

2024-25 |

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS



FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL
HEALTH

**Poik - POLK AVENUE ELEMENTARY SCHOOL
MENTAL HEALTH APPLICATION**

Mental Health Assistance Allocation Plan



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I. Introduction

Plan Purpose

The purpose of the Mental Health Assistance Allocation (MHAA) is to provide funding to assist school districts in establishing or expanding school-based mental health care; train educators and other school staff in responding to mental health issues; and connect children, youth and families who may experience behavioral health issues with appropriate services.

These funds are allocated annually in the General Appropriations Act to each eligible school district. Each school district shall receive a minimum of \$100,000, with the remaining balance allocated based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment.

Charter schools that submit a plan separate from the school district are entitled to a proportionate share of district funding. A charter school plan must comply with all of the provisions of this section, must be approved by the charter school's governing body, and must be provided to the charter school's sponsor. *(Section [s.] 1006.041, Florida Statutes [F.S.]*)

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by **August 1, 2024**.

There are two submission options for charter schools:

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

II. MHAA Plan

A. MHAA Plan Assurances

1. Charter School Assurances

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.



Other sources of funding will be maximized to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).



Collaboration with FDOE to disseminate mental health information and resources to students and families.



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 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.



Mental Health Assistance Allocation Plans for charter schools that opt out of the District's MHAA Plan are reviewed for compliance.



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.



The MHAA Plan was approved by the charter school's government body.



The MHAA Plan was provided to the District to review for compliance.



The MHAA Plan must be focused on a multi-tiered system of support 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. Section 1006.041, F.S.



2. School Board Policies

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.



School-based mental health services are initiated within 15 calendar days of identification and assessment.



Community-based mental health services are initiated within 30 calendar days of referral.



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.



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, Florida Administrative Code.



Assisting a mental health services provider or a behavioral health provider as described in s. 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 in s. 393.063, F.S.



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, 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.



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.



B. District Program Implementation

Evidence-Based Program (EBP) #1

Evidence-Based Program (EBP)

Leader in Me

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

Leader in Me is an evidence-based, comprehensive model that builds leadership and life skills in students. It creates a high-trust school culture and lays the foundation for sustained academic achievement.

Early Identification

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 Leader in Me program establishes a whole-child mindset with a belief that every child has a genius and every student has the potential to become a leader. The program will be implemented by the teacher/classroom. The Leader in Me aligns with character education and whole child development and supports staff and students with understanding and managing their emotions, setting and achieving positive goals, feeling and showing empathy toward others, and establishing and maintaining positive relationships.

High Risk Students

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 students at high risk of such diagnoses.

Improved healthy identities, ability to create meaningful relationships, and engage productively. Pre and post-teacher surveys to measure skill development. Reduction of problem behaviors.

Evidence-Based Program (EBP) #2

Evidence-Based Program (EBP)

Resiliency Florida

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

The Florida Department of Education developed state education standards and resources to equip students with skills that build resiliency. There are 11 resiliency characteristics that support students to overcome challenges and become successful students. Implementation of the resiliency characteristics helps develop the capacity to make wise choices for a well-rounded life and a thriving society.

Early Identification

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 downloadable resources are designed for flexible usage throughout the school day and can be utilized by teachers, parents, and students at their points of need as well as scheduled classroom or school-wide implementation. Building resiliency helps students gain the skills necessary to overcome life's inevitable challenges both in and outside of school.

High Risk Students

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 students at high risk of such diagnoses.

Through the use of this evidence-based program and implementing the skills within the resiliency characteristics, students will improve their self-management skills, intra and interpersonal relationship skills, and overall resiliency.

Evidence-Based Program (EBP) #3

Evidence-Based Program (EBP)

Crisis Prevention Intervention Training (CPI) (K-12)

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

CPI training is part of the comprehensive crisis prevention and intervention plan and teaches participants how to defuse challenging and disruptive behavior before an incident escalates into a crisis.

Early Identification

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 Nonviolent Crisis Intervention program can be taught in one of two ways- in its entirety in a classroom setting or as a hybrid option. In the hybrid option, participants receive much of the content in a web-based format, followed by a classroom session designed to help apply that content to workplace situations.

High Risk Students

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 students at high risk of such diagnoses.

No increase in physical restraints. Decrease the total number of involuntary examinations. Other supported outcomes: Certified Instructors repeatedly report the value of the program's approach of viewing the crisis moment more holistically as a component of an individual's behavior. The user-friendly principles of the Nonviolent Crisis Intervention training program give staff easy-to-understand behavior de-escalation tools to incorporate into their daily interactions with students.

Evidence-Based Program (EBP) #4

Evidence-Based Program (EBP)

Positive Behavior Intervention Support System (PBIS)

Tier(s) of Implementation

Tier 1, Tier 2

Describe the key EBP components that will be implemented.

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, multi-tiered framework for supporting students' behavioral, academic, social, emotional, and mental health. When

implemented with fidelity, PBIS improves resiliency and character education competence, academic success, and school climate. It also improves teacher health and well-being. It is a way to create positive, predictable, equitable, and safe learning environments where everyone thrives.

Early Identification

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.

PBIS establishes efficient and functional ways to engage and empower parents to become more aware, informed, and involved in the education and well-being of their children within the school environment. The district and professional staff will assist the school staff in carrying out this function. The district will place on its website contact information for available community resources. The school-based social worker will respond to the needs identified by the families or school, which may include, but is not limited to, the need for food, housing, shelter, clothing, and medical care. Mental health professionals will disseminate information to parents on mental health awareness and at-risk behaviors and available community mental health resources.

High Risk Students

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 students at high risk of such diagnoses.

