



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).**

Staff at Odyssey Charter School will implement Positive Discipline in the Classroom to increase student problem solving and self-regulation of emotions. Educators and school staff will be trained in Positive Discipline to increase the detection and response to mental health issues that arise in the school.

Odyssey Charter School will increase the number of staff providing mental health services to students and families. The number of staff will increase from 4 guidance counselors to 5, 1 social worker to 2, and the addition of a part time mental health professional.

## Charter Program Implementation

<b>Evidence-Based Program</b>	Positive Discipline in the Classroom
<b>Tiers of Implementation</b>	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>Positive Discipline teaches social-emotional skills and character development throughout the school day. It is a campus-wide approach for effective discipline and cultivates a positive school culture and climate. Practices implemented through Positive Discipline are the foundation for social justice and equity in the school's learning communities and buildings. Positive Discipline is also a restorative practice focused on building skills for repairing mistakes and healing relationships.</p> <p>Based on brain science and development, Positive Discipline is a trauma informed practice. Training for educators includes:</p> <ul style="list-style-type: none"> <li>- developing a deeper understanding on how the brain adapts to toxic stress and how to respond to students who are triggered</li> <li>-developing a deeper understanding of how the teacher's leadership is critical in modulating the stress level of their classroom (how they connect, integrate self-regulation practices, manage transitions, avoid contingent responses, etc.)</li> <li>-learning how to help students gain ability to be aware of their internal state, self-regulate and build positive relationships with peers and adults.</li> <li>- tools for building resilience, which comes from the deep belief that you matter to another human being and from the practice of repairing mistakes.</li> </ul> <p>Students benefit from deep practice in self-regulation and from the experience of being able to repair mistakes and from being in a community of peers that embraces differences and builds strong connections.</p> <p>The Collaborative for Academic Social and Emotional Learning (CASEL) has identified five core social emotional competencies. They are:</p> <ul style="list-style-type: none"> <li>- Self Awareness</li> <li>- Social Awareness</li> <li>- Responsible Decision-Making</li> <li>- Self Management</li> <li>- Relationship Skills</li> </ul> <p>The Positive Discipline curriculum teaches the 5 core competencies in every lesson and teaches them implicitly. The processes of learning experientially builds self-awareness, self-management, social awareness, responsible decision making and relationship skills. Class meetings are the laboratory process in which all of these competencies are practiced on a regular basis, supporting learning and growth of neural connections.</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>Positive Discipline in the Classroom focuses on how adults respond to inappropriate student behavior as an important model for student conduct. In a Positive Discipline School, every adult:</p> <ul style="list-style-type: none"> <li>- understands that the quality of relationships and school climate are critical to successful student</li> </ul>	

learning,

- seeks to establish strong connections between staff, students, and families in social and academic contexts,
- implements principles of mutual respect, collaborations, and encouragement
- focuses on long-term solutions to misbehavior at individual, class, and school-wide levels,
- views mistakes as opportunities to learn and misbehavior as opportunities to practice critical life skills, and
- questions the tradition of adult control, rewards, and punishments.

The long-term strategies for successful implementation of the Positive Discipline social-emotional curriculum include:

- training all school staff
- the presence of an oversight team
- a commitment to school-wide teaching of the full curriculum
- making a respectful climate and culture a school priority
- regular practice including regular class meetings
- the use of behavior and climate data as feedback
- incorporating the model into school-wide practices (student council meetings, staff meetings, students solving school wide problems, PLC's)
- engaging the broader community, including parents and caregivers

Positive Discipline also has benefits in deep practice of self-regulation. Students benefit from the experience of being able to repair mistakes, but most importantly, they benefit from being in a community of peers that embraces differences and builds strong connections.

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.

As a Tier 1 and Tier 2 program, Positive Discipline does not address assessment, diagnosis, intervention, treatment or recovery services. School and community based resources such as counselors and social workers would provide these services both within the school day and through referrals to outside resources.

## Direct Employment

### MHAA Plan Direct Employment

#### School Counselor

*Current Ratio as of August 1, 2022*

**1:480**

*2022-2023 proposed Ratio by June 30, 2023*

**1:384**

#### School Social Worker

*Current Ratio as of August 1, 2022*

**1:1922**

*2022-2023 proposed Ratio by June 30, 2023*

1:961

### School Psychologist

*Current Ratio as of August 1, 2022*

1:961

*2022-2023 proposed Ratio by June 30, 2023*

1:961

### Other Licensed Mental Health Provider

*Current Ratio as of August 1, 2022*

1:1922

*2022-2023 proposed Ratio by June 30, 2023*

1:1922

## 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.**

Additional staff including an additional counselor, social worker, and part time mental health professional have been hired for the 2022-2023 school year to reduce the ratio of staff to students.

**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).**

Staffing allocations have been increased to allow for more student services during the school day. The addition of an additional social worker and additional counselor will allow for more direct mental health services. As more needs arise, staff may be reallocated to provide additional student support services.

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

School based mental health providers will receive training and certification in Positive Discipline in the Classroom. This will allow school based personnel to support teachers and students in the classroom and school as the program is implemented.

## 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.**

Brevard Public Schools (sponsor) provides connections with Helping Hands and Kinder Consulting.

## MHAA Planned Funds and Expenditures

### Allocation Funding Summary

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

\$ 82,788.00

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

\$ 54,579.00

**Grand Total MHAA Funds**

\$ 137,367.00

**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:

2223_OCS_MHAA_Planned_Expenditures_Report_2022-2023_75_.pdf
<i>OCS 22-20 Mental Health Funds and Expenditures Form</i>
<a href="#">Document Link</a>

**Charter Governing Board Approval**

This application certifies that the **Brevard 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**

Wednesday 7/27/2022