



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2022-23 Mental Health Application

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	12
Section E: MHAA Planned Funds and Expenditures	13
Section F: Charter Governing Board Approval	14

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. Innovation Montessori Ocoee and Innovation Montessori High school will demonstrate an above average percentile ranking in the domain of Student-Teacher Relationships on the nationally normed Panorama Survey. (1a-- this goal will be met by expand through "school-based mental health care; the training of educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.)
2. Innovation Montessori Ocoee and Innovation Montessori High school will demonstrate an above average percentile ranking in the domain of Sense of Belonging on the nationally normed Panorama Survey. (1a-- this goal will be met by expand through "school-based mental health care; the training of educators and other school staff in detecting and responding to mental health.

Charter Program Implementation

Evidence-Based Program	Modeling, Social Skills Instruction, and Communication Skills Instruction
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Check Ins using EBPs such as Modeling, Social Skills Instruction, and Communication Skills Instruction	
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.	
Teachers/other staff (including support staff and mental health professionals) will check in daily or weekly with children to practice, discuss, and/or monitor skill including but not limited to communication skills, needs identification, problem solving, skills for attending, conflict resolution, and other other relevant needs. Check ins can also be used to create and/or monitor self care plans. Check ins will be reviewed by the mental health team monthly and Social Workers will be available to support and consult.	
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 social adjustment and engagement in the Montessori curriculum (per teacher and staff observations as well child reports)	

Evidence-Based Program	Positive Psychology and CBT
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
GoZen is an web based program based on CBT and Positive Psychology. It can be implemented both in group and individual sessions. It addresses issues such as anxiety, OCD, panic, and strength building.	
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.	
Social Workers, Mental Health Professionals (including interns), and/or will meet with students weekly either individually or in a group to implement the GoZen curriculum. Go Zen can be used with children in Elementary, Middle, and High School Levels.	
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.	
Children will report increased understanding of their own emotions and cognitions. Children's engagement and understanding of the material will improve throughout the program as assessed by provider observation and report.	

Evidence-Based Program	CBT
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Cognitive Behavioral connections made between thought and action through regular social analysis, social awareness, individual locus of control and the modeling of unconditional positive regard for self and others.	
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.	
PEACE Education activities will be provided throughout the year. These activities will include community building activities where the skills of Problem Solving, Enjoyment, Acceptance, Caring and Effort are defined and identified. On average, weekly Peace circles are held where children identify, define and acknowledge the practice of peace in their classroom community.	
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.	
Completion of a PEACE garland throughout the year that denotes the characteristics of PEACE observed each week in the classroom. Teacher and child report of use of terminology related to the practice of peace.	

Evidence-Based Program	Individual Therapy
Tiers of Implementation	Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Individual therapy provided by Clinical Level Interns using EBPs including but not limited to CBT, Psychoeducation, Social Skills Instruction, Client Centered Therapy, and Integrative Play Therapy.	
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>Social Work Clinical Level Interns will complete the biopsychosocial assessment and provide weekly counseling to children free of charge during the school day. This service will be provided to children in Kindergarten through 12th grade. The length of service will be determined by client needs, not to exceed the school year.</p> <p>Therapist Interns will be supervised by Social Workers on campus and will use evidence based practices throughout therapy.</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.	
Client engagement will be measured by attendance in sessions. Client outcomes (improvement on individual goals) will be reported by the clinician at the closing of services.	

Evidence-Based Program	Signs of Suicide
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Signs of Suicide is an evidence based suicide awareness program for middle and high school students. "SOS Signs of Suicide teaches students how to identify signs of depression and suicide in themselves and their peers, while training school professionals, parents, and community members to recognize at-risk students and take appropriate action." (from program website)	
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.	
Social Workers will implement the SOS program classroom-wide to middle and high school students. SOS is taught through a series of videos and classroom discussion, with an opportunity to request a conversation with an adult at school if a child is concerned about themselves or a friend. Parents will be notified of the program implementation so they can access online resources and have follow up conversations at home.	
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.	
Engagement in the program will be measured through student attendance and completion of exit tickets. Student teacher relationships will be measured through the national-normed Panorama Survey.	

Evidence-Based Program	Safer, Smarter Kids
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Safer, Smarter Kids and Safer, Smarter Teens are abuse prevention programs using psychoeducation to teach children awareness as well as skills such as boundary setting, appropriate communication, and keeping themselves safe.	
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.	
The program will be coordinated by the Social Workers and implemented by teachers in the classroom. The program consists of several 30-45 minutes lessons incorporating videos, role play, written activities, and parent communication.	
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.	
Completion of the program will be reported by the classroom teacher.	

Evidence-Based Program	Restorative Justice
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.	
Restorative Justice in schools has been shown to increase a sense of community, foster positive relationships between students and staff, and decrease misbehavior and discipline. With improved relationships and communication of needs, students will be able to be identified more easily and will be better able to seek support when needed.	
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.	
IMO/IMHS has three administrators trained in Restorative Justice and one administrator trained as a Restorative Justice Coordinator who will train, support, and assist the rest of the staff in implementing RJ. At the Tier 1 level, RJ will consist of community building circles and activities as well as the usage of needs-based and problem solving language across the school. At the Tier 2 level, RJ will consist of problem solving and conflict resolution circles with small groups of students and staff as needed. At the Tier 3 level, RJ will consist of COSA (Circles of Support and Accountability) meetings when a student returns from suspension, a psychiatric hospitalization, or any time a student is identified to have a significant and/or complex constellation of needs.	
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.	
Student-Staff relationships and overall school climate will be measured by the nationally normed Panorama Survey.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

0:717

2022-2023 proposed Ratio by June 30, 2023

0:717

School Social Worker

Current Ratio as of August 1, 2022

2:717

2022-2023 proposed Ratio by June 30, 2023

2:717

School Psychologist

Current Ratio as of August 1, 2022

1:717

2022-2023 proposed Ratio by June 30, 2023

1:717

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1:717

2022-2023 proposed Ratio by June 30, 2023

1:717

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.

The primary responsibility of mental health professionals is direct services. Mental Health Professionals are not given additional duties such as lunch supervision, car line, etc.

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).

The primary responsibility of mental health professionals is direct services. Mental Health Professionals are not given additional duties such as lunch supervision, car line, etc.

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

IMO/IMHS have partnered with a private practitioner to provide individual therapy to children free of charge on the school campus. Additionally, IMO/IMHS have partnered with UCF to provide placement for interns each year. IMO/IMHS also partners with OCPS School Psychologists as needed.

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.

1. Jill Schaffer, LMHC, Private Practitioner, Individual and Group Therapy, MHAA
2. SEDNET providers, SEDNET, Individual Therapy, Medicaid/FSPT

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 31,750.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 31,750.00

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:

MHAA_Planned_Expenditures_Report_2022-2023.pdf
<i>Innovation Montessori MHAA Expenditure Form 2022-2023</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Orange 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

Tuesday 7/12/2022