



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	14
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 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 percentage of students demonstrating aggression towards peers and adults will decrease by 5% between August 2022 and May 2023 through the implementation of evidence based practices proven effective in improving outcomes for students with autism. (Assurance 1a)

Attendance at Hope will increase by 5% when compared to the average daily attendance of (88.73% Hope Center) and 87.21% for Hope Academy.

Charter Program Implementation

Evidence-Based Program	Augmentative and Alternative Communication programs
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.	
Students who are functionally nonverbal will be provided with multiple forms of communication that can supplement or compensate expressive communication. Tier one communication includes the use of Core Language to facilitate appropriate communication. Tier two and three include the use of the Picture Exchange Communication System (an evidence based communication program) and low, mid and high tech devices, as well as communication boards.	
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 function of the majority of problem behaviors at The Hope Center is communication. Interventions such as visual cues, communication boards and communication devices will replace the ineffective behaviors and result in improved conduct, engagement and outcomes. Data is collected on student behavior the first 2 weeks of the school year to determine if there are problem behaviors that need to be analyzed and replaced with more effective behaviors. Following development of a plan, ongoing data collection provides ongoing information as to the effectiveness of the interventions and if there is a need to alter the current interventions in place.	
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.	
Augmentative and Alternative Communication programs are evidence based interventions for individuals with autism targeting the improvement of outcomes. The lack of reciprocity and engagement are often skill deficits for our student population and result in decreased outcomes. Interventions that are evidence based and progress monitored will improve overall student outcomes.	

Evidence-Based Program	Social Narratives
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.	
Social narratives are stories that explain the social expectations of a setting and what demonstration of those expectations means to others. Stories may be developed for classrooms to describe rules, small groups to describe how to engage in cooperative activities or individual students to explain which replacement behaviors would be most effective in a setting. The stories may be written, drawn with the student (comic strip conversations) or be developed with both pictures and words. All stories are shared with families to increase generalization of skills.	
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.	
Use of social narratives prevents continued problem behaviors from occurring for students who demonstrate pragmatic deficits that prevent them from learning and responding to their environment appropriately. Social narratives teach the underlying skills required to prevent future depression and anxiety especially for a person with autism who is more likely to develop these challenging disorders.	
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.	
Data is gathered across settings to determine the function of a problem behavior and under what conditions those behaviors are demonstrated. Data analysis provides the information teams need to determine if the function of the student's behavior (inability to comprehend the social expectations of a setting) and then replace that behavior with a behavior that matches the same function (provide information about social expectations).	

Evidence-Based Program	Parent implemented interventions
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>Parent implemented interventions include collaboration, training, modeling, and coaching parents to implement evidence-based practices outside of the school setting. There are several commercialized products that provide parent implemented interventions, but without the coaching and modeling components, those interventions often fail. Hope Center has established monthly "Center Days" as an opportunity for parents to work alongside educators in implementing evidence-based practices during theme-based activities. Many parents have more than one child on the autism spectrum or may have autism themselves. These coaching experiences supported by training and collaboration will not only affect the targeted students, but also the families of that student through the implementation of practices that support the family unit.</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>Parent Implemented Interventions take the form of "Centers Days" as previously described (Tier 1). Parents also have an opportunity to learn from other parents through guided group discussions support by Dr. Deborah Winking from the University of Washington, the Center for Autism and Related Disabilities and other agencies that collaborate with families to identify the challenges the targeted child faces and then providing training in EBP that replace problem behaviors (Tier 2). Parents also have an opportunity to observe their child in the classroom setting and then meet with staff to develop a plan for families to provide similar structure and support in their home. These are individualized observation and coaching sessions that are developed to meet the individual needs of each child and family. (Tier 3). Implementation of this practice will prevent future problem behaviors by providing parents with the knowledge needed to identify and intervene when challenges are presented. Intervention prevents current problems and provides the foundation to support the child in the future which will reduce the likelihood of continued issues.</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>Parent Implemented interventions address the needs of a variety of mental health challenges that parents of children with special needs face for themselves and their child. This is an evidence-based intervention proven effective in improving outcomes for people with autism.</p>	

