



Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	4
Section A: MHAA Plan Assurances	4
Section B: Planned Outcomes	5
Section C: Charter Program Implementation	5
Section D: Direct Employment	13
Section E: MHAA Planned Funds and Expenditures	14
Section F: Charter Governing Board Approval	15

Introduction

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part II includes the YMHAT Plan and Part III includes the MHAA Plan.

Part I. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62, F.S., the MHAA Plan allocation is to assist districts with establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by August 1, 2022.

There are two submission options for charter schools (MHAA Plan Only):

- Option 1: District submission includes charter schools in their application.
- Option 2: Charter school(s) submit a separate application from the district.

Part I: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The Charter School Assurances

One hundred percent of the state funded proportionate share is used to 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

Maximizing the use of other sources of funding 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

Includes a system 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 providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

Yes

A Charter school board policy or procedures 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-40010, Florida Administrative Code.

Yes

Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, 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 in s. 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 in s. 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, or 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

Planned Outcomes

Identify two specific and measurable goals that will be accomplished within the 2022-23 school year, and specify which component of Charter Assurance 1.a. directs that goal (refer to the Guidance Tab if needed).

1. To provide YMHFA training to 100% of Belmont Academy Charter School employees for the 2022-2023 school year, by July 1, 2023. In order to achieve this goal, three separate training dates will be offered during the 2022-2023 school year.
2. Increase the use of our Multi-Tiered System of Supports in Mental Health by placing 90% of students in a Tier 2 intervention for Mental Health support before referring to outside mental health counselors.

Charter Program Implementation

Evidence-Based Program	Monique Barr Foundation- MBF Child Safety Matters
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
MBF is a comprehensive, evidence based curriculum for elementary school students in grades k-5. The program education and empowers children and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, and digital abuse dangers. MBF Teen Safety Matters is a comprehensive, evidence informative prevention education program for middle school students in grades 6-8 and high school students 9-12.	
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.	
Middle School students will receive lessons based on MBF curriculum that is provided by specific teachers in specific classes, during electives and/or at lunch. The lessons will be one class period and focus on topics such as bullying, cyberbullying, and abuse. The program was developed with schools, not for schools, to make the best use of existing resources and ensure schools have effective programs that are easy to implement. It is presented in two comprehensive lessons ranging from 35-55 minutes (or in four shorter lessons) by facilitators.	
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.	
Improve: 1.) Post Traumatic Stress Symptoms (parent, child and teacher reported). 2.) Anxiety symptoms (child, parent and teacher reported). 3.) Emotional Regulation (parent and teacher reported). 4.) Depressive Symptoms (parent, teacher and student reported). 5.) Increase school performance/decrease negative behaviors. 6.) Decrease Crises Intervention/Baker Acts 7.) Decrease impulsive or risky behaviors 8.) Decrease bullying (parent, teacher and student reported). 9.) Increased positive family and peer relationships	

Evidence-Based Program	Positive Behavior Interventions and Supports (PBIS)
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
PBIS is an approach to behavior support that includes an ongoing process of research based assessment, intervention and data-based decision making focused on building social and other functional competencies, creating supportive contexts and preventing the occurrence of problem behaviors. PBIS may be applied within a multi-tiered approach, incorporating parents, teachers, counselors and administration.	
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.	
Teachers and staff will implement daily PBIS strategies throughout the school day. Strategies and support will be provided in the classroom and other school based areas. Students will get PBIS school-wide strategies in elementary, middle and high school to co-inside with their age and development level. Students will receive specific class rewards, grade level rewards, and school based rewards. Classroom teachers will involve school counselor for a more individualized PBIS for specific students as needed. At Belmont we also utilize the House Point system as a school-wide reward. These reward systems will encourage positive behaviors by providing rewards and staff being more attention to positive behaviors. Both attention and hope provide students with key components of resiliency.	
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.	
Intended Outcomes: 1. Decreased discipline referrals 2. Increased school wide engagement 3. Decrease negative behaviors 4. Increases student performance and grades.	

Evidence-Based Program	Counselor Initial Assessment
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
Completed by the school counselor to assess students for more intensive level of services and to assess crises management services.	
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.	
Counselor will do a 30 minute assessment at school. Students are referred through staff members that come into contact with students and who have received YMHFA training. The counselor will assess the needs of students and if there is a need for crises intervention.	
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.	
Intended Outcomes: 1. Decrease crises intervention 2. Decrease depression and anxiety symptoms in students 3. Provide student with more intensive services to increase coping skills, improve problem solving skills and decrease over mental health symptoms.	

