



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).

100% of school staff will be trained to successfully identify students in need of mental health and/or social support and make appropriate referrals to school Mental Health Professionals, as evidenced by an increase of 20% over the 2022 baseline number.

100% of social work staff will be trained in youth mental health training and be certified as a trainer.

Charter Program Implementation

Evidence-Based Program	Counseling
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
individual counseling with students at the school level, (certified counselor or school social worker or with outside contracted psychologist). Behavioral therapy, supportive listening, stress/emotion management, problem solving skills	
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.	
Counselors serve as the first means of intervention and identification of mental health assistance. The school social worker may assist with the required assessment, or further assess the student. A case plan is developed, that defines the nature of and frequency of the counseling, the length of time for the sessions to take place, and the goal of treatment. Sessions will be determined on individual need. The counselors will work with them on individual needs. A referral to the contracted psychologist is made by the school counselor or social worker when the student needs a more intensive plan than can be provided by School Social Worker or Counselor. A case plan is developed, that defines the nature of and frequency of the counseling, the length of time for the sessions to take place, and the goal of treatment.	
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.	
Reduce the number of referrals to contracted psychologist by 10% from 20 referrals system-wide to 18.	

Evidence-Based Program	SEL Curriculum
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
Implementation of schoolwide SEL program curriculum, including Second Step, MindUp	
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.	
Students will be instructed in stress management, self-monitoring behaviors, high-risk behaviors, mental-health awareness for self and others. Students will be trained in self-reporting and the reporting of concerns of others to appropriate school personnel.	
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.	
Reduce the number of student referrals to see school counselor /school social worker through implementation of school SEL curriculum by 10%.	

Evidence-Based Program	Staff Training
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Staff training in mental health issues and at risk behavior identification.	
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.	
All staff will be trained in Youth Mental Health First Aid Training. Kognito At Risk Modules, Suicide Risk training will also be provided.	
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.	
Number of staff trained this school year is 50% of 300 people. Number of staff making student referrals for mental health screening involving suicidal ideation or threat assessments to the contracted psychologist, after CSTAG or Columbia Suicide Severity Rating Scale screening by school counselors and social workers.	

Evidence-Based Program	Counselor and Social Worker
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Counselor and social worker training in Threat Assessment training/Suicide Assessment Training	
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.	
School counselors and two social workers will be trained in Threat Assessment training/Suicide Assessment Training. All students who are identified through Columbia Suicide Severity Rating Scale screening will be referred to School Social Worker, School Counselor, and contracted psychologist.	
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.	
Number of staff trained. The number of Baker Acts will be reduced by 25%.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:1,618.5

2022-2023 proposed Ratio by June 30, 2023

No anticipated changes

School Social Worker

Current Ratio as of August 1, 2022

1:3237

2022-2023 proposed Ratio by June 30, 2023

No anticipated changes

School Psychologist

Current Ratio as of August 1, 2022

n/a

2022-2023 proposed Ratio by June 30, 2023

n/a

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

contracted

2022-2023 proposed Ratio by June 30, 2023

contracted

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 SSW and contracted school psychologist assist on an as-needed basis in any of the four schools. The social worker is divided among the four schools, .25 per school?

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).

Certified school counselors and one SSW are full time, onsite employees and are accessible to students at all times. Students are able to request to go to the counselors in case of emergency. Counselors/SSW use electronic forms for student requests.

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

Teachers are trained to identify potential mental health issues or needs with students and refer the student to a school counselor. Counselors provide intervention and identification of mental health assistance. SSW/contracted psych. are available if needed.

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.

Marek Maldowsky, BA, M. Ed, SW Psychological Services; Counseling, Behavioral Assessment, Mental Health Allocation

Tiffany Corbin, MSW, City of Cape Coral Charter Schools, School Social Worker; Mental Health Allocation

TBD, Second School Social Worker

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 39,130.00

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

\$ 10,000.00

Grand Total MHAA Funds

\$ 49,130.00

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:

4143_OES_MHAA_Planned_Expenditures_Report_2022-2023_7-1-22_(003).pdf
<i>4143 OES Planned Funds and Expenditures</i>
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 8/16/2022