



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2023-24 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

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Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The Charter School Assures

One hundred percent of state funds are used to establish or 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

Other sources of funding will be maximized 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

A system is included 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

Yes

Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.

Yes

A charter governing board policy or procedure 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-4.0010, F.A.C.

Yes

Assisting a mental health services provider or a behavioral health provider as described ins. 1006.041, 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 ins. 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 ins. 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, 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

The Mental Health Assistance Allocation Plan must be focused on a multitiered system of supports to 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. s. 1006.041, F.S.

Yes

District Program Implementation

Evidence-Based Program	Comprehensive School Counselor Program
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
(1) Four school counselors dedicated to provide focused services respectively to enrolled 9th, 10th, 11th, & 12th grade students. Their collaborative efforts align with the school's mission to support the academic achievement of all students. (2) A School Resource Officer (SRO) who is available to all students, parents, faculty, and staff. (3) Contract with a licensed mental health provided, which includes 24 hour/7days a week intervention opportunities as well as pre-scheduled office hours at the school each week.	
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.	
The use of a mental health climate survey will periodically capture school-wide trends related to stress, mental health, and resiliency/coping measures. The survey is given to all enrolled students on a quarterly basis, and the results are used for two (2) action steps: (1) The General Mental Health Inventory survey will inform topics for small group and school-wide discussion. At least once a month a school counselor, the SRO, or other staff member will directly address themes or issues raised by survey data. (2) The survey will include the opportunity for students to ask for more Solution-Focused Counseling (SFC) from either the school counselor, the SRO, or contracted mental health counselor. Students involved in these targeted interventions will have the opportunity to provide feedback via the SFC Exit survey to inform the provider on the effectiveness of the provided service.	
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.	
Quarterly, the top 2 or 3 issues identified by the survey will be addressed through small group and/or push-in types of services. Quarterly, the survey results will be analyzed with the target of 50% of students reporting decreased levels of stress, mental health challenges, and/or increased coping strategies. By addressing group topics systematically, an additional goal is a 10% reduction in the number of students requesting individual follow ups. For students involved in more targeted SFC, the SFC Exit Survey will be administered once every 5 weeks to inform the provider of issues that are resolving and/or issues that need further attention. 10% increase of positive responses will be the criteria for determining effectiveness of these services.	

Evidence-Based Program	Psychoeducation - Why Try? social/emotional curriculum and Logotherapy education/counseling
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
The Personal, Career, & School Development I (PCSD) class was created in SY 22/23 for all 9th grade students, with added supports for identified students. For SY 23/24, PCSD will be a semester-long course, based in part using Why Try? and logotherapy curricula for whole group, Tier 1 instruction. For 10th grade, Why Try? curriculum will be delivered by a school counselor in a selected core class. These whole group lessons will provide opportunities to experience success in school and improve attitudes toward learning, self, school, and community. Topics/concepts taught in both grade levels will be re-enforced during more targeted Tier 2/3 interventions for identified students. Criteria used for student selection is the presence of 2 or more of the following academic barriers and other at-risk factors exhibited within any given 2-week period: (1) Locus of control (2) Ability to set and achieve goals (3) Classroom engagement (4) Self-report mental health/emotional concerns affecting academic progress	
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.	
The teacher-led 9th grade PCSD course will utilize collaboration in a variety of ways among teachers, students, parents, and counselors. These will include tutoring of students, mentoring opportunities and development of positive attitudes, coaching in individual responsibility, goals, career planning, decision making, and the use of expressive arts to release stress. By addressing mental health issues identified through Why Try? (an evidence-based social and emotional learning program) in 9th/10th grades as well as through evidence-based logotherapy concepts/techniques, two primary indicators of student success will improve: (1) Student attendance (2) Overall GPA	
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.	
By the end of the school year, it is expected that the following empirical measures of success will be evident and that at least 25% of the originally qualified students will no longer need help with attendance or GPA. Enrolled students will show a 50% decreased frequency of established risk factors. This evidence will be collected in part through staff anecdotal communication. This will lead to better academic performance, as defined below: (1) 90% increase in attendance, 10% measured bi-weekly (2) GPA increase as follows: students below 3.00 will achieve 3.00 by end of 1st semester. Students who already have a 3.00 GPA will increase GPA by 10% by the end of 1st semester.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:100

2023-2024 proposed Ratio by June 30, 2024

1:100

School Social Worker

Current Ratio as of August 1, 2023

1:400

2023-2024 proposed Ratio by June 30, 2024

1:400

School Psychologist

Current Ratio as of August 1, 2023

2023-2024 proposed Ratio by June 30, 2024

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

2023-2024 proposed Ratio by June 30, 2024

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.

By providing dedicated school counselors for each grade level, the ratio is very favorable for personal interaction. Instructional staff can interact with the counselor daily as can students. Open-door policies allow for instant access in crisis situations.

Describe your district'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).

Annually the number of students served along with the nature of their needs is analyzed and summarized. This process provides support for the current staffing model, for planning school-wide initiatives, as well as for targeted interventions.

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

By contracting with mental health providers, staff and students have access to 24/7 care. This is necessary, as the increased awareness of mental health challenges increases the likelihood that situations develop after hours. The opportunity to offer the services of a licensed mental health professional is invaluable when meeting with families and students in crises. It also provides a layer of support for proactive care.

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.

Synergy (private agency) - provides direct counseling/mental health crisis management, including the provision of a licensed social worker one day a week and direct 24/7 mental health crisis management and suicide intervention.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)

\$ 20,312.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 20,312.00

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.) 1006.041 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:

FSWC_Lee_draft_MHAA_Planned_Expenditures_Report_2023-2024_rev_june_23_2023.pdf

FSW Collegiate HS - Lee MHAA Planned Funds & Expenditures SY 23/24

[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

Thursday 7/20/2023