



2023-24 Mental Health Application

Mental Health Assistance Allocation Plan

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Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The District 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

Review for compliance the Mental Health Assistance Allocation Plans submitted by Charter Schools who opt out of the District's MHAAP.

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 school 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, ora school resource officer or school safetyofficerwho 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 te lehealth, 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	Middle School Mentor Program
Tier(s) of Implementation	Tier 2, Tier 3
Describe	e the key EBP components that will be implemented.
identified as having the greates	plement the Middle School Mentor program at several middle schools t need for intervention. Mentors will be recruited from the community and led with identified students. Mentors will commit to at least one visit per ear.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
role models, offer support and	sk students with volunteer mentors from outside the household who act as guidance, expose students to new ideas and experiences, and provide onnections are a protective factor for students at risk for mental health osure to trauma and violence.
	will deliver evidence-based mental health care assessment, diagnosis,
	covery services to students with one or more mental health or co-occurring be diagnoses and to students at high risk of such diagnoses.

r	
Evidence-Based Program	Too Good for Drugs
Tier(s) of Implementation	Tier 1, Tier 2
Describe	the key EBP components that will be implemented.
Too Good for Drugs utilizes cog goal setting, decision making ar	nitive choices to cultivate positive outcomes through the development of nd conflict resolution skills.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
to make positive choices and re students. The School District of Osceola (from Eckerd Connects, a comm	culum with kindergarten through 5th grade students to increase their ability solve conflicts. School Counselors facilitate the classroom lessons to all County will continue this program in 2023-24 with support and resources unity partner who will provide three counselors to elementary schools.
intervention, treatment and rec	vill deliver evidence-based mental health care assessment, diagnosis, overy services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
substance abuse. The program goal for 2023-24 is that the Too schools. The outcome measure	m provides prevention and intervention for students who are at-risk for also teaches goal setting, decision making, and conflict resolution. The Good for Drugs curriculum is presented to students in all elementary will be Panorama survey data showing the overall number of students in being able to successfully resolve conflict (Social Awareness) will increase

Evidence-Based Program	WhyTry
Tier(s) of Implementation	Tier 1, Tier 2
Describe	the key EBP components that will be implemented.
hands-on strategies and resour trauma, improve engagement, a	curriculum for K-12 teachers and counselors. It provides simple, ces to help motivate the unmotivated student, support students with and increase academic success. The idea is straightforward: teach life a way they can understand and remember.
the early identification of social the likelihood of at risk student	nplement evidence-based mental health services for students to improve emotional, or behavioral problems or substance use disorders, as well as developing social emotional or behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
motivation, and school attendar WhyTry program taught by the s	culum with middle school students to support resiliency, problem solving, ice. School Counselors facilitate the classroom lessons for students. The school counselor will facilitate identification of students who need for further mental health services.
intervention, treatment and rec	vill deliver evidence-based mental health care assessment, diagnosis, overy services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
provide problem solving skills a ADHD, depressive/withdrawn b WhyTry curriculum is presented support and problem-solving sk	Evidenced Based Psychosocial Interventions for Youth, programs which re beneficial for students who experience disruptive/delinquent behaviors, ehaviors, and substance abuse. The goal for 2023-2024 is that the to students in middle school who demonstrate a need for resiliency ills. The outcome measure will be Panorama survey data showing the ades 6 to 8 who report favorable ratings for self-management skills will

Evidence-Based Program	Zones of Regulation
Tier(s) of Implementation	Tier 1, Tier 2
Describe	e the key EBP components that will be implemented.
The Zones of Regulation progration their emotions and behaviors.	am provides K-5 classes with lessons that teach students how to regulate
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
Regulation as a foundation in the	s co-facilitate the lessons. Teachers and counselors use Zones of neir work with students who struggle with maladaptive behaviors. The a cognitive framework which integrates trauma-informed practices and
intervention, treatment and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring be diagnoses and to students at high risk of such diagnoses.
Outcome measures are based	on Panorama student surveys. The goal for 2023-24 is that the number of

Outcome measures are based on Panorama student surveys. The goal for 2023-24 is that the number of 3rd through 5th grade students who report being able to regulate their emotions will increase from 49% to 55%.

Evidence-Based Program	Character Strong
Tier(s) of Implementation	Tier 1, Tier 2
Describe	the key EBP components that will be implemented.
build positive relationships, emp	n designed to provide students in grades 6 through 12 with the skills to bathy, create healthy habits, and learn about growth mindset, resilience, ess. The curriculum increases teachers' ability to recognize and address
includes lessons on coping skill	ogram is designed for Kindergarten through 12th grade. This program s, emotional regulation, relationships, and self-management. These small ed to identified students by school counselors or other mental health staff.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety es, and how these will assist students dealing with trauma and violence.
	s co-facilitate the lessons. Teachers and counselors use Character Strong h students who struggle with anxiety, avoidant behaviors, ADHD, and
intervention, treatment and rec	vill deliver evidence-based mental health care assessment, diagnosis, overy services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
regulation skills. The goal for 20	rmined using Panorama student survey data in the area of emotional 023-24 is that the percentage of students in grades 6 through 12 who emotions will increase from 48% to 55%.

Evidence-Based Program	Brief therapy techniques including Cognitive-Behavioral, Solution Focused, and Play Therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe	e the key EBP components that will be implemented.
	ocused, and play therapies are interventions that aim to improve mental egulation and strengthening coping strategies.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
	re used by School Social Workers, Licensed Mental Health Therapists and herapists who provide school-based counseling.
intervention, treatment and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
Outcome measures for this inte	rvention will be improvement in student's attendance, behavior, and

academic achievement.

