



Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
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	8
Section E: MHAA Planned Funds and Expenditures	10
Section F: Charter Governing Board Approval	11

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	Monique Burr Safety Matters
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Monique Burr-Safety Matters is used as a Tier 1 curriculum and is implemented in monthly classroom guidance lessons.	
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.	
<p>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</p>	
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.	
<p>One component of Safety Matters is the importance of "telling a trusted adult". The lessons discuss what a trusted adult is and students have to identify adults they trust at school and home.</p> <p>School-based counselors at SCCS build relationships with all students through the use of classroom guidance lessons, individual counseling, and small group counseling. Students are referred by parents, staff, and by self referral. Once referred, counselors meet with the student individually to assess the area of need using a self assessment. Based on the assessment, the student is sent one of two types of permission slips: school-based counseling or outside therapeutic counseling. Referrals to outside agencies are tailored to fit the individual student's needs. For example, if substance abuse is identified, then that student is referred to an outside program to assist with substance abuse.</p>	

Evidence-Based Program	Sanford-Harmony SEL Curriculum
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Sanford Harmony is a five unit grade level curriculum. Students identified by the school-based problem solving team, are referred for individual or small group counseling. Based on the the need the counselor teaches lessons to the student using the Sanford Harmony curriculum and then tracks the student's progress weekly (Tier 3) or bi-weekly (Tier 2). The behavioral data collected from the teacher is tracked using Performance Matters and is graphed. Meetings are held with the school team (and parents for Tier 3) every 6-8 weeks to evaluate the effectiveness and to adjust the evidence-based program if needed.</p>	
<p>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.</p>	
<p>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</p>	
<p>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.</p>	
<p>Sanford Harmony teaches about diversity and inclusion, empathy and critical thinking, recognizing feelings, communicating with others, problem solving, and peer relationships. School-based counselors at SCCS build relationships with all students through the use of classroom guidance lessons, individual counseling, and small group counseling. Students are referred by parents, staff, and by self referral. Once referred, counselors meet with the student individually to assess the area of need using a self assessment. Based on the assessment, the student is sent one of two types of permission slips: school-based counseling or outside therapeutic counseling. Referrals to outside agencies are tailored to fit the individual student's needs. For example, if substance abuse is identified, then that student is referred to an outside program to assist with substance abuse.</p>	

Evidence-Based Program	LEAPS
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>Students identified by the problem solving team as needing additional social/emotional/behavioral support are taught individual and/or small group lessons using the LEAPS online curriculum. Prior to implementation, LEAPS uses a self-assessment and a teacher rating scale to determine the area of need. Based on the data, the counselor teaches the specific lesson associated with the need, and collects weekly data which is tracked on Performance Matters. MTSS meetings are held every 6-8 weeks with the school-based team and parents. During these meetings the data is reviewed and the intervention is adjusted as needed.</p>	
<p>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.</p>	
<p>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</p>	
<p>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.</p>	
<p>LEAPS teaches about diversity and inclusion, empathy and critical thinking, recognizing feelings, communicating with others, problem solving, and peer relationships. The LEAPS data base houses multiple lessons that can be implemented individually and/or small group on a weekly basis. Weekly assessments are given to the teacher to evaluate the behavioral performance of the student. Every 6-8 weeks the school team and parents meet to review the data. If needed the intervention is adjusted. In some cases, students need more therapeutic support and a referral to an outside agency is made. For those cases students receive multiple levels of support from the school-based counseling team as well as the outside agency.</p>	

