



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2023-24 Mental Health Application

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	Comprehensive Psycho-Social Assessment
Tier(s) of Implementation	Tier 1, Tier 3
Describe the key EBP components that will be implemented.	
A comprehensive psycho-social assessment will be conducted by the school's Family & Student Services Dept. that includes the Family Support Specialist - FSS (MSW or MHC level) and interns through partner colleges and universities with all students enrolling in the school that require an assessment via the screening process of reviewing two tools: 1. The Student Information page that is completed by the guardian and / or student if over 18 upon enrollment. 2. The Student Services Survey that students complete upon orientation or when meeting with FSS upon becoming an active student. The assessment utilizes Motivational Interviewing (MI) techniques conducted via a one-on-one interview within the first 30 days of enrollment to the school to further identify any high-risk markers / barriers/ stressors that may impact social, emotional, and academic success. FSS will provide therapeutic communication techniques during the assessment to include affirmations, reflections, summaries, and open-ended questions to facilitate authentic student engagement and participation. An intervention Plan will be outlined with the student and parent / guardian (if student is under 18 years old) based on needs identified in the assessment.	
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 students with parent consent will participate in a one-on one psycho-social needs assessment within 30 days of enrollment. The assessment and associated scales (ACEs, Likert and Resiliency) are administered by the school's FSS (MSW / MHC level) who is a licensed / license-eligible clinician) or by an intern under the supervision of the school's FSS. Students exhibiting at-risk behaviors (as described below in item 3) will be re-assessed or will be administered additional scales to include the CRAFFT or the Columbia-Suicide Severity Rating Scale depending on their presenting behaviors.	
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.	
Based on scores of scales and areas of needs identified during the research-based assessments, an individual student support plan will be created. This plan may include referrals to community providers for off-site and / or on-site services to address student specific needs. Follow-up case management sessions will take place monthly (more frequently if needed) with students and /or parents / guardians (if the student is under 18 years old) to ensure success of services. Follow-up Likert scales will be used to evaluate the success of interventions; inform future planning; and ensure correct services for every student.	

Evidence-Based Program	CBT- Cognitive Behavioral Therapy
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
The Family Support Specialist(s), interns, and community partners will provide individual and / or group sessions that utilize Cognitive Behavioral Therapy (CBT) techniques to address student's negative thought patterns, feelings, and behaviors and to decrease signs and symptoms of mental health challenges including mental health disorders such as Depression, Anxiety, OCD, and PTSD. Individual sessions are typically held during school hours. The primary goal is to identify and restructure negative thoughts / patterns, promote social problem-solving skills, and engage in emotional regulation.	
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 Family Support Specialist(s) and interns under supervision by the FSS will provide support to students who are identified as needing mental health support via the results of the pre-screening self-reporting tool at enrollment; teacher or staff referrals; comprehensive psycho-social assessment scale results; self-referrals; and / or behavioral observation. During this time, the Family Support Specialist(s) and interns under supervision by the FSS will assess students needs and provide support services as indicated and provide external referrals and support services, as necessary, through community agency partners.	
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.	
The use of cognitive behavioral therapy (CBT) techniques and other evidenced based practices as indicated will reduce the signs and symptoms of mental health challenges including mental health disorders such as Depression, Anxiety, OCD, PTSD, Eating Disorders, and Substance Use (as indicated by post-Likert scale results and student / family reports).	

Evidence-Based Program	Handle with Care
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Handle with Care (HWC) Behavioral Management System teaches the safest and most powerful verbal and physical intervention methods to support students in schools. Verbal and physical interventions enable staff to develop and utilize therapeutic relationship skills necessary to reduce tension, and create and maintain a calm and safe environment.	
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 School Security Specialist is certified in and will deliver annual verbal and physical de-escalation intervention training to all staff. The Family Support Specialist will collaborate in the delivery of the training for verbal de-escalation strategies.	
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.	
100% of school staff are HWC trained. Increase the number of students successfully de-escalated in high tension situations.	