PBIS is a framework for creating safe, positive, equitable schools where every student can feel valued, connected to the school community, and supported by caring adults. By implementing evidence-based practices within a PBIS framework, schools support their students' academic, social, emotional, and behavioral success, engage with families to create locally meaningful and culturally relevant outcomes, and use data to make informed decisions that improve the way things work for everyone.

Evidence-Based Program (EBP) #5

Evidence-Based Program (EBP)

Individual and Small Groups

Tier(s) of Implementation

Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Mental Health Interventions using therapeutic modalities, including Cognitive Behavior Therapy (CBT), Solution Focused Brief Therapy, Motivational Interviewing, and coping strategies.

Early Identification

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.

Mental Health professionals will further screen and identify referred students who need individual or small-group counseling or mental health support. The supports provided include relaxation coping, resiliency, and self-esteem building. Strengths-based interventions that are brief and goal-oriented will be utilized.

High Risk Students

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 students at high risk of such diagnoses.

Using evidence-based strategies, students will increase their perception that their goal will be met and derive a sense of successful agency. Depending on the counseling goal, progress will be measured by an individualized care plan.

Evidence-Based Program (EBP) #6

Evidence-Based Program (EBP)

Youth Mental Health First Aid (YMHFA)

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

YMHFA is an 8-hour education program that introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, including anxiety, depression, psychosis, eating disorders, substance use disorder, ADHD, and other disruptive behavior disorders.

Participants learn a five-step action plan, ALGEE, to support an adolescent developing signs and symptoms of mental illness of in an emotional crisis.

Assess for risk of suicide or harm

Listen nonjudgmentally

Give reassurance and information

Encourage appropriate professional help

Encourage self-help and other support strategies

Early Identification

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.

YMHFA emphasizes the importance of early intervention and teaches individuals how to help an adolescent who is in crisis or experiencing a mental health challenge. YMHFA uses role-playing and simulation to demonstrate how to assess a mental health crisis, select interventions and provide initial help, and connect young people to professional, peer, social, and self-help care.

High Risk Students

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 students at high risk of such diagnoses.

Warning signs can be recognized by staff who can refer the student to the in-school mental health professional. The student can receive further support from in-school or out-of-school counseling. Students have crisis hotline phone numbers available on the back side of their student ID badges.

C. Direct Employment

1. MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2024: **0:539**

School Counselor

2024-2025 proposed Ratio by June 30, 2025 **0:539**

School Social Worker

Current Ratio as of August 1, 2024: **1:539**

School Social Worker

2024-2025 proposed Ratio by June 30, 2025 **1:539**

School Psychologist

Current Ratio as of August 1, 2024: **1:5030**

School Psychologist

2024-2025 proposed Ratio by June 30, 2025 **1:2515**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2024: **0:539**

Other Licensed Mental Health Provider

2024-2025 proposed Ratio by June 30, 2025: **0:539**

2. 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.

LWCS will continue to provide a minimum of 1 mental health professional on each campus for our students for the 24-25 school year. Continuing to staff a mental health professional at each school will allow for the delivery of a full range of services and effective school-community partnerships. An anticipated goal for LWCS is to employ 2 full-time, district-based school psychologists to assist in the delivery of a full range of services and effective school-community partnerships. These individuals will provide regular support to their assigned school(s) and ensure the following:

- Students referred for a mental health screening are assessed within 15 days of referral;
- School-based mental health services are initiated within 15 days of identification and assessment;
- Collaborate with the discipline team to ensure effective, positive school discipline that: (a) functions in concert with efforts to address school safety and climate; (b) is not simply punitive (e.g., zero tolerance); (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors.
- Integrating learning supports (e.g., behavioral, mental health, and social services), and instructing within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration.
- Implementing multi-tiered systems of support (MTSS) that encompass prevention, wellness promotion, and interventions that increase with intensity based on school need and that promote close school-community collaboration.

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).

School-based mental health staff review data and determine student mental health needs. Health Services district staff review individual school data and adjust health services staffing ratios based on student mental health needs. District and school-based MTSS team meetings will be held quarterly to map out necessary resources to address T1, T2, and T3 needs and determine where direct mental health staff can be most effectively utilized. To encourage retention and to bring more depth to the services that the social workers can provide within the schools, LWCS will initiate the implementation of the two-year process to acquire the LCSW-qualified supervisory program with all social workers. Engaging in this supervisory program will further equip our social workers with best practices and allow for more therapeutic practices to be implemented within the schools.

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

LWCS collaborates with a range of school-based and community-based stakeholders invested in integrated approaches to reduce mental health care barriers to students. Our school-based mental health providers are key to the success of our EBPs throughout our district and work closely with contracted mental health providers.

3. 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.

Dr. Ed Shoemaker, LMHC- Mental Health Counseling and Risk Assessments for individuals during school.

Psychological Associates of Central Florida- Mental Health Counseling and Risk Assessments for individuals during or after school.

Rosemary Webb, LMHC- Mental Health Counseling for individuals during or after school.

PBS West Coast- ABA Therapy for individuals during school.

Alternative Behavioral Concepts- APA Therapy for individuals during school.

Hazel Health- Mental Health Counseling via Telehealth. Services include individual counseling virtually on school campus sites.

Peace River Center- Mobile Response Team

D. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2024-2025 Florida Education Finance Program (FEFP):	\$307,035
Unexpended MHAA funds from previous fiscal years:	\$25,000
Grand Total MHAA Funds:	\$332,035

2. 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, F.S.

School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

Uploaded Document:

[MHAA Planned Funds and Expenditures Form 2024-2025 LWCS District.xlsx](#) 

E. Charter Governing Board Approval

Approval Date:

07/22/2024