



2023-24 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	
Part I. Mental Health Assistance Allocation Plan	3
Section A: MHAA Plan Assurances	3
Section B: Planned Outcomes	0
Section C: Charter Program Implementation	4
Section D: Direct Employment	9
Section E: MHAA Planned Funds and Expenditures	11
Section F: Charter Governing Board Approval	12

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, ora school resource officer or school safetyofficerwho 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 te lehealth, 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	Social Skills Education
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	

The school counselors and faculty provide social skills education and training, using the methods taught by the Youth Mental Health First Aid program. These occur in advisory class, physical education classes, health classes, and in all core classes via brain break and mindfulness activities.

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.

- Advisory
- Career Pathways including My Career Shines
- Meyers Briggs MBTI Survey
- Counselor led Character Ed Program
- LMHC Licensed Mental Health Counselor Sessions

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.

Students deal with stressors, learn preventative measures, and implement coping skills.

Evidence-Based Program	Goal Setting and Monitoring
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	

In addition to managing SWST and RTI, SSA+S' counseling department spends at least eight weeks delivering developmental guidance lessons that focus on character building while also addressing mental health topics like self-harm, suicidal ideation, adolescent depression, negative and positive coping strategies, expressing feelings, and knowing who your resources are for help. We also collaborate with local organizations and bring in representatives to speak to our students about internet safety, bullying, dating Curriculum, provided to families and students, below.

Character Development & Health Curriculum

Below you will find the Character Development & Health topics that will be presented to students at SSA+S during school hours. Specific dates of sex education courses will be provided via the Team News at least one week prior to the lesson. These lessons are provided through the Physical Education department or through the School Counseling department.

6th Grade:

- Success in Middle School/Goal setting
- Managing Emotions/Depression & Self-harm
- Stress Management
- Self-Esteem/Body image
- Empathy
- Career Exploration
- Bullying
- Internet Safety (presentation by Child Protection Center)
- Tobacco/Drug/Alcohol/ Vaping Awareness (presentation by First Step)
- Human Trafficking/Child Sex Trafficking (presentation by Selah Freedom)
- Hygiene (presented by the PE department)
- Nutrition (presented by the PE department)

7th and 8th Grade:

- Internet Safety (presentation by Child Protection Center)
- Tobacco/Drug/Alcohol/ Vaping Awareness (presentation by First Step)
- Human Trafficking/Child Sex Trafficking (presentation by Selah Freedom)
- Sex Education (presentation by Sarasota County Health Department)
- Human Biology and reproduction (presented in Life Science class)
- •Healthy Relationships (presentation by SPARCC of Sarasota)
- Career Exploration
- Depression & Self-harm

*Topics are subject to change and additional topics may be added, which will be communicated through the Team News emailed home every Friday evening. If you wish to opt out of any of these topics, please contact mapesm@ssas.org or masoudg@ssas.org, include the topic you wish to opt out of, as well as your name and your child's name. Tobacco, vaping, drug awareness, sex ed, and human trafficking prevention are all required by law, but you may opt out of these, if you wish.

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.

- Advisory Sessions in large and small groups
- Individual planning sessions
- · Goal setting and Interest Inventories
- Counseling
- On site high school registrations

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.

- Improved academics
- Increased student enrollment in district SLC high school programs.
- · Decreased behavior statistics

Evidence-Based Program	Client Centered Therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	

Sarasota School of Arts and Sciences contracts with Licensed Mental Health Counselors to provide 50 minute, weekly sessions, during the school day, on site, or after hours, if requested, by families. The services are paid for using the mental health allocation. Our LMHC providers follow the Blue Menu of Evidence-Based Psychosocial Interventions for Youth.

Mental health screenings and assessments will take place when there is a report of self-injury, suicidal ideation, and threat assessments. Other scenarios include students who are at risk of harming others, experiencing severe anger, hallucinating, and/or having a mental breakdown. Once a student of concern is identified, the school counselor screens the student by using the "assessment worksheet." A parent is immediately contacted and a 'duty to inform' letter is completed with specific details of the incident and sent to the parent/guardian. If the scenario is considered "low risk," a safety plan is completed with the student and counselor. If the scenario is moderate to high risk, the gatekeeper brings in the school resource officer. The police officer will determine whether the student needs to be placed under the Baker Act. If the student is placed under the Baker Act, the parent/guardian is notified of the events after the police assessment and determination.

In compliance with the Margorie Stoneham Douglas High School Public Safety Act, SSA+S has created a threat assessment team that will employ evaluations, assessments, and treatment for students that may be at risk or pose a threat to others. Individualized intervention, as part of the mental health treatment plan, created by the LCSW will be employed following an evaluation within 24 hours of the threat. If the evaluation does not occur the day of the possible threat report, the student will be removed from the school until the evaluation takes place, within the 24-hour deadline. Law enforcement will be contacted, as appropriate.

The mental health evaluation and treatment plan will be sent to the student's primary care provider as well as their mental health provider if they have one.