Evidence-Based Program	Technology aided instruction and intervention
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.	
Technology aided instruction and intervention consist of the use of technology as the central feature of an intervention that supports the outcomes for the targeted students or student. Technology is an electronic item, equipment, application, or virtual network that may be used to improve the daily living, productivity and leisure skills of an individual with autism and related disabilities. This intervention is effective for children as young as three years old to adults up to 22 years of age.	
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.	
All students have access to Technology aided interventions using computer games that teach emotion/ facial cues and how to respond to those cues appropriately. Through the Hope Center, technology supports all students in providing an alternate form of communication that can be accessed by all students. QR Codes explain the expectations of an assignment and talking buttons are placed in strategical areas to prompt communication with staff and peers (Tier 1). Small groups of students have an opportunity to engage with a robot designed to increase language and social understanding for students with pragmatic deficits. The use of the robot is facilitated by speech language pathologists (Tier 2). For students who have nonfunctional language, technology may be provided to support communication using simple devices that provide one picture with matching verbal output the student can use to express wants and needs and more complex tools that consists of a dynamic display with multiple categories of words and phrases alongside a keyboard to provide the individual with a limitless form of communication that others can understand and respond to. Autism is a social language disorder that affects an individual's ability to communicate across situations. This challenge can lead to frustration and the demonstration of dangerous problem behaviors. When the appropriate tools are in place supported by instruction, modeling and coaching in the use of the tool, problem behaviors are replaced with a more appropriate means of having the needs and wants of the child met.	
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.	
Use of technology aided interventions are determined through data analysis and monitored with ongoing data collection and analysis. There is an array of technological interventions available for individuals with autism. Many individuals with autism are motivated using technology making this support more likely to be used without negative behavior than some other less motivating interventions. Use of data to assess student need and intervene will guide the use of this and all interventions to determine effectiveness.	

Evidence-Based Program	Naturalistic intervention
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.	
Naturalistic interventions have been shown to decrease challenging behavior and increase appropriate play and social skills in individuals from birth through 22 years of age. Interventions occur during typical activities that are motivating for the child and occur daily. Use of this intervention also improves generalization and maintenance of learned skills, improving future outcomes.	
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.	
Naturalistic interventions are used at Hope for a variety of interventions, but most commonly to promote spontaneous initiation of communication in a typical setting. The environment may be sabotaged to encourage communication and teach strategies/skills that will prevent future behavioral issues. For example, a student may be assigned a task requiring cutting, but is not provided scissors. For some students this small detail may result in aggression, refusal, and other problem behaviors. The educator may place a visual support or voice output device that asks for help. The educator remains near the student when initiating the tasks and using fading prompts, will facilitate use of the communication tool to request assistance and thereby avoiding challenging behaviors used to avoid a situation the student finds disturbing. Natural interventions are developed to address the needs of a classroom, small group or individual child based on an analysis of data.	
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.	
Use of naturalistic interventions provides an opportunity for educators/mental health providers/therapists to teach the student during situations in which the replacement behavior would most likely occur. This increases the likelihood that the behavior will be used appropriately in the future thus resulting in more positive outcomes for the child.	

Evidence-Based Program	Social skills training
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.	
Social skills training teaches targeted skills to increase desired behavior. Specifically, the use of social thinking curriculums will teach the desired behavior, why it is desirable and under what conditions the behavior should be demonstrated. Instruction occurs across all three tiers of intervention in large group, small, targeted group and individual sessions.	
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 use of social skills training helps students to identify social behaviors and how to replace them with more effective and acceptable behaviors. Initial pre-assessments are used to identify the skills to be taught and the approach to the instruction. Instruction is often delivered using examples that represent the child's preferred interests. For example, teaching a student how to problem solve a social situation may be represented using Paw Patrol characters which the student is motivated to attend to. Following social skills instruction, educators observe and report on the student's use of learned skills across environments to ensure generalization of skills. Many social skills programs have been shown to have effects lasting long after the initial instruction.	
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.	
Social skills training specifically targets many of the skill deficits affecting a person with an autism diagnosis as well as co-occurring mental health needs. Mental health care assessment using the Autism Diagnostic Observation Schedule, Underlying Characteristics Checklists, Functional Behavior Assessments, and data collection provides information needed to appropriately replace dysfunctional behavior with appropriate replacement behaviors.	

