trust, managing stress, equality and belonging, and resilience and efficacy." This allows educators to create a safe, supportive environment for all students and one another. Teachers who are knowledgeable about their social awareness and social and emotional competencies are better equipped to handle their increased stressful working environment while ensuring they are fostering a responsive, safe, and culturally aware learning environment by utilizing the tools in the Second Step for Middle Schools. This program offers "25-minute lessons and discussion-based activities with distinct grade level experiences."</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>Many Second-Step Middle School programs provide educators with early warning signs through discussion-based lessons, particularly those addressing conflicts, perspective-taking, relationships, Self-Awareness, Self-Management, and a Growth Mindset. Many of the topics are indications of a deeper issue and can be targeted for more intensive support. Documenting the lessons and intensity of the support will also provide evidence of its effectiveness.</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>Although an excellent tool for prevention and ongoing continuous learning opportunities, it does not address the Mental Health needs at the Tier 3 level.</p>	

<b>Evidence-Based Program</b>	Sanford Harmony; Harmony SEL
<b>Tiers of Implementation</b>	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.	
<p>-a systematic tool of process, including standardized student-report, parent-report, teacher-report measures, examining mental health surveillance data, or a structured teacher nomination process</p> <p>Mental health promotion services and supports (Tier 1/2 are mental health-related activities, including promoting positive social, emotional, and behavioral skills and wellness designed to meet all student's needs regardless of whether they are at risk for mental health problems. These activities can be implemented school-wide, at the grade level, and/or classroom level. Services may be provided by staff and teachers through social-emotional learning, school-wide positive behavior supports, and mental health literacy;</p> <ul style="list-style-type: none"> <li>•anxiety or nervousness</li> <li>•withdrawal or isolation</li> <li>•depressed mood•acting out in school</li> <li>•impulsive or risky behaviors</li> </ul>	
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>This program provides the opportunity to screen and combine its measurement tools with other data points.</p> <p>(EWS) to provide proactive rather than reactive services. Using data teams to analyze the screening will assist in targeted support and intentional social awareness for that student or students. Routine fidelity checks and monitoring progress, provide feedback to staff and Mental Health Team for informed decision making. Create a data system tracking evidence of success</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.	
This EBP can be implemented for Tier 1 and Tier 2 in the initial role of screening and preintervention strategies.	

<b>Evidence-Based Program</b>	Salus Care, Centerstone
<b>Tiers of Implementation</b>	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.	
Salus Care and Centerstone are part of this larger Mental Health network known as Central Florida Behavioral Health Network or CFBHN. This organization contracts with six provider organizations for mental health and substance abuse services. Salus Care and Centerstone are part of this network and both have local agencies who will be available for any Tier 3 interventions or supports.	
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.	
Salus Care and Centerstone have licensed health providers and social workers who address and provide Individual, group, or family therapy or consultation for general or special education students who have identified social, emotional, and/or behavioral needs that negatively affect functioning.	
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.	
These Tier 3 supports can include outreach services. Some may include acute care, residential treatment, housing, medical, outpatient, and recovery support services. Centerstone often works with the school's Mental Health and Crisis Teams to share information and collaborate on a holistic treatment plan for the student. ( with parent permission)	

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2022*  
**0-387**

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

**School Social Worker**

*Current Ratio as of August 1, 2022*  
**0-387**

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

**School Psychologist**

*Current Ratio as of August 1, 2022*

**0-387**

*2022-2023 proposed Ratio by June 30, 2023*

**0-450**

**Other Licensed Mental Health Provider**

*Current Ratio as of August 1, 2022*

**0-387**

*2022-2023 proposed Ratio by June 30, 2023*

**1-450**

**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.**

As of this date, we are still seeking to fill the role of a School Counselor or a Licensed Mental Health Provider. With the addition of this employee, it will not be necessary to reduce the staff-to-student ratio at this time. However, with updated screening, and student population growth, we will see the numbers adjust to the needs of our students.

**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).**

AA's goal is to use a comprehensive needs assessment ongoing and relevant to inform our decisions on how gaps can be addressed with existing or new services and supports. We will use this to prioritize selection areas of focus, programs, and strategies.

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

AA School-based Mental Health Team will foster communication between the social-community-families by providing an updated and easily accessible resource map or guide for support and services to identify referral options.

**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.**

N/A, although TBD, as we are willing to contract out with any interagency willing to address the needs of Tier 2 and 3 systems of support.

**MHAA Planned Funds and Expenditures**

**Allocation Funding Summary**

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

\$ 19,633.00

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

\$ 12,352.00

**Grand Total MHAA Funds**

\$ 31,985.00

**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:

CIMS_NEW_MHAA_Planned_Expenditures_Report_4305.pdf
<i>MHAAP Planned Funds and Expenditures 2022-2023</i>
<a href="#">Document Link</a>

**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**

Thursday 5/19/2022