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	CBITS/Bounceback
Tier(s) of Implementation	Tier 1, Tier 2

Describe the key EBP components that will be implemented.

Behavior and academic success are intimately connected and need to be intelligently addressed together. To do so, our schools will conduct a Tier 1 Universal Screening to measure K-12 student levels for social-emotional and behavioral problems. Kindergarten through fifth graders will use the Social, Academic, and Emotional Behavior Risk Screener-Teacher Version (SAEBRS). The SAEBRS specifies that school success is predicated not just upon academic achievement, but also on success within multiple interrelated behavioral domains. The SAEBRS is used to evaluate students' overall general behavior and risk for problems within the Social, Behavior, Academic, and Emotional domains. Sixth through 12th-grade students will participate in a Strengths and Difficulties Questionnaire (SDQ). The SDQ is a behavioral screening questionnaire divided into 5 scales: 1) emotional symptoms, 2) conduct problems, 3) hyperactivity/inattention, 4) peer relationship problems, and 5) prosocial behavior. The MTSS school-based leadership teams will review student universal screening scores to improve student performance in both academic behavior and emotional well-being.

Moderate and high-risk students will be considered in problem-solving team meetings for Targeted Tier 2 and Tier 3 behavioral interventions. Family and student conferences for additional intervention in the areas of social, emotional, and academic behavior will be scheduled as determined by these meetings. Problem-solving teams will then develop appropriate MTSS plans for students when a plan is needed. Those students identified as having stressful life experiences will participate in Cognitive Behavior Therapy evidence-based practice that uses cognitive-behavioral techniques, such as psychoeducation, relaxation, cognitive restructuring, and resiliency training.

The elementary program will use Bounce Back, an intervention that has been designed for use with students from kindergarten to fifth grade who have experienced or witnessed stressful life events such as community violence, physical accidents, physical abuse, domestic violence, and natural or manmade disasters. Clinicians use a screening tool to measure traumatic exposure and the level of resulting symptomatology to assess eligibility for the group treatment.

The secondary program will use Cognitive Behavioral Intervention for Trauma in Schools (CBITS), an intervention that has been designed for use with students from sixth to twelfth grade who have experienced or witnessed stressful life events such as community violence, physical accidents, physical abuse, domestic violence, and natural or manmade disasters.

Clinicians obtain consent from families and complete a screening tool to measure traumatic exposure and the level of resulting symptomatology to assess eligibility for the group treatment. Children's Functional Assessment Rating Scale (CFARS) is a way of documenting and standardizing impressions from clinical evaluations or mental status exams that assess cognitive, social, and role functioning. Special Behavioral Support schools will use the CBITS lessons as part of their core behavioral support program and MHAA staff will push into classrooms to facilitate the groups with the students and teacher.

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 behavioral health services are provided in an effort to prevent the escalation of symptoms which would necessitate a higher level of care. Services available to families include evaluating students, individual therapeutic treatment, substance use groups, and individual therapy, and writing and implementing treatment plans. To improve the early identification of social, emotional, and behavioral problems or substance use disorders in at-risk youth the district will use a universal behavior screener. Any student at moderate to high risk will have individual parent and student conferencing and opportunities for input and assessment for targeted behavioral health support. School-based services will include small group and individual services that incorporate cognitive behavioral therapy in both Tier 2 and Tier 3 behavior.

Based on initial screening and parent and student input, students will be offered services according to their need for care and the likely benefit care will provide. School-based, educationally relevant, therapeutic intervention and/or higher levels of ongoing community-based behavioral health care referrals will be made on a case-by-case basis.

Partnerships with community providers are vital when the child’s needs are beyond the level which can be provided for in the educational setting. The Community of Care process provides families with information on all mental health resource options in the community. Referrals to community providers are for long-term services such as trauma, grief, substance abuse treatment, and medication management. Parents and adult students can request to complete a Community of Care referral with the school counselor to access these resources at any time, even if the school screener does not identify the child as at risk.

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.

