



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 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. Deliver evidence-based awareness efforts which will be coordinated on professional development days with the staff and teachers. Awareness efforts may include Mental Health First Aid, Restorative Practices, Trauma Informed Care, and Behavioral De-escalation. These efforts are included in Tier One supports as they will benefit all students.
2. Deliver evidence-based small group or individual counseling targeting specific coping strategies or relevant topics.

Charter Program Implementation

Evidence-Based Program	Conscious Discipline
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>Universal Screening</p> <p>Professional Development; specifically Conscious Discipline and Youth Mental Health First Aid</p> <p>Various forms of support-Individual and group</p> <p>Play therapy</p> <p>Sensory Area</p> <p>Breathing Techniques</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>Because we are aware that approximately 70% of children with mental health needs go without mental health services, we aim to provide evidence-based screening that would identify those children who are at-risk for mental health issues. Additionally, traditional methods of identifying children who are already exhibiting indications of mental health needs (attendance, behavioral referrals, visits to the school nurse) often miss children who are in need of services but are not acting out.</p> <p>Our Director of Psychology and Behavior has a Ph.D. in Applied Developmental Psychology and has completed a Fellowship at Johns Hopkins School of Medicine working with children who experienced trauma and violence. She is trained in the use of evidence-based measures for both identification and intervention of social and emotional problems, including depression, anxiety disorders, and suicidal tendencies, and she stays abreast of current research in those areas.</p> <p>She will (in accordance with suggested best practice) assemble a team of stakeholders, including administrators, teachers, students, and parents) to create buy-in for a universal screening procedure to identify children at-risk for or in need of services and support. This team will consider the particular needs of our school community in regard to the culture of our school families and surrounding community and examine ways to promote input and buy-in for screening and support for mental health issues. The team will examine costs and implementation needs, including personnel factors involving time and training and identify an appropriate screening instrument.</p> <p>Additionally, she, along with our curriculum team, will work with teachers in the classroom and through teacher training to identify children who may be at-risk. They will be encouraged to be especially attuned to issues of childhood abuse, trauma or neglect, children experiencing loneliness and social isolation, stigma, and poverty. They will be trained to be aware of circumstances where children have lost someone close to them, those who have long-term physical health conditions, and those experiencing other forms of long-term stress.</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.	
Research literature indicates that building positive relationships between students, teachers, and other adults within the school system is a key factor in reducing emotional and mental health problems among students. The development of effective coping strategies in response to stress, healthy cognitive approaches to challenges, and the opportunity to derive support and encouragement from adults trained	

in support are all integral to supporting children within the school setting who are at-risk for or experiencing mental health issues.

Those children who are identified will be provided support through the 3-tiered MTSS system currently in place. The counselor and teachers will work together within the classroom to provide cognitive supports and coping strategies.

Further, identified children will receive intervention in a Sensory Skills Room, where they may receive emotional support, counseling with the guidance counselor, short-term play therapy, practice coping skills and learn to form healthy relationship connections with peers and adults. Children will sometimes work there in teams (along with the counselor, curriculum staff, and principal) to create ways (in line with our Conscious Discipline approach to building connected and resilient classrooms) to support each other in their social and emotional growth.

Teachers will receive a full-day of training provided by outside specialists through the Conscious Discipline training program in building connected relationships with students, creating a mutually supportive school family, and providing instruction of effective social skills to children within their classrooms.

Further, children identified with mental health needs will be referred to the school counselor who will work with them individually to determine the need for further outside support. The school counselor is connected with outside psychiatric, social work, and counseling services available in the community for referral to families of students who would profit from medical diagnosis and further intervention.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1/300

2022-2023 proposed Ratio by June 30, 2023

School Social Worker

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

School Psychologist

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

0

2022-2023 proposed Ratio by June 30, 2023

0

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.

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).

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

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.

Catalyst Counseling-Outside Counseling Referrals
The Healing Tree-Outside Counseling Referrals

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 28,369.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 28,369.00

MHAA planned Funds and Expenditures Form

Please complete the MHAA planned Funds and Expenditures Form to verify the use of funds in accordance with (s.) 1011.62 Florida Statutes.

The allocated funds may not supplant funds that are provided for this purpose from other operating funds and may not be used to increase salaries or provide bonuses. School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

The following documents were submitted as evidence for this section:

No files were uploaded

Charter Governing Board Approval

This application certifies that the **School District of Osceola County, FL** 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 7/26/2022