



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	10
Section E: MHAA Planned Funds and Expenditures	12
Section F: Charter Governing Board Approval	12

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, ora school resource officer or school safetyofficerwho 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 te lehealth, 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	Sanford Harmony
Tier(s) of Implementation	Tier 1
Describe	the key EBP components that will be implemented.
-	r education program that fosters knowledge, skills, and attitudes boys and entities, create meaningful relationships, and engage productively by ces, tools, and strategies.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
•	d Harmony. Students will learn diversity and inclusion, empathy and , problem-solving, and peer relationships.
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.	
	lity to create meaningful relationships, and engage productively. Pre and re skills development, and reduction of problem behaviors.

Evidence-Based Program	Crisis Prevention Intervention Training (CPI) (K-12)
Tier(s) of Implementation	Tier 1
Describe	e the key EBP components that will be implemented.
•	ensive crisis prevention and intervention plan and teaches participants how ptive behavior before an incident escalates into a crisis.
	mplement evidence-based mental health services for students to improve
the likelihood of at risk student	, emotional, or behavioral problems or substance use disorders, as well as is developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
the likelihood of at risk student disorders or suicidal tendenc The Nonviolent Crisis Intervent setting or as a hybrid option. In	s developing social emotional or behavioral problems, depression, anxiety

No increase in physical restraint. 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	Positive Behavior Intervention Support System (PBIS)
Tier(s) of Implementation	Tier 1, Tier 2
Describe	e the key EBP components that will be implemented.
supporting students' behaviora fidelity, PBIS improves social &	ns and Supports (PBIS) is an evidence-based, tiered framework for I, academic, social, emotional, and mental health. When implemented with emotional competence, academic success, and school climate. It also ell-being. It is a way to create positive, predictable, equitable, and safe veryone thrives.
the early identification of socia the likelihood of at risk studen	implement evidence-based mental health services for students to improve I, emotional, or behavioral problems or substance use disorders, as well as ts developing social emotional or behavioral problems, depression, anxiety cies, and how these will assist students dealing with trauma and violence.
informed, and involved in the e The district and professional st place on its website contact infor respond to the needs identified for food, housing, shelter, cloth	functional ways to engage and empower parents to become more aware, ducation and well-being of their children within the school environment. aff will assist the school staff in carrying out this function. The district will ormation for available community resources. The school social worker will by the families or school, which may involve, but is not limited to the need ing, and medical care. Mental health professionals will disseminate al health awareness and at-risk behaviors and available community mental
intervention, treatment and re-	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring se diagnoses and to students at high risk of such diagnoses.
connected to the school comm practices within a PBIS framew behavioral success, engage wi	ig safe, positive, equitable schools, where every student can feel valued, unity, and supported by caring adults. By implementing evidence-based ork, schools support their student's academic, social, emotional, and th 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	EverFi
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
and taking measures to increase experiences of others in order to the prevalence and symptoms of	supports: Supporting students in identifying threats to mental health early e factors that protect mental health. Introducing students to the o develop awareness and empathy, reduce stigma, and provide facts on of mental health conditions. Fostering a mental health mindset to help f-efficacy and skills that promote and model advocacy for self and others.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
all applicable grade levels. Less mental health disorders, health	am and classroom teachers will provide support in implementing EverFi at son modules include an introduction to mental health, understanding coping skills, and health and wellness. Lessons are integrated into the ovided. A pre and post-test will be used to determine student
intervention, treatment and rec	vill deliver evidence-based mental health care assessment, diagnosis, overy services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Improve student self-managem	ent and relationship skills as well as responsible decision-making.

Evidence-Based Program	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, Solution Focused Brief Therapy and Motivational Interviewing.

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 smallgroup 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.

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.

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	Cloud9World: Wellness Suite
Tier(s) of Implementation	Tier 1
Describ	e the key EBP components that will be implemented.
teaching character strengths. C management strategies and ch	nnovative learning program that integrates literacy as the vehicle for Our program utilizes the acquisition and strengthening of emotional paracter to develop greater personal mental health and the capacity to punded life and a thriving society.
the early identification of socia the likelihood of at risk studen	implement evidence-based mental health services for students to improve I, emotional, or behavioral problems or substance use disorders, as well as ts developing social emotional or behavioral problems, depression, anxiety cies, and how these will assist students dealing with trauma and violence.
and embrace positive characte curriculum components. Rathe experience character strength, apply the strength to other area throughout the school day and	lize a social constructivist approach that enables students to experience r strengths. This approach is easily recognizable in the lesson plans and r than being told what to experience, the activities encourage children to express themselves as they embrace the character strength, and then as of their lives. All resources and materials are designed for flexible use are completely open and accessible by teachers, parents, and students at scheduled classroom implementation.
intervention, treatment and re-	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring se diagnoses and to students at high risk of such diagnoses.
0	ce-based program, students will develop greater personal wellness and the as evidenced by pre- and post-surveys.
Direct Employment	
MHAA Plan Direct Employ	nent
School Counselor	
Current Ratio as of Augus 0:673	st 1, 2023
2023-2024 proposed Rati 0:673	io by June 30, 2024
School Social Worker	
Current Ratio as of Augus	st 1 2023

Current Ratio as of August 1, 2023 1:673

2023-2024 proposed Ratio by June 30, 2024 **1:673**

School Psychologist

Current Ratio as of August 1, 2023 **1:5091**

2023-2024 proposed Ratio by June 30, 2024 **1:5091**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023 0:673

2023-2024 proposed Ratio by June 30, 2024 0:673

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.

LWCS for the 22-23 school year, implemented a plan to have a minimum of 1 full-time social worker on each campus. For the 23-24 school year, we will continue to provide a minimum of 1 mental health professional on each school campus for our students. 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. This individual will provide regular support to their assigned school 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 instruction 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 student 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, 2, and 3 needs and determine where direct mental health staff can be most effectively utilized.

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.

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 & Risk Assessments Psychological Associates of Central Florida-- Mental Health Counseling & Risk Assessments PBS West Coast-- ABA Therapy Alternative Behavioral Concepts-- APA Therapy

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP) \$ 37,020.00

Unexpended MHAA funds from previous fiscal years

\$ 7,000.00

Grand Total MHAA Funds

\$44,020.00

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 Statues.

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:

HCE_MHAA_Planned_Expenditures_Report_2023-2024.pdf Hillcrest Elementary MHAA Planned Expenditures Report 2023-2024 Document Link

Charter Governing Board Approval

This application certifies that the **Polk County Public 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 8/14/2023