



## **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).

 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.)
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 care; the training of

#### **Charter Program Implementation**

Evidence-Based Program	Modeling, Social Skills Instruction, and Communication Skills Instruction
Tiers of Implementation	Tier 2, Tier 3
	nents 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 observations as well child report	engagement in the Montessori curriculum (per teacher and staff ts)

Evidence-Based Program	Positive Psychology and CBT
Tiers of Implementation	Tier 2, Tier 3
-	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
	m based on CBT and Positive Psychology. It can be implemented both in t addresses issues such as anxiety, OCD, panic, and strength building.
the early identification of socia the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
either individually or in a group	Professionals (including interns), and/or will meet with students weekly to implement the GoZen curriculum. en in Elementary, Middle, and High School Levels.
intervention, treatment, and red	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
•	nderstanding of their own emotions and cognitions. Children's engagement ial will improve throughout the program as assessed by provider

Evidence-Based Program	СВТ
Tiers of Implementation	Tier 1
•	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
	ns made between thought and action through regular social analysis, sus of control and the modeling of unconditional positive regard for self and
the early identification of socia the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
building activities where the ski defined and identified. On avera	be provided throughout the year. These activities will include community Ils of Problem Solving, Enjoyment, Acceptance, Caring and Effort are age, weekly Peace circles are held where children identify, define and ace 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.	
	Clinical Level Interns using EBPs including but not limited to CBT, Instruction, Client Centered Therapy, and Integrative Play Therapy.
the early identification of socia the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
counseling to children free of ch Kindergarten through 12th grad the school year.	ns will complete the biopsychosocial assessment and provide weekly harge during the school day. This service will be provided to children in e. The length of service will be determined by client needs, not to exceed ised by Social Workers on campus and will use evidence based practices
intervention, treatment, and rec	vill deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
	sured by attendance in sessions. Client outcomes (improvement on d by the clinician at the closing of services.

Evidence-Based Program	Signs of Suicide
Tiers of Implementation	Tier 1
•	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
"SOS Signs of Suicide teaches	based suicide awareness program for middle and high school students. students how to identify signs of depression and suicide in themselves chool professionals, parents, and community members to recognize at-risk action." (from program website)
the early identification of social the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
is taught through a series of vid conversation with an adult at so	he SOS program classroom-wide to middle and high school students. SOS leos and classroom discussion, with an opportunity to request a chool if a child is concerned about themselves or a friend. Parents will be entation so they can access online resources and have follow up
intervention, treatment, and red	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Engagement in the program wil	I be measured through student attendance and completion of exit tickets.

Evidence-Based Program	Safer, Smarter Kids
Tiers of Implementation	Tier 1
	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
	Smarter Teens are abuse prevention programs using psychoeducation to ell as skills such as boundary setting, appropriate communication, and
the early identification of social the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
· •	d by the Social Workers and implemented by teachers in the classroom. al 30-45 minutes lessons incorporating videos, role play, written activities,
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
	nents that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.
relationships between students	has been shown to increase a sense of community, foster positive and staff, and decrease misbehavior and discipline. d communication of needs, students will be able to be identified more seek support when needed.
the early identification of social the likelihood of at-risk studen	mplement evidence-based mental health services for students to improve al, emotional, behavioral problems or substance use disorders, as well as ts developing social, emotional, behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
Restorative Justice Coordinator At the Tier 1 level, RJ will consist needs-based and problem solvi At the Tier 2 level, RJ will consist students and staff as needed. At the Tier 3 level, RJ will consist	st of problem solving and conflict resolution circles with small groups of st of COSA (Circles of Support and Accountability) meetings when a n, a psychiatric hospitalization, or any time a student is identified to have a
intervention, treatment, and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Student-Staff relationships and Panorama Survey.	overall school climate will be measured by the nationally normed
Direct Employment	
MHAA Plan Direct Employm	nent
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.

Jill Schaffer, LMHC, Private Practitioner, Individual and Group Therapy, MHAA
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 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:

MHAA\_Planned\_Expenditures\_Report\_2022-2023.pdf Innovation Montessori MHAA Expenditure Form 2022-2023 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