Evidence-Based Program	Required Mental Health Lessons
Tier(s) of Implementation	Tier 1
Describe	e the key EBP components that will be implemented.
	5 hours of mental health instruction lessons for grades 6-12. This school ded lessons to address the updated standards for Resiliency Education, and Life Skills Education.
the early identification of social the likelihood of at risk student	mplement evidence-based mental health services for students to improve , emotional, or behavioral problems or substance use disorders, as well as s developing social emotional or behavioral problems, depression, anxiety ies, and how these will assist students dealing with trauma and violence.
made to these lessons to comp budget to address the purchase	district to purchase their 5-hour mental health lessons. Updates were ly with the updated standards. Additional funds were allocated in our of the updated lessons. Lessons are provided on "wellness Wednesdays" room teachers and/or mental health staff.
intervention, treatment and rec	will deliver evidence-based mental health care assessment, diagnosis, covery services to students with one or more mental health or co-occurring e diagnoses and to students at high risk of such diagnoses.
	ns cover a variety of topics, including substance abuse prevention, ent, and a variety of mental health topics including suicide prevention.
Direct Employment	
MHAA Plan Direct Employn	nent
School Counselor	
<i>Current Ratio as of Augus</i> 1:409	t 1, 2023
2023-2024 proposed Ratio 1:409	o by June 30, 2024
School Social Worker	
Current Ratio as of Augus 1:2351	t 1, 2023
2023-2024 proposed Ratio 1:2351	o by June 30, 2024
School Psychologist	
Current Ratio as of Augus 1:1998	t 1, 2023

2023-2024 proposed Ratio by June 30, 2024 **1:1998**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023 **1:6662**

2023-2024 proposed Ratio by June 30, 2024 1:6662

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.

In 2023-24, the School District of Osceola County will maintain our current allocations for school counselors, school social workers, school psychologists, and mental health providers. Each of these positions will provide direct counseling and crisis intervention services to students, which will allow access to mental health supports and facilitate the provision of counseling services for identified students. The current ratios reflect the inclusion of staff currently in the MHAA.

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).

School MTSS and threat assessment teams and district personnel determine the needs for tier 1, 2, and 3 mental health supports based on numerous data points, including numbers of referrals for mental health support, number/type of threat to self/others, discipline referral data, attendance data, academics, and Panorama survey data. Additionally, a K-12 MTSS Behavior Support Specialist will be added to provide training and support for behavioral interventions for students. School Social Workers (34) provide support to each school a minimum of 2-4 days each week. Social Workers provide student counseling, family support, links to services, and crisis support. School Psychologists (43) provide support to each school approximately 2 days a week. Psychologists provide brief counseling, assessment, crisis intervention, and evaluations. Licensed Mental Health Counselors (12) provide tier 2-3 counseling services to referred students in a timely manner.

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

The School District of Osceola County has agreements with several community agencies to provide school-based counseling and behavior management support to identified students. District mental health funds are provided to pay for services when no other funding is available. Counseling approaches include evidenced-based practices including Cognitive Behavioral therapy, trauma-informed strategies, play therapy, and Zones of Regulation strategies.

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 Providers Agency Services Provided Funding Source

1) 6 Masters level therapists Park Place Behavioral Therapy Direct services Medicaid, Mental Health Allocation

2) 26 Masters level therapists, 15 Registered Interns North Star Counseling Direct services Medicaid, Mental Health Allocation

3) N/A Aspire Community Action Team Direct services Department of Children and Families

4) N/A Devereux Community Action Team Indirect services Department of Children and Families

5) 1 Masters level therapist Adapt Direct services Medicaid

6) 3 Masters level therapists Children's Home Society Direct services Medicaid, Department of Children and Families

7) 2 Masters level therapists Circle of Friends Direct services Medicaid

8) 6 Masters level therapists CJA Direct services Medicaid

9) 3 Masters level therapists Expanding Horizons Direct and indirect services Medicaid, Mental Health Allocation

10) 1 Victim advocate Help Now Direct and indirect services Non-monetary

11) 6 Masters level therapists Hispanic Family Counseling Direct services Medicaid

12) 4 Masters level therapists Kinder Konsulting Direct services Medicaid

13) TBD Positive Behavior Solutions Direct services Medicaid

14) 18 Masters level therapists Preservers of Destinies Direct services Medicaid

15) 10 Masters level therapists Serving Children Direct services Medicaid and Mental Health Allocation

16) 5 Masters level therapists Sunbeam Mental Care Direct services Medicaid

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP) \$ 4,018,915.00

Unexpended MHAA funds from previous fiscal years \$ 841,160.00

Grand Total MHAA Funds \$ 4.860,075.00

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 Statues.

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

School District Certification

This application certifies that the **School District of Osceola County, FL** School Superintendent and School Board approved the district's 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 s. 1006.041(14), F.S.

Note: The charter schools listed below have **Opted Out** of the district's Mental Health Assistance Allocation Plan and are expected to submit their own MHAAP to the District for review.

Charter Schools Opting Out

0184 - BridgePrep Academy of Osceola
0192 - Creative Inspiration Journey School
0863 - Four Corners Charter Elementary
0152 - Four Corners Charter - Upper
0866 - Kissimmee Charter Academy
0971 - Mater Academy Preparatory High School
0163 - Mater Brighton Lakes
0191 - Renaissance Academy of Arts and Sciences
0149 - Renaissance Charter at Poinciana
0171 - Renaissance Charter Tapestry
0185 - Mater Palms Academy

School Board Approval Date

Tuesday 7/11/2023