



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	Social Skills Stop and Think!
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
The school counselor, faculty and staff will focus on social skills to teach students interpersonal, problem-solving and conflict resolution skills. There will be three stop and think levels (k-1st; 2nd-3rd and 4th- 5th) to ensure that skills are taught in a developmentally sensitive and appropriate way.	
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.	
Each level will focus/concentrate on 10 core and 10 advanced skills. The skills are practical skills to help students to manage their own behavior and interact successfully with others. Listening, following directions, asking for help, ignoring distractions, and accepting consequences for their choices.	
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 students k-5th grade will be applying these skills and steps as much as possible during their day at school to reinforce the teaching over time in different settings with different people in different settings (specials, lunch, classroom, and field trips).	

Evidence-Based Program	Character Strong
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Students will engage in lessons geared toward self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.	
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.	
Students will engage in explicit, direct skill instruction designed to lead to 3 powerful outcomes: Be Strong, Be Kind, and Be Well. Instruction centers around 1 character trait per month to support students with applying skills and character traits beyond the lessons. Content is vertically-aligned from Pre-K through 5th Grade to build skills effectively	
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, and stress. Decrease in aggressive/violent behaviors and threats.	

Evidence-Based Program	Character Education-Truly Valued
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
The Truly Valued Mission is to transform communities by providing youth and families with the skills needed to be productive citizens. The evidenced based one-on-one and group lessons focus on several competency areas to help youth: · Understand Nurturing as a way of life · Learn safety on the Internet and texting · Increase their self-awareness · Build positive parent-teen relationships · Build their positive worth · Manage their feelings · Learn what it means to be a family · Handle peer pressure and bullies · Learn about their family history · Build their positive communication skills	
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 innovative, group-style mentoring program held on school campuses and local community centers, empowers through direct instruction, experiential learning, as well as trust and team building activities designed to improve confidence and respect for others. Students with certain risk factors will be identified by teachers, YMHFA trained-staff and caregivers for services with this program.	
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.	
Advisory sessions in large and small groups Individual planning sessions Goal setting and interest inventories Counseling and counseling referrals	

Evidence-Based Program	YMHFA
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
The Truly Valued Mission is to transform communities by providing youth and families with the skills needed to be productive citizens. The evidenced based one-on-one and group lessons focus on several competency areas to help youth: · Understand Nurturing as a way of life · Learn safety on the Internet and texting · Increase their self-awareness · Build positive parent-teen relationships · Build their positive worth · Manage their feelings · Learn what it means to be a family · Handle peer pressure and bullies · Learn about their family history · Build their positive communication skills	
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.	
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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.	
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Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:110

2023-2024 proposed Ratio by June 30, 2024

1:144

School Social Worker

Current Ratio as of August 1, 2023

1:110

2023-2024 proposed Ratio by June 30, 2024

1:144

School Psychologist

Current Ratio as of August 1, 2023

1:110

2023-2024 proposed Ratio by June 30, 2024

1:144

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

1:110

2023-2024 proposed Ratio by June 30, 2024

1:144

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.

SSIS employs one full time counselor, school psychologist, and contracts with a school nurse through SCS. SSIS has created a calming, sensory rich room, which is staffed by a Youth Mental Health First Aide Professional who collaborates directly with the school's counselor to ensure students are being taught strategies to help regulate their emotions and get them back on task. Students can ask to go to the Sunshine room to decompress, talk to a counselor, or complete a reflection sheet to help them make a plan to make a positive choice. All support services such as occupational therapy, ESE teachers, ESOL services, and speech therapy can continue to service the student, with teacher support if needed.

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).

SSIS Counselors are expected to spend 80% of their time providing direct services to students, staff and families. The remaining 20% is spent on program management and planning.

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

SSIS partners with YMCA and Camelot Counseling services to refer students for mental health counseling when they 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.

Students of concern are referred to the School-Wide Support Team (SWST), which meets weekly to discuss students of concern and develop/implement academic and social-emotional interventions. The school counseling and ESE departments manage the RTI process and interventions. At SSIS, 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, SSIS's counseling department provides at least twelve weeks delivering social emotional guidance lessons that focus on character building while also addressing mental health topics like child safety, 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, and positive relationships.

SSIS also offers small group counseling for at-risk students. Risk behaviors include but are not limited to self-harm, anger management, at-risk sexual behavior, self-esteem, social anxiety, social isolation, and sexual identity issues. In compliance with the Margorie Stoneham Douglas High School Public Safety Act and to streamline the process of identifying students who may need additional support, we have created a Threat Assessment Team that includes members from several areas of professional expertise.

The SSIS Threat and Mental Health Assessment Team includes School Administrators, Counselor, Guardian(s), ESE and ESOL Liaison, Clinic Aide, and County Health Nurse (as appropriate). In addition, SSIS has contracted services for evaluations, treatment, and rehabilitation to be provided by the following: School Psychologist, Licensed Social Worker. When necessary, students and families may be referred to outside services, for example, through the Children at Risk in Education (CARE) process, during the development of a safety plan, or after a gatekeeper incident.

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.

Camelot Community Care-Individual and Group Counseling
 SPARCC- individual and group counseling
 Truly Valued- individual and group sessions

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 7,439.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 7,439.00

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:

SSIS-MHAA_Planned_Expenditures_Report_2023-2024.pdf

MHAA planned Funds and Expenditures Form

[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 7/27/2023