Students who violate the code of conduct regarding substances on campus will be offered the option of substance use group support services from the MH Team. The secondary-age students will use Stanford Medicine Modules for tobacco & nicotine education materials. Repeat offenders on campus and those students who meet substance abuse criteria will be offered evaluation and treatment opportunities by licensed clinicians. This program will use Mental Health Transfer Technology Center (PS MHTTC) materials for Motivational Interviewing (MI)and Cognitive Behavior Therapy (CBT). The screening measure for baseline and progress in a group or individual treatment will be TCU Adolescent Risk Forms (A and B versions; RSK Form). Student screening that indicates a higher level of care outside the scope of school-based services will be offered a referral to an outside agency via our community of care referral system.

Elementary offenders will be offered the evidenced-based Ask, Listen, Learn’s series for grades Ask, Listen, Learn’s series on the effect of alcohol and cannabis on the developing brain to extend kids' knowledge and give them even more reasons to remain substance-free. Analysis of outcomes followed the intended objectives of the program, all consistent with the logic of prevention science. Results strongly confirmed the key objectives of the program. The lessons focus on gaining knowledge about brain function and understanding alcohol and cannabis's effects on specific parts and functions of the brain, including harmful effects and resulting behavioral problems. Embedded pre and post-measures produced outcomes that reached high levels of statistical significance. Student screening that indicates a higher level of care outside the scope of school-based services will be offered a referral to an outside agency via our community of care referral system.

Evidence-Based Program	Botvin Life Skills Program
Tier(s) of Implementation	Tier 1

Describe the key EBP components that will be implemented.

Botvin LifeSkills Training is an evidence-based program delivered in schools that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance abuse and other risky behaviors.

LST is based on the social influence and competence enhancement models of prevention. LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth resist pressures to use drugs.

Teen ATOD (Alcohol, Tobacco, and Other Drug) use and the perception of social norms regarding ATOD use can affect a student's self-esteem, attendance, and school performance. After the trauma caused by Hurricane Michael and COVID-19, increased poverty rates and displacement of families have put our community youth more at risk for substance abuse. The positive coping skills and information LifeSkills lessons provide will help increase the protective factors for our youth.

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.

Bay District Schools will implement the Botvin LifeSkills Program for Bay District school students at select schools in the following grades: 5th, 6th, 7th, and 8th. These lessons offer parents access to the LifeSkills Parent Program which increases the knowledge, skills, and attitudes necessary for parents/adults to capably and competently convey a clear anti-drug message to youth. The team will collaborate with student coalitions and media partners to increase community awareness of the dangers of underage drinking and marijuana use.
Through media, district, and community events we will increase community knowledge of the dangers of underage drinking and marijuana use. The team will work with area youth organizations and the school district in providing educational programs and training opportunities to youth in order to increase their awareness of the dangers of underage drinking and marijuana use.

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.

N/A

Evidence-Based Program	Cognitive Behavior Therapy for Individual Tier 3 Counseling
Tier(s) of Implementation	Tier 3

Describe the key EBP components that will be implemented.

Cognitive behavioral therapy (CBT) for children and adolescents provides short-term treatments (between six and 20 sessions) that focus on teaching youth and their parents specific skills. Individual CBT will focus on the ways that a student's thoughts, emotions, and behaviors are interconnected, and how they each affect one another. Because emotions, thoughts, and behaviors are all linked, CBT approaches allow for therapists to intervene at various points in the cycle. These treatments have been proven to be effective in treating many psychological disorders among children and adolescents, such as anxiety, depression, post-traumatic stress disorder (PTSD), behavior problems, and substance abuse.

Specifically, the United Protocol (UP) for CBT is a transdiagnostic treatment, which has the ability to target symptoms of multiple diagnoses simultaneously, a clear benefit in the face of high rates of comorbidity and clinical presentations that do not fit cleanly into a DSM-5 diagnostic category. The goal of the UP for CBT is to help patients learn new ways of responding to uncomfortable emotions that reduce symptoms across a patient’s range of problems. The UP combines elements such as mindfulness, cognitive therapy, and behavioral therapy.

