



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.

No

School-based mental health services are initiated within 15 calendar days of identification and assessment.

No

Community-based mental health services are initiated within 30 calendar days of referral.

No

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.

No

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.

No

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.

No

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.

No

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.

No

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: Provide multi tiered system of support for students that need mental, behavioral, and social emotional needs to 100% of identified students in need/crisis.

Goal 2; Provide dedicated certified guidance counselor for the purpose of supporting optimal student learning through teacher training and curriculum implementation, social emotional support and mental health well being to the school community

Charter Program Implementation

Evidence-Based Program	Multi Tiered System of Universal Support
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 OACS Mental Health Plan Matrix will be put into place to collect data regarding the number of students screened/assessed, number of students referred for internal and the number of students referred to an outside mental health provider:	
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.	
• A member of the Behavior Support Team will complete a Request for Support Services Form (APPENDIX B) to refer students to school counselor, mental health professional, behavior support team member, and/or school health assistant when screening, consent, and intake are deemed necessary. A copy of the referral form will be submitted to the Dean of Student Services and/or designee who will maintain documentation of this information. Determination that a threat is low risk will be monitored through the Tier I MTSS Behavior Matrix Process. • The School Counselor and/or Licensed Mental Health Professional will complete the Parental Release Information/Assessment and/or Treatment Authorization Form and the Community Based Referral Form with parents when referring to an outside mental health agency has been deemed necessary. The School Counselor and/or Licensed Mental Health Professional will link student/family to services. The School Counselor and/or Licensed Mental Health Professional will utilize our MTSS process for documentation of data collection, progress monitoring, and reporting purposes.	
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.	
All members of OACS Mental Health Plan team will expand their current roles to provide more direct services to students referred by the Behavior Support Team. For students exhibiting emerging or identified mental health issues, the school counselor, licensed mental health professionals, behavior support team member, and school health assistant will receive referrals from the Behavior Support Team for screening and intake of students. The assigned Behavior Support Team member will contact a parent to include their concerns and observations. They will follow the OACS MTSS Behavior Matrix Process (Appendix E) to provide in school support or contact the School Counselor and/or Licensed Mental Health Professional to complete referrals to community providers. They will communicate outcomes and progress with mental health professionals and the Dean of Student Services, designee, and/or School Counselor. They will support the reporting process as outlined in SB 7026. The Certified School Counselor and/or Licensed Mental Health Professional will provide screening results to the Dean of Student Services for data tracking.	

Direct Employment

MHAA Plan Direct Employment**School Counselor***Current Ratio as of August 1, 2022***1:535***2022-2023 proposed Ratio by June 30, 2023***1:535****School Social Worker***Current Ratio as of August 1, 2022***2:16102***2022-2023 proposed Ratio by June 30, 2023***2:16102****School Psychologist***Current Ratio as of August 1, 2022***7:16102***2022-2023 proposed Ratio by June 30, 2023***7:16102****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.

OACS has continued to develop processes to various ESE, MTSS, and Administration staff in order to identify and provide multi tier system of supports for student mental, behavioral and social emotional health 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).

Through the lead of our certified guidance counselor and Dean, OACS conducts Request for Support meetings with various team members to discuss and address students in need relating to mental, social emotional or behavior health. Using the MTSS (multi tiered systems of support) student needs are matched with appropriate interventions. Documentation of direct services is collected and reviewed at 6 weeks progress monitoring meetings to monitor the amount of time spent on direct services.

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

Our Certified Guidance Counselor and Community based partners provide supports for Tier 3 services with individualized mental health interventions. They also support by providing referrals for students who may need more in-depth wrap around services.

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. A Better Therapy - licensed mental health counseling.
2. Children's Home Society - licensed mental health counseling
3. Kinder Consulting - licensed mental health counseling

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 23,849.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 23,849.00

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:

OACS_0072_MHAA_Planned_Expenditures_Report_2022-2023.pdf
<i>OACS 0072 Mental Health Planned Funds and Expenditures 22 23</i>
Document Link
OACS_Mental_Health_Allocation_Services_Plan_2022_2023.docx
<i>OACS 0072 Mental Health Allocation Plan - Word Format</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 7/26/2022