Evidence-Based Program	MindSage
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
MindSage (Social Emotional Learning Curriculum) teaches corporate level soft skills in an age appropriate, comprehensive manner, to ensure students develop SEL / MESH skills. Skills that can bve applied in all aspects of life and giving them an edge moving forward after graduation. Each week, students are given a lesson in the beginning of the week to introduce them to the week's topic. The students review the associated metacognitive assignment for the week, in the lesson plan or video. Mid-week students to record their self-analysis and observations in their MindSage journal. On the last day of the week, students share their observations as part of a social metacognitive learning exercise.	
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 schools' curriculum includes weekly interactive classroom-based lessons on social-emotional awareness through the MindSage curriculum. The curriculum focuses on boosting students' social, emotional, and academic skills as well as improving social climate.	
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 will demonstrate mastery of the SEL objectives through successful completion of the course portfolio. Participating students will improve engagement and performance in academic coursework as a result of skills learned in the SEL curriculum.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

2023-2024 proposed Ratio by June 30, 2024

School Social Worker

Current Ratio as of August 1, 2023

1:451*

2023-2024 proposed Ratio by June 30, 2024

1:451*

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.

Employment of school based mental health services providers will reduce staff to student ratio permitting educational and supportive staff to meet the existing and growing needs of students, families, and the school. School based mental health service providers (Family Support Specialist(s)) address the behavioral and socio-emotional needs of students by reducing interruptions during instructional time.

* Between the directly employed Family Support Specialist - an LCSW at .75 FTE and the anticipated interns, the expected average clinician to student ratio for mental health support is 1:85

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).

- The School's Family Support Specialist (clinical social worker) is exclusively assigned to the role of providing mental health services through direct services and through the supervision of interns. They are not assigned to other non-relevant duties.
- Mental Health providers are available on-site during school hours.
- Students can obtain a pass from their teacher to visit the student services office at any given time.
- Teachers, administration, and support staff will complete student services referrals for students that they have identified as needing student support.
- Student Services personnel will engage with students during orientation to inform them of services offered through Student Support services.
- Student Services personnel will refer students to appropriate community-based services and provide follow-up.

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

Community based partners along with the school based mental health providers provide life skills groups, parenting groups, individual therapeutic services and bachelor's and master's level interns in the field of Social Work, Mental Health, and Counseling.

The school has a defined MOU process in which local social service agency partners engage with the school to provide a wide array of support both on-site as well as by referral. Services include but are not limited to:

Individual Therapy
Family Therapy
Group Therapy
Case Management
Mentoring

Wellness Programs
Grief Counseling
Addiction and Substance Use / Abuse Counseling

In partnership with several colleges and universities, the school(s) serve as internship sites for students completing degrees in Social Work and Mental Health Counseling. Under the supervision of a licensed clinician, these interns provide services to students while learning to apply the rich knowledge gained in the classroom to direct practice; assist in the development of groups and activities with students; and work one-on-one with students and families to address mental health and social needs.

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.

ALS Lee County Schools work or partner with many social service agencies and providers to provide support and services to students and their families. ALS Lee County Schools collaborate, coordinate, and refer students and families to agencies and providers. Agencies and Providers at times do come to the school to provide support services to students and families as indicated for the following but not limited to individual needs, group needs, family needs, crisis management, CAT / FACT services, case management, mentoring, wellness programs, grief support, addictions / substance use / abuse support, housing and food insecurity, as well as other assistance needs as indicated.

At this time, ALS Lee county does not have any formal MOU / agreements in place since COVID-19. ALS is actively reviewing partnerships and will formally begin the MOU process with agencies and providers who come to the school for support services or for students / families get referred to.

Additionally, ALS has partnerships with several colleges and universities where the schools serve as internship sites for students completing degrees in social work, mental health counseling and related fields. The MOUs in place for interns who are placed in ALS Lee County schools are as follows: FGCU, FSW, Barry University, UCF, Fordham, and UWF. This list is not all inclusive of the colleges and universities that ALS has a MOU with. All new partnerships will have an MOU in place prior to interns starting.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 59,315.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 59,315.00

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_Lee_County.pdf
<i>MHAA Plan Expenditures 2023-2024 for ALS Lee County - Coronado 4251, Island Park 4274, and North Nicholas 4242</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

Friday 6/23/2023