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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, 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

<b>Evidence-Based Program</b>	Strengths and Difficulties Questionnaire (SDQ)
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>The SDQ will seek to identify the following in students in the 9-12 grade setting: emotional symptoms, conduct concerns, hyperactivity/inattention, peer relationship concerns, and prosocial behavior. The following screenings will be utilized: One-sided self-rated SDQ for 11-17 year-olds, the S11-17 which is the SDQ and impact supplement for self-completion for 11-17 year olds, and the S11-17 which is the SDQ, follow-up questions and impact supplement for self-completion for 11-17 year olds.</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>In the initial year the screen will be given to students as they are identified through Student Services or faculty/staff recommendations and observations. In future years, the SDQ screener will be given to all students within the first 6 weeks of school. With parental consent, the Student Services Specialist or designee will administer the self-reporting screener to students. The Student Services Specialist or designee will then score the screenings with the newer 4-band categorization indicating close to average, slightly raised, high, or very high.</p> <p>Students who score in the high or very high categorization levels will be identified as Tier 2 (high) or Tier 3 (very high).</p> <p>Entering into the second semester, with parental consent, the Student Services Specialist or designee will once again administer the self-reporting screener to all students. Screens will be scored with the same 4-band categorization indicators used in the first semester, with the same identifiers used for Tier 2 or Tier 3.</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>Students identified as either Tier 2 or Tier 3 will be referred for school-based interventions and/or community-based assessments and treatment. The policies and procedures ensure that students referred for a mental health screening are assessed within 15 days of the initial referral. School-based mental health services are initiated within 15 days of identification and assessment, and community-based mental health services for students are initiated within 30 days of referral.</p>	

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2023*  
**1:100**

*2023-2024 proposed Ratio by June 30, 2024*

**1:100**

**School Social Worker**

*Current Ratio as of August 1, 2023*

**0**

*2023-2024 proposed Ratio by June 30, 2024*

**0**

**School Psychologist**

*Current Ratio as of August 1, 2023*

**1:100 (contracted services as needed)**

*2023-2024 proposed Ratio by June 30, 2024*

**1:100 (contracted services as needed)**

**Other Licensed Mental Health Provider**

*Current Ratio as of August 1, 2023*

**1:100 (contracted services as needed)**

*2023-2024 proposed Ratio by June 30, 2024*

**1:100 (contracted services as needed)**

**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.**

As a new school, TCS is contracting with mental health professionals in the community to provide the services needed for students if outside the scope and expertise of the Student Services Specialist on campus. The ability to contract with multiple providers allows TCS to focus on the specific needs of the individual student based on the information received in the mental health screenings with the SDQ as well as through parent conferences and teacher feedback.

**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).**

Each year FSU Bay District will assess the resources provided to students within the school and through community resources. This analysis of the data will allow TCS to focus on the resources needed to meet the needs of the student population best, both in time as well as financial resources.

**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-based mental health providers are to be the front-line resources for interventions for all students. The community-based partners assist in the further assessment and treatment of all students based on individual mental health needs.

**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.**

TCS is in the process of signing and agreement with the Bay County Department of Health. Other agencies with which TCS will work include the Anchorage Children's Home and the Gulf Coast Children's Advocacy Center.

**MHAA Planned Funds and Expenditures**

**Allocation Funding Summary**

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

\$ 85,318.00

**Unexpended MHAA funds from previous fiscal years**

\$ 0.00

**Grand Total MHAA Funds**

\$ 85,318.00

**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:

*No files were uploaded*

**School District Certification**

This application certifies that the **Debbi Whitaker** 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**

Tuesday 10/24/2023