



## **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).

Learning Gate will provide parents of all students receiving mental health services in school with services information about other behavioral health services available locally and are community-based with behavioral health service providers within 2 days of an incident.

Learning Gate's school safety officer will complete mental health crisis intervention training in order to verbally de-escalate a student's crisis situation before initiating an involuntary examination, include strategies to de-escalate a crisis situation for a student with special needs within the first 30 days of school

#### **Charter Program Implementation**

Evidence-Based Program	Sanford Harmony
Tier(s) of Implementation	Tier 1, Tier 2
Describe	e the key EBP components that will be implemented.
meetings in all grades. Student	ogram we will use the connection cards during mandatory morning is will have peer partners to discuss topics with and the larger group to e Diversity, Inclusion, Empathy, Critical Thinking, Problem Solving and Peer
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve I, emotional, or behavioral problems or substance use disorders, as well as ts developing social emotional or behavioral problems, depression, anxiety cies, and how these will assist students dealing with trauma and violence.
education setting. Learning Gat	ed and intended to be used school wide and are delivered in a general te will implement the Sanford Harmony Social and Emotional Learning e Tier 1 interventions as well as Smile. Both curriculums will be required ntion strategy.
plan treatment and include sma timeframes. Learning Gate Cor solving team will use to ensure a Check and Connect – a ment support in areas needed. This i	roblem-solving approach, including the use of data to identify students, all group interventions and/or individual counseling with specific mmunity School will implement a referral system in which the problem- interventions clearly match the student's needs. Interventions will include tor-based program that matches students with an adult at school to provide is a targeted intervention that can be used to decrease chronic, low-level us. It is most effective with students who are reinforced by adult attention.
continuing both the Tier 1 and <sup>-</sup> trained mental health clinician i intensity than that seen in a Tie	shed for students who continue to need more intensive supports while Tier 2 supports. This individualized intervention will be delivered by a n a one on one situation. This intervention will be longer in duration and er 2 support. Interventions can be delivered at school or elsewhere. By on from the parent, the school and outside agency can coordinate services
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 se diagnoses and to students at high risk of such diagnoses.
same procedures as described members trained as Mental He spot interventions. Evidence ba	e co-occurring mental health or substance abuse diagnosis will follow the for Tier 2 and Tier 3 in the above section. Learning Gate has multiple staff alth First Aid Responders to identify students at risk and provide on the ased programs that will be used for substance abuse include; Narcotics n program (NOPE), Drug Free World Curriculum and D.A.R.E – Teaching Safe and Healthy Living.
Assessment Team and meets or referral forms are located throu	olving Leadership Team (PSLT), includes the members of the Threat on a weekly basis to review any referrals that have been submitted. All ghout the campuses and on the school's website. To ensure coordination ools and districts, Learning Gate is expected to complete the Florida Safe

School Assessment Tool (FSSAT) and submit this assessment to the state. The Threat Assessment Team (TAT) is trained each year to respond to active shooter situations and regularly conduct safety drills. The School Safety Specialist and the TAT will continue to collaborate to ensure the implementation on the functions of FortiyFI, an anonymous reporting system.

Evidence-Based Program			
Tier(s) of Implementation	[none selected]		
Describe the key EBP components that will be implemented.			
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or 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			

Evidence-Based Program		
Tier(s) of Implementation	[none selected]	
Describe the key EBP components that will be implemented.		
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or 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		
Tier(s) of Implementation	[none selected]	
Describe the key EBP components that will be implemented.		

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or 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

#### **MHAA Plan Direct Employment**

#### School Counselor

Current Ratio as of August 1, 2022 **1:800** 

2022-2023 proposed Ratio by June 30, 2023 1:800

#### School Social Worker

*Current Ratio as of August 1, 2022* **Provided by Hillsborough County** 

2022-2023 proposed Ratio by June 30, 2023

#### School Psychologist

*Current Ratio as of August 1, 2022* **Provided by Hillsborough County** 

2022-2023 proposed Ratio by June 30, 2023

#### Other Licensed Mental Health Provider

*Current Ratio as of August 1, 2022* **1:800** 

2022-2023 proposed Ratio by June 30, 2023 1:800

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.

The direct employment of a school counselor and a licensed mental health professional help to reduce the staff to student ratios. This is done through providing educational lesson in the classroom as well as small group and 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).

Learning Gate emphasizes the importance of counselors and other mental health providers, being able to focus on duties related specifically to their job. That includes individual, small group and classroom counseling, preventive and responsive services including crisis/mental health counseling as needed, consultation and collaboration with families, teachers, administrators and community agencies, advocates for students, referral services and data analysis. Counselors are not given additional duties throughout the day so they are able to focus on students realtionships, parent communication and edcation in and out of the classrooms.

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

Learning Gate will work to collaborate with the outside providers to assist in proper care and intervention for students in need. If a student needs more assistance than what can be provided at the school level, a meeting will be scheduled with the PSLT and the Family. Family will be provided with resources for services. Parents/guardians can either accept or decline the assistance but must complete the LG Documentation Form. If accepted, the school's counselor will work with the family to set up the initial meeting with outside services. Parent/guardians will be required to complete a Release of Information so information can be shared between agencies. If parents refuse, they must complete the LG Document. The school's counselor will be the point of contact between the school and outside agencies. The school counselor will communicate with outside therapist regularly and document the information shared. Information will be reviewed at the weekly PSLT meeting.

#### **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.

Agencies used for referrals will include Northside Behavioral Health and Success 4 Kids and Families, a non-for-profit organization that provides a wide range of services to children and their families. Primary care providers, private clinicians and local and state agencies such as law enforcement, Department of Health and Department of Children and Families may also be included.

#### MHAA Planned Funds and Expenditures

#### **Allocation Funding Summary**

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP) \$ 35,900.00

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

#### **Grand Total MHAA Funds**

\$ 35,900.00

Hillsborough-Learning Gate Community School - 2022-23 MENTAL HEALTH APPLICATION CHARTER

#### **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:

#### MHAP\_Expenditures.pdf Allatched is the Expenditure Form for Learning Gate Community School 6613 in Hillsborough County. All of the funds are used for a Mental Helath Provider located on campus Document Link

#### Charter Governing Board Approval

This application certifies that the **Hillsborough County Public Schools** governing board has approved the Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(14), F.S.

#### **Governing Board Approval date**

Monday 7/18/2022