



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2022-23 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

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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 mentalhealth. 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).

The first goal for 2022-2023 school year is to have 100% of our full-time staff trained Youth Mental Health First Aiders. The first training will occur in August at the beginning of the school year. Additional training of new personnel will be coordinated with Indian River School District.

The second goal is to form a team to identify and coordinate community resources that are available to assist our students in need by creating a list of the resources available that includes:

1. Hours of availability
2. Treatment specialty
3. Cost
4. Type of facility, residential or outpatient
5. Support Groups

This information will be available to all first aiders, parents, and students

Charter Program Implementation

Evidence-Based Program	Bounce Back
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Bounce Back based on Therapists will administer the Post-traumatic stress symptoms the Cognitive Behavioral sessions to students ages 5-11 . (parent and child reported), Intervention for Trauma in Schools Students will learn to identify anxiety symptoms (child (CBITS) is comprised of IO one- feelings, and their links to thoughts reported), emotional regulation hour group sessions, two to three and actions, using published (parent reported) and individual sessions and one to storybooks to relate concepts and emotional/behavioral problems three parent education sessions that connect engagement activities and (parent reported).</p> <p>Support for Students Exposed to Trauma (SSET)</p> <p>A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of 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, and how these will assist students dealing with trauma and violence.</p>	
<p>School Social Workers and Family Improve: Bounce Back based on Therapists will administer the Post-traumatic stress symptoms the Cognitive Behavioral sessions to students ages 5-11. (Parent and child reported), Intervention for Trauma in Schools Students will learn to identify anxiety symptoms (child (CBITS) is comprised of IO one- feelings, and their links to thoughts reported), emotional regulation hour group sessions, two to three and actions, using published (parent reported) and individual sessions and one to storybooks to relate concepts and emotional/behavioral problems three parent education sessions that connect engagement activities and (parent reported).</p> <p>last over a three-month period. create personal storybooks as an</p> <p>Group sessions are typically held during school hours and cover a range of topics such as relaxation. Parents can support the children practicing the skills at home.</p> <p>The School Social Worker and Family Therapist will help each child develop a My Story in trauma narrative. Near the end of the program, the School Social Worker and Family Therapist meets with the parent and child to share the child" s story.</p> <p>The Bounce Back program is a trauma-informed equitable program, appropriate for children and families of diverse ethnic and social backgrounds.</p>	
<p>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.</p>	
<p>SSET is delivered in an easy-to use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program.</p> <p>Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation</p>	

and relaxation.

The program consists of 10 45-minute lessons designed to be delivered during one class period. These lessons focus on:

- . common reactions to trauma
- . relaxation techniques
- . coping strategies
- . learning to approach difficult situations

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:100

2022-2023 proposed Ratio by June 30, 2023

1:50

School Social Worker

Current Ratio as of August 1, 2022

1:100

2022-2023 proposed Ratio by June 30, 2023

1:100

School Psychologist

Current Ratio as of August 1, 2022

2022-2023 proposed Ratio by June 30, 2023

1:50

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1:100

2022-2023 proposed Ratio by June 30, 2023

1:100

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.

As we add new mental health providers, we will be able to assign a specific number of students to each employee.

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).

Our current plan allows for our mental health provider to spend 50% of their day directly with students.

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

Our providers and community partners will work closely together to ensure every student who needs help gets connected to the provider that can best meet their needs. They will work with our YMHFA to make sure students realize help is available.

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.

See SDIRC plan

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 0.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 0.00

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 **School District of Indian River 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

Wednesday 7/27/2022