



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).

Goal 1: To improve the early identification of social, emotional, or behavioral concerns through staff training and support.

Goal 2: To improve the timely access of counseling and support services through a more direct referral process and documentation.

Charter Program Implementation

Evidence-Based Program	Play Therapy
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.	
Using play therapy manipulatives to help students that are non-verbal or of younger age to express feelings and emotions in a safe and structured therapeutic space.	
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.	
Mental health staff will use tools to engage and assist students to share and process emotions related to social skills, anxiety, stress-related disorders, and transitional issues. These tools will be discussed and shared between team members during Clinical Staff meetings and training will be provided to staff to assist them in their work.	
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.	
These interventions will work to help staff develop plans that will focus on identifying and supporting students with diagnoses and those that show symptoms of early development of concerns. They will assist students in developing treatment plans with goals, and conduct periodic reviews of those goals to ensure the student is making progress and/or alternative revisions are completed as necessary.	

Evidence-Based Program	Cognitive Behavior Therapy
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 Behavior Therapy techniques such as interviewing, relaxation and stress reduction techniques, imagery, and journaling/thought records will be utilized to assist students and families to help generate awareness of the issues as well as in plan development and goals setting.	
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 cognitive behavior therapy in identifying both diagnosed and at-risk mental health concerns will be used at the early stages of counseling in order to provide early intervention and best outcomes.	
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.	
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.	

Evidence-Based Program	Trauma-Focused Behavior Therapy
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.	
The use of psychoeducational parenting skills as well as conjoint child-family sessions are key components of TF-CBT.	
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 Support Services team will utilize psychoeducational and parenting skills training both individually in and group settings as appropriate to help parents learn to manage difficult situations in a healthy way. This will allow parents and children to learn the tools necessary to alleviate overwhelming thoughts that cause stress, anxiety, and depression.	
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.	
The supports will create goals that will help survivors of trauma decrease the negative behavior patterns and emotional responses that develop after instances of abuse or other related trauma.	

Evidence-Based Program	Solution Focused Brief Therapy
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.	
SFBT's key components are to find and implement a solution problem rather than discussing the symptoms, issues, and history of the concerns.	
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 Support Services staff will begin at intake to identify factors of resilience and identify needs. If additional supports are needed, the enrollment specialist will move the family through the process of counseling and support in order to provide early identification and intervention.	
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.	
Families who are moved to receive mental health support will be encouraged to change by reinforcing their resources and strengths currently in place. This is done by focusing on the future and highlighting current skills that will guide them forward to resolution in the treatment planning phase and goal setting process.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:474

2022-2023 proposed Ratio by June 30, 2023

1:474

School Social Worker

Current Ratio as of August 1, 2022

1:285

2022-2023 proposed Ratio by June 30, 2023

1:285

School Psychologist

Current Ratio as of August 1, 2022

1:711

2022-2023 proposed Ratio by June 30, 2023

1:711

Other Licensed Mental Health Provider*Current Ratio as of August 1, 2022*

NA

2022-2023 proposed Ratio by June 30, 2023

NA

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 direct campus access of our students to our mental health providers reduces the staff-to-students ratios as those professional will be able to meet with students throughout the day both individually and in a group setting. This will allow teachers to work with smaller groups on academic instruction while mental health support/ education is concurrently taking place.

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).

UCP of Central Florida Charter Schools are in a unique position where due to our student population needs many therapies (occupational, speech, and physical therapies), take place throughout the school day. The provision of mental health services is just as important as the other modalities' and students have access to the mental health/ behavior teams as necessary for support.

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

Our school-based mental health team members are trained and committed to serving the campus to which they are assigned. This allows for the continuity of care that takes place when all staff and family members are sharing information on the child's needs on a consistent basis. Our team has knowledge of the student's grades, classroom needs, family dynamics, as well as peer relationships. Our team is integrated into the student's life in ways that can only be accomplished with collaboration and support. This systemic approach to mental health is key to identifying early signs of concerns and addressing them early. Our community partners play an important role in assisting our student population as well. Our partners know the population and needs of our students and we partner with those organizations who have an understanding and passion for working with families of children with special needs.

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.

Breakthrough Behavior is contracted to work with our students who are in need of behavioral services. Our mental health team also refers regularly to outside providers for additional, more-intensive work based on the individual needs of the family/student. If a student is on need of physical, occupational, or speech therapy, those contracts are also secured as needed per the student's individual needs.

MHAA Planned Funds and Expenditures

Allocation Funding Summary**MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)**

\$ 56,462.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 56,462.00

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_(1).pdf
<i>Funds and Expenditures</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

Thursday 7/28/2022