Evidence-Based Program	Cognitive Behavioral Intervention
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.	
Cognitive behavioral therapy, or CBT, is a short- term therapy technique that can help people find acceptable ways to behave by changing their thought patterns. CBT teaches the student how to examine their own thoughts and emotions, understand when their thoughts are becoming negative or increasing in intensity and then provide strategies that will change thoughts and behaviors.	
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.	
Students engage in a variety of relaxation techniques, role playing and other interventions that help them identify when thoughts are beginning to turn negative. Use of Zones of Regulation and Five-point scales help the student to appropriately identify what their behavior may look like, what the thoughts and feelings associated with that behavior is and what an appropriate intervention to change those thoughts and behaviors may be. Scales are used to visualize the behaviors and interventions while also prompting educators/therapists with the appropriate responses based on the child's behavior. Use of these strategies teaches the child how to overcome negative situations, increases their resilience and provides tools for avoiding future social, emotional and behavioral problems.	
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.	
Development of the appropriate tools and approaches for Cognitive behavior therapy is based on data collection and observation of the individual in an array of situations. The therapists will intervene through direct instruction, coaching, modeling and role-playing situations. Continued data collection across settings and individuals identifies the ability for the child to generalize the learned skills across settings effectively.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:91

2022-2023 proposed Ratio by June 30, 2023

1:91

School Social Worker

Current Ratio as of August 1, 2022

.25

2022-2023 proposed Ratio by June 30, 2023

.5

School Psychologist

Current Ratio as of August 1, 2022

1:91

2022-2023 proposed Ratio by June 30, 2023

1:91

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

1:91

2022-2023 proposed Ratio by June 30, 2023

1:91

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.

Due to the nature of autism and the underlying causes of mental health challenges related to autism, the employment of school based mental health service providers includes the use of Speech Language Pathologists who target the development of pragmatic language needed to navigate social situations (4 SLP/SLPa for 91 students) , behavior specialists (4: 91 students) who assist with the collection, analysis and response of student data to determine function and replacement behaviors, and trained mental health counselor(1: 91 students) . School Psychologists are provided through the school district as part of the charter agreement. Hope has also attained a grant that supports the acquisition of a part time social worker to support family/student needs.

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).

Mental health services in the form of pragmatics instruction and behavior analysis are increased through the ongoing school funded professional development of current staff and the acquisition of staff trained in the targeted areas. For the 22 23 school year, Hope has increased trained behavior support with the addition of an SLPa/RBT who has his master's in applied behavior analysis and a bachelor's degree in speech and language pathology. An increase in mental health services will be targeted by increasing the time the current mental health counselor has to work with students. The addition of the nurse/social worker position for the 22 -23 school year and part time social worker will also support the mental health needs of the school population. Additional resources including family training offered both in person and remotely to capture all families. Childcare is allocated and provided during family training sessions. An interagency agreement will be sought with additional providers during the 22 23 school year to increase services and the capacity of community partners to meet the needs of people with autism.

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

The role of school based mental health providers is to work alongside teachers, therapists, and parents to provide coordinated interventions and consultation needed for student attendance and

appropriate behavior throughout the school day. Behavior specialists coordinate planned interventions with private/homebased behavior interventionists to ensure generalization of skills across settings, situations, and people.

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.

In house behavioral services are being provided by trained professionals hired as employees at Hope. Currently discussions with Helping People Succeed to address the ongoing social needs of teens with autism is occurring. Cooperative agreements have been made with Dr. Winking to support parent interventions. Additionally support from the Center for Autism and Related Disabilities offers ongoing professional development consultation and family support. The School Psychologist is paid for through administrative fees paid to the Martin County School District. IDEA, Medwaiver, Mental Health Allocation and FTE funds support behavioral health providers. Hope also received a grant from the Kindness Foundation to implement programming that will teach and facilitate the use of appropriate behaviors. Hope Center will also train staff in the use of DBT to support the mental health needs of our student population.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 4,573.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 4,573.00

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_Hope_Center_22_23_Budget.pdf
<i>MHAA Budget</i>
Document Link
PBIS_Implementation_Mental_Health_plan_2022_2023.pdf
<i>PBIS & Mental Health Plan</i>
Document Link

Charter Governing Board Approval

This application certifies that the **Martin County School District** 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 6/6/2022