



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2023-24 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

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Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The Charter School Assures

One hundred percent of state funds are used to establish or 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

Other sources of funding will be maximized-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

A system is included 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

Yes

Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.

Yes

A charter governing board policy or procedure 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-4.0010, F.A.C.

Yes

Assisting a mental health services provider or a behavioral health provider as described ins. 1006.041, 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 ins. 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 ins. 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, 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

The Mental Health Assistance Allocation Plan must be focused on a multitiered system of supports to 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. s. 1006.041, F.S.

Yes

District Program Implementation

Evidence-Based Program	Joint attention empathetic and emotional engagement
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Students are taught prerequisite skills required to develop joint attention with an initial focus on the development of cause and effect understanding. Emotional engagement is facilitated through the use of self monitoring tools and direct instruction in emotional engagement across a variety of contexts.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
All students enrolled at The Hope Center for Autism have a pragmatic language disorder or related disability that effects their ability to engage socially, emotionally and behaviorally in an appropriate manner. The implementation of age appropriate, evidence based practices supports the development of these programs with an increase in intensity across tiers.	
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.	
Services are delivered through 1:1, small group and large group instruction by certified exceptional student education teachers, speech language pathologists; speech language pathology assistance; occupational therapists, certified occupational therapy assistants; mental health counselor; holistic nurse and additional personnel as needed to address the variety of needs presented by students.	

Evidence-Based Program	social skills
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Social skills are taught through whole group, small group and one to one instructional settings. Instruction is both indirect and direct depending on the skill and the needs of the student. Instruction may be in the form of lecture, reading social stories, video modeling and pragmatic language instruction.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
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Evidence-Based Program	intensive communication training
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>All students at Hope have a language impairment. Students who are verbal may have deficits in receptive language, effective expressive language or pragmatics. Some students lack functional communication skills and are supported with visuals, scripts and assistive communication devices. Students who are nonverbal are provided with a form of communication that meets that student's individual needs. All support items provided are shared with the families and transition with the student when he/she leaves the school. Communication training is adjusted based on age appropriate support.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>All students enrolled at The Hope Center for Autism have a pragmatic language disorder or related disability that effects their ability to engage socially, emotionally and behaviorally in an appropriate manner. The implementation of age appropriate, evidence based practices supports the development of these programs with an increase in intensity across tiers.</p>	
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<p>Services are delivered through 1:1, small group and large group instruction by certified exceptional student education teachers, speech language pathologists; speech language pathology assistance; occupational therapists, certified occupational therapy assistants; mental health counselor; holistic nurse and additional personnel as needed to address the variety of needs presented by students.</p>	

Evidence-Based Program	cognitive behavioral therapy
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Student is taught a variety of coping skills to help him/her to manage difficult situations. Strategies are visually depicted using 5 point scales.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
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Evidence-Based Program	goal setting
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Self-determination has been identified by the US Department of Education as an important educational outcome for students with disabilities (Algozzine et al. 2001). The Division of Career Development and Transition (DCDT) has suggested that by the age of 14 years, students should be encouraged to the full extent of their capabilities to assume a maximum amount of responsibility in planning their futures (Halpern 1994).</p> <p>The skills required to develop self-determination are derived from the classic career development literature (Super 1983) and include developing an understanding of the relationship of time to goal attainment (Field et al. 1998).</p> <p>The use of executive function strategies paired with visual structure is used across grade levels to support the development of skills related to goal setting.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
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Evidence-Based Program	sensory integration training
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Students with sensory-processing problems under the direction of an occupational therapist are taught a variety of strategies that will help them cope with the difficulties they have processing sensory input. Therapy sessions are play-oriented and may include using equipment such as swings, trampolines, and slides.</p> <p>Sensory integration also uses therapies such as deep pressure, brushing, weighted vests, and swinging. These therapies appear to sometimes be able to calm an anxious child. In addition, sensory integration therapy is believed to increase a child's threshold for tolerating sensory-rich environments, make transitions less disturbing, and reinforce positive behaviors.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>All students enrolled at The Hope Center for Autism have a pragmatic language disorder or related disability that effects their ability to engage socially, emotionally and behaviorally in an appropriate manner. The implementation of age appropriate, evidence based practices supports the development of these programs with an increase in intensity across tiers.</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>Services are delivered through 1:1, small group and large group instruction by certified exceptional student education teachers, speech language pathologists; speech language pathology assistance; occupational therapists, certified occupational therapy assistants; mental health counselor; holistic nurse and additional personnel as needed to address the variety of needs presented by students.</p>	