Evidence-Based Program	School Wide Prevention Programs
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
School wide prevention programs include Red Ribbon Weeks, Bullying Awareness and the Man Up Program.	
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.	
School wide prevention programs are on-going throughout the year. Programs are developed to help encourage students to make good choices, and at times explain why those are the best choices. Some programs such as the "Man Up" program is designed specifically for students exhibiting 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. Teachers and staff can refer students, counselor and administration approve students based on the overall group. PBIS strategies are also integrated.	
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.	
Intended Outcomes: 1. Increase knowledge of students. 2. Improve students ability to discuss topics of concern. 3. Decrease drug use, bullying, suicide and vaping. 4. Awareness results in decreased discipline referrals and crises intervention. 5. Increased comradery amongst student population.	

Evidence-Based Program	Early Warning Systems
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Early Warning Systems considers failing grades, absences, and suspensions as a way to monitor students.	
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.	
Early warning systems data will be gathered by administration, teachers and the school wide data team. It will be distributed to administration and teachers of those students. This data will be shared at a minimum during MTSS meetings and/or TAT meetings as needed.	
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.	
Specific students that are identified will be referred to specific services by mental health staff, teachers and/or administration. This could include guidance sessions, school counseling, referral for counseling, parent meetings, MTSS process, testing or other evaluations. Intended outcomes would be decreased discipline referrals, increased overall mental health and school performance.	

Evidence-Based Program	Youth Mental Health First Aid
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers and other caring citizens how to help an adolescent who is experiencing mental health or additions challenge or is in crisis. YMHFA is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescents development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include: anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders and eating disorders.	
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 teachers, administration and staff will complete the required course based on state guidelines. 80% of staff trained is the current guidelines, we at Belmont are aiming for 100%. All new teachers and staff are trained periodically throughout the year, three different trainings will be offered to better accommodate staff schedules.	
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.	
Intended Outcomes: 1. Help students emotionally regulate 2. Increase student school performance/ decrease negative behaviors. 3. Decrease Crises Intervention	

Evidence-Based Program	Check In Check Out
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
Check In Check Out (CICO) is a PBIS Intervention. It can give students a boost and allow them to meet behavioral goals that can lead them back to Tier 1. Check In/Check Out intervention forms can be customized to reflect behaviors that need additional focus. Teachers provide feedback to the student on these behaviors throughout the day. These can be customized for the student to Check In/Check Out in the morning and afternoon, or based on student need if we also need to add an additional check-in mid-day.	
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 be identified by teachers, IEP teams, and administration. Students assigned to a CICO intervention check-in, will check-in with the assigned staff member at the beginning of the day. This adult can be an administrator, coach, Special Education teacher, or other staff member. We try not to utilize the classroom teacher, as that would be a dual role. Typically, a point system will be used for the student to complete tasks or exhibit certain positive behaviors. If needed, an additional check in can be applied mid-day at lunch time. At the end of the day, the student checks out with the same staff member they began the day with. At the most basic, the CICO meeting is an opportunity for students and mentors to work together to improve behavior.	
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.	
Intended Outcomes: 1. Improve emotional regulation 2. Decrease negative behaviors, therefore decrease strikes and discipline referrals. 3. Decrease crisis intervention	

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, 2022

2:791

2022-2023 proposed Ratio by June 30, 2023

2:791

School Social Worker

Current Ratio as of August 1, 2022

0:791

2022-2023 proposed Ratio by June 30, 2023

0:791

School Psychologist

Current Ratio as of August 1, 2022

0:791

2022-2023 proposed Ratio by June 30, 2023

0:791

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

0:791

2022-2023 proposed Ratio by June 30, 2023

0:791

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.

At Belmont Academy, one of our two school counselors is a Clinical Social Worker working on licensure. Having our two school counselors allows for counselors to provide direct mental health services to students, assess when outside agency providers are needed, provide ongoing education and prevention programs to student body, be proactive in mitigating crisis situations, assessing threats as needed, implementing positive behavior interventions, referrals to community wide agencies, and case-management.

Describe your school'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).

Teachers and staff refer students as needed to counselor. Counselor assess the student and based on student needs, moves forward with a plan of action. Other personnel that may be involved are any involved in the students IEP/504, administration, school nurse. Staff members communicate regularly and on-going.

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

Meridian Behavioral Healthcare provides the Meridian Mobile Response Team (MRT). The MRT provides services for individuals newborn to 24 years of age at no cost and that will come to the family or school if contacted. They will provide a continuum of care based on the crisis.

Meridian Behavioral Healthcare provides the Meridian Community Action Team (CAT). Belmont counselor can make referrals for CAT which provides individual, family, psychiatric and nursing assistance to families who consent to services.

Center for Autism and Related Disorders (CARD) provides school based and home based services, classes and materials to consenting parents/guardians.

Belmont collaborates with other agencies to assess or assist with students needs. These agencies include Florida MTSS, ISRD, Florida Department of Children and Families, Florida Department of Juvenile Justice, SEDNET, Lutheran Services of Florida and Law Enforcement.

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.

Contracted Mental Health/Social Work Partnerships

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)

\$ 42,023.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan

\$ 0.00

Grand Total MHAA Funds

\$ 42,023.00

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.) 1011.62 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 **Columbia County School District** 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 8/15/2022