



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).

1. May Sands Montessori School offers child-centered learning environments that support pro-social learning and personal development as fundamental components of its design. The school includes regular and varied opportunities for family engagement to improve the school community by communicating expectations of scholarly behaviors, aligning values that model good citizenship, and offering personalized feedback to support the growing child's independence. By implementing the Mental Health First Aid action plan using ALGEE, we will see a 5% decrease in students with 3 or more early warning system indicators.

2. To establish a safe and nurturing environment for all students, the Mental Health and Wellness Plan includes guided practice in meditation and mindfulness exercises throughout the school year. Additionally, the school coordinates community resources from the Monroe County School District (MCSD) as well as the Guidance Care Center (GCC) to ensure a continuum of support for mental health training, assessment, diagnosis, intervention, treatment, and recovery services. By implementing mindfulness and meditation courses in conjunction with guidance meeting with GCC staff, we will see 75% of tier 2 students improve to tier 1 status by the end of the school year.

Charter Program Implementation		
Evidence-Based Program	Youth Mental Health First Aid	
Tier(s) of Implementation	Tier 1, Tier 2	
Describ	e the key EBP components that will be implemented.	
-Common signs and symptoms this age group, including anxie and attention deficit hyperactiv	s of substance use challenges. r adolescent in crisis. h help. , substance use, self-care and	
the early identification of socia the likelihood of at risk studen	implement evidence-based mental health services for students to improve il, 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.	
•	ition. sional help.	
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.	
appropriate manner. Once the to support the student(s) in new student was already identified. mental health emergencies. St	e signs of a mental health emergency and to respond to them in an notification to health care professionals has been made, staff will continue ed and monitor for other signs of mental health emergency even if that Continuous supports will be given to all students who present with signs o aff members will be in contact with our counselors or designated health es to keep open lines of communication to see which ways to best support	

Direct Employment

students.

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022 **1:93**

Monroe-May Sands Montessori School - 2022-23 MENTAL HEALTH APPLICATION CHARTER

2022-2023 proposed Ratio by June 30, 2023 2:47

School Social Worker

Current Ratio as of August 1, 2022 **1:93**

2022-2023 proposed Ratio by June 30, 2023 **1:93**

School Psychologist

Current Ratio as of August 1, 2022
1:93

2022-2023 proposed Ratio by June 30, 2023 **1:93**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022 **1:93**

2022-2023 proposed Ratio by June 30, 2023 **1:93**

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.

May Sands Montessori School coordinates community resources from the Monroe County School District (MCSD) as well as the Guidance Care Center (GCC) to work towards reducing staff-to-student ratios on an as needed basis.

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).

Teacher's and staff are trained not only through Youth Mental Health First Aid, but also through Montessori which one of the main pillars is observation of students. This allows to observe students multiple times in a singular week and report any findings to student services personnel and through that we make appointments with MCSD and/or GCC on an as needed basis. Once a student is identified as needing assistance, a procedure of interviewing is followed (with parental consent if necessary) with the mental health or other other licensed professional to determine the next steps needed for that individual student. The school then works with the student, professional and family to work towards helping that student in the best way possible.

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

May Sands Montessori School coordinates community resources from the Monroe County School District (MCSD) as well as the Guidance Care Center (GCC) to ensure a continuum of support for mental health training, assessment, diagnosis, intervention, treatment, and recovery services.

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.

May Sands Montessori School Contracts with the Guidance Care Center of Monroe County. Assessment/Evaluation

An interview that helps us decide what you and your family needs, what type of care is best for you, what services will help you the most, and how often you should get the services.

Case Management: A collaborative process that helps you become well by managing your services. It does this through advocacy, assessments, communication, managing resources, and service delivery.

Discharge Criteria: Once you have achieved your goals successfully, you will be ready for discharge from Case Management.

• Philosophy of Program: Coordinating services and providing good assessment, planning, linkage, support, and monitoring is important. This helps someone getting case management reach their highest level of wellness, self-management, and functioning. Case Management encourages the involvement of the individual, regardless of how severe his or her illness is. These services work best when they allow everyone involved in care to talk directly to each other. This would include the client, the case manager, the doctor, family, and other people involved in care.

Information and Referral: Services that connect a person that needs help with the providers that can best give that service. It also provides information about agencies and organizations that offer services.

Crisis Support:

Non-residential services provided 24 hours a day, 7 days a week. These services handle crises and emergencies. Services include mobile crisis, emergency screenings and walk-ins.

Prevention: Services that use information, education, awareness, and other strategies to prevent, delay, or stop someone from using alcohol or other drugs.

• Admission Criteria: Prevention services are available to all youth under 18. But, if a youth has specific risk factors for using substances, he or she can get specialized prevention services. • Discharge Criteria: Universal programs are open to youth and their community groups. They can go to these services continually. Targeted prevention services end when the youth no longer needs help with his or her specific risk factors or if the teen needs more intensive level of care.

• Philosophy of Program: We know that people differ in the way they see and experience their lives. We believe in the value of, and need for, a variety of approaches to prevention. We do our best to provide various approaches to meet the needs of the individual or community.

 \cdot Target Population: Prevention programs are available to teens in our local community. Our programs are designed for children and teenagers.

Other Programs that cannot be fully described in the space provided include: Project SUCCESS Intervention Medical Services Outpatient Community Action Team (CAT) Family Therapy Please see the website for more information: www.GuidanceCareCenter.org

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP) \$ 4,755.00

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

Grand Total MHAA Funds

\$ 4,755.00

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:

2022-2023_Mental_Health_Plan_May_Sands_Montessori.pdf May Sands Montessori School MHAA 22-23 Document Link

Charter Governing Board Approval

This application certifies that the **Monroe County School District** 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

Friday 7/15/2022