Evidence-Based Program	Responsive Classroom
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>Responsive Classroom is a SEL program that is implemented school-wide with all students and staff. It all begins with the language we use with our students and the relationships we build with them as their school family. Morning meetings are held in every class grades Pre-K- grade 5. In grades 6-8 Responsive Classroom advisory is implemented since it is more developmentally appropriate for middle school aged students. It is the expectation of SCCS that all staff be trained on Responsive Classroom and implement it throughout the day.</p>	
<p>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.</p>	
<p>The school-based counseling team at SCCS teaches monthly evidence-based guidance lessons in grades K-8. In addition, the team meets with students individually and in small group counseling. Early identification is a key factor. Building relationships with the students through classroom guidance lessons and individual/small group counseling allows the counseling team to identify the needs early on and then make referrals for counseling to address social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies. For students with suicidal tendencies, the Columbia Rating Scale is used to evaluate the student. Based on the outcome, the counselors contact the appropriate resources. One resource in Lake County is the Mobile Response Team. For students with a moderate or high rating, MRT is contacted and based on the information given determines if the student is in crisis and needs immediate intervention. If immediate intervention is needed the MRT team comes to the school campus to meet with the student and family and make appropriate referrals.</p>	
<p>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.</p>	
<p>Students needing additional support are delivered evidence-based counseling. Students are referred and assessed to determine additional interventions and treatment. In many cases, school-based counseling is the appropriate intervention. In some cases outside therapeutic counseling is needed. If outside counseling is needed, two agencies are contracted with SCCS to come on campus and provide counseling during school hours. The school-based counseling and outside agencies consult regularly on the progress of the student and determine if additional outside supports are needed for the student and family,</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

610:2

2023-2024 proposed Ratio by June 30, 2024

610:2

School Social Worker

Current Ratio as of August 1, 2023

610:1

2023-2024 proposed Ratio by June 30, 2024

610:1

School Psychologist

Current Ratio as of August 1, 2023

610:1

2023-2024 proposed Ratio by June 30, 2024

610:1

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

610:2

2023-2024 proposed Ratio by June 30, 2024

610:2

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.

Our school currently employs the following: one school counselor, one mental health liaison, one school psychologist, one social worker, two community-based counseling partners (CCOS/Life Stream and Advanced Psychiatric Solutions). The additional school-based mental health provider reduces the staff-to-student ratio. Our current ratio is 305:1. Early intervention is key and classroom lessons are implemented in Pre-K as well as individual counseling.

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).

A school of our size (610 students) in the past has been allocated one school counselor. Our mission is to offer superior mental health care for our students. As a result, we use our funds to hire one school counselor, one mental health liaison, and one test/MTSS coordinator. The two mental health school-based providers (school counselor and MHL) provide direct services to students; therefore they are not assigned additional duties above and beyond, nor are they assigned other tasks such as test coordinating and MTSS coordinating. It is expected that the two full-time counselors work directly with students for the majority of their work day.

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

The school based mental health team provides guidance lessons once per month to every class in all grade levels (K-8th). They also screen students that are referred and based on the results of the screening, offer small group counseling or individual counseling. Students needing therapeutic support that is above and beyond are referred to outside community-based counseling partners. We

currently have two community-based providers that come on campus and work with students- CCOS (Life Stream) and Advanced Psychiatric Solutions.

Evidence-based programs used for school-based counseling include but are not limited to:

1. Sanford Harmony
2. LEAPS
3. Monique Burr Safety Matters
4. Responsive Classroom

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.

1. CCOS (Life Stream) Counseling- This provider meets with referred students during school hours, once per week and offers therapeutic counseling. Spring Creek Charter has a separate contract with CCOS/Life Stream and pays them directly using the mental health funds allocated by the state. According to the current contract, the therapist is assigned to our school three days per week and has a case load of up to 15 students.
2. Advanced Psychiatric Solutions-This provider meets with referred students during school hours, once per week and offers therapeutic counseling. At this time they do not require a separate contract and the case load is not quantified. They take as many referrals as requested.
3. CAT Team- For students needing wraparound services, CAT Team is utilized as a provider. They offer therapeutic counseling to the student which includes support for the family. CAT Team is utilized for our most intense cases.
4. Mobile Response Team- When students are in crisis and are identified using the Columbia as a higher suicide risk, MRT is called. They are extremely supportive and are used throughout the year as needed. MRT has a therapist that comes directly to our school to assess the student and determine if the student needs to be Baker Acted. They also meet with the school team and discuss strategies and interventions.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 32,160.00

Unexpended MHAA funds from previous fiscal years

Grand Total MHAA Funds

\$ 32,160.00

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:

MHAA_Planned_Expenditures_Report_2023-2024.pdf

<i>MHAA Funds and Expenditures</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Lake 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

Monday 7/24/2023