Evidence-Based Program	cognitive behavioral therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>CBT focuses on secondary issues that are related to the experience of life on the autism spectrum: depression, bullying, stress, anger, aggression, anxiety, social skills deficits, and limited social support. Students explore their goals, passions, and values, then identify specific steps that CBT can help them make in service of that long term goal.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
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Evidence-Based Program	play therapy
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Play is a pleasurable physical or mental activity that enhances the child's skills involving negotiation abilities, problem-solving, manual dexterity, sharing, decision-making, and working in a group. Students engage in play skills during bead break which is a reinforcement time block that students earn by demonstrating the school wide expectations. Play skills are facilitated in one on one; small group and large group settings.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
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Evidence-Based Program	Theory of mind training
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Students are taught skills related to the development of theory of mind and perspective taking required to improve social engagement. Students may begin at the level of eye contact/gaze or cause and effect and work towards age appropriate demonstration of theory of mind skills across settings and situations.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
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Evidence-Based Program	classroom behavior management
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Classrooms are visual engineered to manipulate the antecedents in a classroom setting that are known to decrease the effectiveness of student engagement and instruction. A classroom wide behavior system is implemented in conjunction with the school wide system in which students earn tokens that are used to purchase time spent on preferred activities.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
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Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:98

2023-2024 proposed Ratio by June 30, 2024
1:98

School Social Worker

Current Ratio as of August 1, 2023
1:98

2023-2024 proposed Ratio by June 30, 2024
1:98

School Psychologist

Current Ratio as of August 1, 2023

school district provided

2023-2024 proposed Ratio by June 30, 2024

school district provided

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

2023-2024 proposed Ratio by June 30, 2024

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 Hope Center has a staff to student ratio of 1:3 in classrooms in addition to one onsite mental health counselor; a holistic nurse who also supports the families access to resources in the community; one speech language pathologist or speech language pathology assistant per 30 or less students in addition to one supervising speech language pathologist and two consulting speech language pathologists and one occupational therapist for 98 students with additional occupational therapy providers currently sought to begin in August 2023.

Describe your district'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).

Staff allocations are adjusted regularly based on the needs of the students enrolled in Hope. Due to the intensive instructional, safety and behavioral deficits presented by the student population at Hope, the majority of students have a functional behavior assessment with ongoing data collection and analysis to inform implementation of a behavior intervention plan based on evidence based practices. The components found within the behavior intervention plan are translated into crisis plans, safety plans and comprehensive autism planning systems.

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 engage frequently with community based partners to ensure consistency in the use of strategies across settings. Use of the Comprehensive Autism Planning System outlines when and where strategies should be used based on an analysis of data and a review of the underlying characteristics of autism checklist.

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.

Mental health services are provided on campus by a mental health counselor. Interagency agreements for local services have not been implemented due to the expertise of staff at Hope and the intensive needs of our student population. Several agencies work with Hope to support student growth including Tykes and Teens and Helping People Succeed as well as numerous behavioral therapy companies.

MHAA Planned Funds and Expenditures

Allocation Funding Summary**MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)**

\$ 4,903.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 4,903.00

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.) 1006.041 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_2023-2024.pdf
Mental Health budget form
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 6/12/2023