If the student does not have a mental health provider, counseling services, as outlined in the mental health treatment plan, will be provided, at the school, with no cost for the family, and contracted through our LCSW (licensed clinical social worker) or LMHC (licensed mental health counselor).

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.

- Individual sessions with LMH Counselors
- Small group counseling with LMH Counselors

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.

Decreased behavior episodes. Increased attendance.

Decrease in anxiety, depression, and suicidal ideations.

Decrease in violent behaviors and threats.

Evidence-Based Program	Support for Students Exposed to Trauma
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	

Support for Students Exposed to Trauma (SSET)

• A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.

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.

SSET is delivered in an easy-to- use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program.

Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation.

The program consists of 10 45- minute lessons designed to be delivered during one class period. These lessons focus on:

- · common reactions to trauma
- relaxation techniques
- coping strategies
- · learning to approach difficult situations.
- · developing a trauma narrative

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.

Through the use of this evidence-based program, middle school students ages 10-14 will learn to deal with real-life problems and stressors and increase levels of peer and parent support

To increase skill-building techniques to reduce current problems with:

- anxiety or nervousness
- · withdrawal or isolation
- · depressed mood
- acting out in school
- impulsive or risky behavior

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1/377

2023-2024 proposed Ratio by June 30, 2024 1/377

School Social Worker

Current Ratio as of August 1, 2023 1/750

2023-2024 proposed Ratio by June 30, 2024 1/750

School Psychologist

Current Ratio as of August 1, 2023 1/750

2023-2024 proposed Ratio by June 30, 2024 1/750

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023 1/150

2023-2024 proposed Ratio by June 30, 2024 1/150

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.

We contract with five LMHC - Licensed Mental Health Counselors - to provide direct services to students, four days a week, for 50 minutes sessions per student, on site.

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).

Our mental health allocation is used only to provide direct services to students via LMHC and our School Resource Officer. Our LMHCs and School Psychologist spend 100% of their allocated time providing direct services.

Our school counselors spend 75% of their time on direct services.

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

SSA+S takes pride in their progressive character education program. We utilize the following community providers:

- Child Protection Center for Internet Safety
- Selah Freedom for Human Trafficking and Child Sex Trafficking Training (for staff and students)
- SPARCC Spousal Abuse and Rape Crisis Center for Health Relationships
- First Step for Tobacco, Vaping, Alcohol, and Drug Awareness
- Sarasota County Department of Health for Sex Education, AIDS and STI Education, and Human Reproduction

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.

Sarasota School of Arts + Sciences (SSA+S) strives to support our students and families through many different modes of support, including Tier I and Tier II Response to Intervention strategies (RTI) and a multi-tiered system of support (MTSS). Students of concern are referred to the School-wide Support Team (SWST), which meets three times a month to discuss students of concern and develop/implement academic and social-emotions interventions. The RTI process and interventions are managed by the school counseling department. At SSA+S, the school counseling department's mission is to provide a comprehensive counseling curriculum to all students that addresses the academic, career, and social/emotional development of all students. In addition to managing SWST and RTI, SSA+S' counseling department spends at least eight weeks delivering developmental guidance lessons that focus on character building while also addressing mental health topics like self-harm, suicidal ideation, adolescent depression, negative and positive coping strategies, expressing feelings, and knowing who your resources are for help. We also collaborate with local organizations and bring in representatives to speak to our students about internet safety, bullying, dating violence, substance abuse, and positive relationships.

Additionally, we have contracted with licensed mental health counselors for students who are demonstrating a need for more intensive interventions and need a treatment plan that is managed by mental health professionals. Students who are referred for mental health services participate in a mental health comprehensive intake process, including parental/family involvement and participation, and possibly coordination with physicians, psychiatrists, and other medical providers. The LMHC meets with families and the student for intake. After this meeting occurs, they meet with the student alone, for 50 minute sessions, primarily provided on site. A few families choose for their child to meet with the LMHC after school hours. Both are paid for and contracted by the school. The LMHC notifies authorities and/or the school if the student presents a risk to themselves or others. To streamline the process of identifying students who may need additional support, we have created a Threat Assessment Team that includes members from different areas of professional expertise, including our School Resource Officer. All students that make a threat to themselves or others are discussed and assessed by the Threat Assessment Team.

SSA+S' Threat and Mental Health Assessment Team includes:

- School Counselors
- School Administrators
- School Safety Liaison & Officers
- Sarasota County Sheriff Deputy Resource Officer
- ESE Liaison & Gifted Specialist (as appropriate)
- Clinic Aide and County Health Nurse (as appropriate)

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP) \$ 38,684.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 38,684.00

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 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:

0083_SSASMHAA_Planned_	_Expenditures_Report_2023-2024_DRAFT.pdf
Mental Health Expenditures	
Document Link	

Charter Governing Board Approval

This application certifies that the **Sarasota County 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

Thursday 6/22/2023