



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	PBIS Implemented School Wide
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
This framework integrates PBIS and school mental health implementation for all students including for students with, or at risk, of mental health challenges. The Multi-Tiered System of Supports (MTSS) is a tiered prevention system of supports. MTSS/PBIS provides a cross-system problem-solving team that utilizes data to select evidence-based practices to implement. This multilevel system of supports (PBIS and school mental health) provides for active involvement by youth, families, school staff, and community mental health providers.	
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.	
OCCS will have an interconnected team which includes a mental health professional (school counselor) on the MTSS team at all tiers, contributing to an integrated plan and to fidelity and data as well as developing supporting and monitoring interventions.	
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.	
Increase student attendance by 1% Increase sense of belonging 1% Increase number of direct mental health services by 5% Other Supported Outcomes: • Student outcomes including academic performance, social/emotional competence, reduced bullying behaviors and decreased rates of student reported drug/alcohol abuse. • Reduced exclusionary discipline outcomes. • Improved school climate as reported by staff and students.	

Evidence-Based Program	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is designed to reduce posttraumatic stress disorder (PTSD), depression, and anxiety among children with symptoms of PTSD. The 10-session school-based intervention teaches cognitive behavioral skills in a group format, led by mental health professionals, with 6-8 students per group, using a mixture of didactic presentation, examples, and games to solidify concepts. Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) identifies children who have been exposed to violence and show symptoms of posttraumatic stress disorder (PTSD). Once the children have been identified, they begin an intervention program based in cognitive behavioral therapy. CBITS is a 10-session intervention designed for use in an inner-city school mental health clinic with a multicultural population in a group format, augmented by 1-3 individual child sessions, 2 optional parent sessions, and a teacher in-service session. The groups meet once a week and have homework assignments in between groups. CBITS emphasizes applying techniques learned in the program to the child's own problems. Some components of the program include: relaxation training, combating negative thoughts, reducing avoidance, developing a trauma narrative, and building social problem-solving skills. Outcome: Decrease in self-reported PTSD and depression, relative to a waitlisted control group, at 3-month follow-up. Some components of the program include: relaxation training, combating negative thoughts, reducing avoidance, developing a trauma narrative, and building social problem-solving skills. The program also includes 1-3 individual child sessions, 2 optional parent sessions, and a teacher in-service session.	
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.	
Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) identifies children who have been exposed to violence and show symptoms of posttraumatic stress disorder (PTSD). Once the children have been identified, they begin an intervention program based in cognitive behavioral therapy. CBITS is a 10-session intervention designed for use in an inner-city school mental health clinic with a multicultural population in a group format, augmented by 1-3 individual child sessions, 2 optional parent sessions, and a teacher in-service session. The groups meet once a week and have homework assignments in between groups.	
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.	
CBITS emphasizes applying techniques learned in the program to the child's own problems. Some components of the program include: relaxation training, combating negative thoughts, reducing avoidance, developing a trauma narrative, and building social problem-solving skills. The skills are introduced by a mixture of didactic presentation, age-appropriate examples, and games to solidify concepts. Increase student attendance by 1% Increase student attendance. Increase number of direct mental health services by 5% Other Supported Outcomes: • Student outcomes including academic performance, social/emotional competence, reduced bullying behaviors and decreased rates of student reported drug/alcohol abuse. • Reduced exclusionary discipline outcomes. • Improved school climate as reported by staff and students.	

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, 2023

0 per 580

2023-2024 proposed Ratio by June 30, 2024

1 per 600

School Social Worker

Current Ratio as of August 1, 2023

0

2023-2024 proposed Ratio by June 30, 2024

0

School Psychologist

Current Ratio as of August 1, 2023

0

2023-2024 proposed Ratio by June 30, 2024

0

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

0

2023-2024 proposed Ratio by June 30, 2024

0

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.

OCCS's current staff to student ratios is estimated at 1 to 580 students. While every effort is made to ensure equal access, staffing and budget remain is constant barrier to adding additional resources. Though effective training, partnerships with the community resources, and working with Lee County Public Schools, we will meet all required aspects of this Mental Health Plan.

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).

Oak Creek Charter School will increase the amount of time student services personnel spend providing direct mental health services by evaluating the current need and analyzing year end data which evaluates the following: Number of students referred.

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

Our school counselor will be supportive in nature to our contracted licensed mental health/substance abuse counselor. Our licensed mental health/substance abuse counselor will implement all evidence-based programs and best practices through their own professional decision-making.

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.

SalusCare 763 Evans Ave Fort Myers, FL 339
 -Onsite Counseling
 -Virtual Counseling (as needed)
 -Staff Training/Awareness Youth Mental Health Education

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 32,074.00

Unexpended MHAA funds from previous fiscal years

\$ 11,461.00

Grand Total MHAA Funds

\$ 43,535.00

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:

No files were uploaded

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