FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

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	Cognitive Behavior Therapy (CBT)
Tier(s) of Implementation	Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Core Principals of CBT:
1) Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
2) Psychological problems are based, in part, on learned patterns of unhelpful behavior.
3) People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

Stratgies of CBT treatment efforts to change thinking patterns:
1) Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them
in light of reality.
2) Gaining a better understanding of the behavior and motivation of others.
3) Using problem-solving skills to cope with difficult situations. Learning to develop a greater sense of confidence in one's own abilities.

Strategies of CBT treatment efforts to change behavioral patterns:
1) Facing one's fears instead of avoiding them.
2) Using role playing to prepare for potentially problematic interactions with others.
3) Learning to calm one's mind and relax one's body.

The school-based mental health provider, student, and parent/guardian will work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy. These strategies are notably more successful when used in both the school and home settings. Therefore, bridging this school-home gap will be integral to the long term growth of students, which is why the school-based mental health provider includes parent/guardian from the very beginning. The school-based CBT therapist will emphasize what is going on in the student's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life 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.

CBT will be implemented by the OCSD team of school-based mental health providers, for students district wide in grades K-12, for students who are identified as in need and who qualify for school based mental health supports, interventions, and counseling services by OCSD's team of mental health providers. Through individual or group sessions, OCSD mental health providers will utilize the data obtained from the Children's Functional Assessment Rating Scale (CFARS) to communicate and develop goals with all involved stakeholders. The 16 domains that comprise the CFARS are numerically scored and allow for easy
identification of goals which are driven from collaborative completion of the rating scale with school staff (MTSS), parent/guardians, and the student. The identification of goals will allow for a focus of CBT that begins with the domain impairment that is determined by the screening to be most extreme, if appropriate. This numerically driven process allows for both identification of most extreme impairments as well as reassessment as needed every 3 weeks for progress monitoring. The most extreme domains impacted

then most often become the primary counseling goal. This data helps drive new goals while completing original goals.

The accurate identification of goals, allows the student more specific and individualized therapy as well as skills focus, especially when dealing with trauma or violence. Students will learn emotional recognition, awareness of body sensations related to those emotions, along with problem solving and calming skills often associated with strong emotions and aggressive behaviors.

Additionally, as trauma is identified, grounding techniques will also be taught to the student. Interventions conducted will have an emphasis on learning principles and the use of structured strategies to attempt to produce changes in thinking, feelings, and behavior.

Finally, parental awareness of strategies learned in session will allow for additional practice at home as well as consistent language, verbiage, and strategies. The home-school connection is generally identified as a protective factor that increases the likelihood of use by the student when distressed. The school based mental health provider will make every attempt to to foster the connection with parents/guardians in order to increase the likelihood of success.

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.

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based mental health provider will make every attempt to foster the connection with parents/guardians in order to increase the likelihood of success.

Evidence-Based Program	RISE Program (SS GRIN)
Tier(s) of Implementation	

Describe the key EBP components that will be implemented.

SS GRIN is an evidence-based targeted small group intervention that addresses bullying, victimization, and social and emotional competence. The program is implemented throughout the school year. Ten 30-45 minute group session cover a range of topics related to basic social skills, including communication, self-control, perspective-taking and conflict management. These lessons increase self-esteem, develop healthy attitudes and improve knowldege of essential life skills.

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.

Students are referred by teachers, school counselors, administrators and parents or may self-refer for prevention and education services. Students may participate in individual and/or group support services to enhance protective factors by developing social competency skills, such as positive communication; fostering pro-social peer relationships; developing pro-social behaviors; improving academic performance, commitment to school, and building resiliency skills.

SS GRIN is an evidence based, skill building social group facilitated by mental health professionals, occuring for 10 sessions. The group meets 1x a week but can be modified to meet 2x a week for a total of 2 sessions completed each week, if needed. Each sessions duration is 45-60 minutes.

Throughout the SS GRIN program, there are activities & role plays. Student participation is crucial to any skill building thus students must participate as much as the facilitator. Each student receives a workbook that is used each session. K-2 and 3-5 workbooks will have different activities for the same concept. Handouts for parents and teachers are available to reinforce concepts learned in each session. Students maintain possession of the workbooks when their program is complete.

Guidelines for creating successful SS GRIN groups are:
* Group size between six and eight children allowing students to practice social skills with peers.
* Age is best for children from 6 to 12 years of age, grouping them within no more than two years of each other.
* Same gender groups recommended, however, mixed-gender groups can be used if there are at least two of each gender within the group.
* Groups that are too similar can reinforce problematic social behaviors, especially aggression, therefore a moderate level of similarity with no more than one aggressive child per group.
* If the reading level of children is below 3rd grade or children have reading or written language learning disabilities, group leaders can modify workbook and group activities to minimize reading and writing. Group leaders can read questions aloud and ask for verbal responses.
* Absences General rule: Although make up session are not required by SS GRIN, CDAC best practice is for
all group sessions to be delivered to all students. If a student misses a group session a 1:1 session to provide the missed lesson takes place.

Documentation instructions:
At the beginning of each session, the previous week’s session is reviewed. This reinforces the concepts

for the children who were in attendance and provides an overview of the concepts for the children who were absent. The student can also be seen after group to complete the makeup session per SS GRIN protocol but again, before is best practice. The SS GRIN groups can also lead to referral to another and different subject matter prevention groups as identified, needed, and/or requested. These groups also may lead to referrals to individual counseling as identified, needed, and/or requested.

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.

Support from this program will improve goal-setting where students will learn to set goals and assess the consequences of their actions. It will improve general social skills that allow students to build pro-social attitudes, coping skills and positive character traits aligned to state standards for character education and resiliency. It will also help students develop self-advocacy skills that will combat negative assumption about themselves and others.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:582

2023-2024 proposed Ratio by June 30, 2024
1:582

School Social Worker

Current Ratio as of August 1, 2023
1:1684

2023-2024 proposed Ratio by June 30, 2024
1:1684

School Psychologist

Current Ratio as of August 1, 2023
1:2909

2023-2024 proposed Ratio by June 30, 2024
1:2667

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023
1:2909

2023-2024 proposed Ratio by June 30, 2024
1:2462

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.

Direct employment allows for increased access to mental health providers through direct school assignments. This also allows for additional staff at each school, increasing the availability of multiple providers on campus, aligning with OCSD's tiered approach to mental health services.

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 Based Mental Health (SBMH) providers will spend the majority of each day conducting individual
and group sessions. Minimal meeting attendance is expected outside Threat Assessment meetings when necessary and crisis response when it arises. Each of OCSD secondary schools will have one school based mental health provider on campus five days a week. Eleven Title 1 elementary schools will have a CDAC mental health counselor on campus 5 days a week.

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

OCSD utilizes a School Based approach whereby DOH licensed and/or DOH registered intern providers and/or DOE certified providers are first line of connection to quality mental health services. Our local area has a significant wait list, particularly for those who are un/under-insured. By providing CBT in the schools our mental health providers will assist students who would not otherwise have access to services. Additionally, school based mental health services will limit the typical roadblocks to service access such as transportation, parental/guardian downtime from work, and appointment scheduling.

OCSD works cooperatively with Bridgeway Center, Inc. Our school based providers have direct access to a referral point of contact within the agency that helps in streamlining access to their supportive programs for the
families referred. Additionally, we are in the early stages of building a partnership with Flagler Health and implementing the Care Connect / BRAVE program in Okaloosa County.

OCSD has agreements with several other community based providers to provide both in-school and community based services to referred students. MRT plays an active role in crisis response to schools along with Baker Act diversion, when possible, utilizing wrap around services for students and families if the need arises.

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.

Bridgeway Center, Inc. - Referral resource, in-school counseling
CDAC - in-school counseling and facilitates the RISE (Resiliency Increasing Skills & Education) program through utilization of the SS Grin curriculum in 11 Title 1 elementary schools
Children's Home Society of Northwest Florida - Referral resource, in-school counseling
Emerald Coast Children's Advocacy Center -onsite Child Safety Matters curriculum to elementary schools
Magellan Health - Provides Military Family Life Counselors for military connected students
Mental Health Association of Okaloosa-Walton Counties - Referral source for “Brain Health” Initiative

for students 11 years old and older
Mobile Response Team - Onsite Crisis diversion service and wrap around student / family services
United for a Good Cause - Facilitates peer to peer suicide prevention program called HOPE SQUAD to all OCSD schools

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)
$ 1,806,833.00

Unexpended MHAA funds from previous fiscal years
$ 489,279.00

Grand Total MHAA Funds
$ 2,296,112.00

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:

Completed_MHAA_Planned_Expenditures_Report_2023-2024_Completed_-_Copy.pdf
MHAA Planned Expenditures Report
Document Link

School District Certification

This application certifies that the **Okaloosa County School District** 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

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School Board Approval Date

Monday 7/24/2023