When indicated, clinicians will implement Motivational Interviewing (MI) techniques. MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

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 for services through a student referral form or by universal screening protocols. Referrals can be made by administration, faculty, and staff on behalf of a student. Students can self-refer and parents can request services directly. Universal student screening indicates students at high and moderate risk for mental health support.

Once referred, students and parents are consulted and parental consent for evaluation is obtained. The student is then evaluated, and diagnosed and a treatment plan is developed using the appropriate UP for CBT model. MI is particularly useful to help a student examine their situation and options when any of the following are present: ambivalence is high and people are stuck in mixed feelings about change, confidence is low and people doubt their abilities to change, desire is low and people are uncertain about whether they want to make a change, or importance is low and the benefits of change and disadvantages of the current situation are unclear.

Clinically these EBPs will assist students in dealing with trauma and violence because there is evidence of a high degree of comorbidity among anxiety and depressive disorders. Research findings suggest comorbidity is due to core deficits present across the range of these diagnoses. The Unified Protocol was developed to explicitly address the core deficits shared across emotional disorders. We believe that targeting processes common across diverse disorders is a more efficient way of addressing comorbid conditions simultaneously than targeting the symptoms of each diagnosis individually.

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.
The main goal of the information-gathering assessment model is to accurately diagnose, plan treatments, and evaluate treatment effectiveness. The key to diagnosis is gaining as clear a description as possible of a client's or patient's symptoms. Our assessment includes a routine diagnostic practice known as a mental status examination. We use the Children's Functional Assessment Rating Scales (C-FARS) that assess cognitive, social, and role functioning. The C-FARS was developed for use in Florida to evaluate the Department of Children and Families (DCF) behavioral health outcomes for children and adults receiving state-supported services. C-FARS assists in determining the extent to which these symptoms correspond with the diagnostic criteria of a given disorder and determining progress toward treatment goals. After determining the primary reason the individual is seeking professional help, a differential diagnosis is commonly used. Comorbidity often refers to disorders that are often coexistent with each other, such as substance use disorder and depression (the most common comorbidities involve the concurrence of substance use disorders with other mental disorders). Multiple diagnoses are usually presented in a hierarchy descending from the condition of most significance to that of the least concern. Case formulation and planning of student treatment is based on symptoms and problems, cultural background, precipitating stressors, predisposing life events, and maintaining influences of the person's problems. Individual treatment will then begin using the appropriate UP of CBT and motivational interviewing techniques when necessary. Ongoing progress monitoring and referral to higher levels of care in the community are made when indicated.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:459

2023-2024 proposed Ratio by June 30, 2024
1:437

School Social Worker

Current Ratio as of August 1, 2023
1:5419

2023-2024 proposed Ratio by June 30, 2024
1:5419

School Psychologist

Current Ratio as of August 1, 2023
1:2709

2023-2024 proposed Ratio by June 30, 2024
1:2709

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023
1:967

2023-2024 proposed Ratio by June 30, 2024
1:967

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.

To support the substantial mental health, safety, and well-being needs following Hurricane Michael and multiple school, community, and other interruptions due to the COVID-19 pandemic, Bay District Schools has expanded beyond district-funded positions school counselors and school psychologists and beyond MHAA-funded positions to provide robust mental health services at each school. Bay District Schools has committed additional federal budget dollars to ensure there is a reduction of staff-to-student ratios. Bay District Schools uses Board approved job descriptions for Licensed Clinical Mental Health Professionals (LMHP), Registered Mental Health Professionals (RMHP-state licensed interns), FLDOE Certified Social Workers(MSW), and Student Support Care Managers (SSCM) to expand upon the Mental Health Allocation resources. Having these additional job descriptions has allowed for the direct hire of a variety of bachelor, master, registered intern, and licensed mental health professionals who can support the mental health, safety, and well-being of students. The direct employment of staff through the Federal budget and the MHAA allows for a reduction in the staff-student ratio.

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).

Currently, the Bay District Board Policy provides for the direct employment and placement of school-based Student Wellness Teams to consist of licensed/registered and master’s level mental health professionals as well as a student supportive care manager (CM). This policy allows for equitable access to mental health professionals at all schools. The placement procedure is to then examine school-related discipline referrals, Involuntary Examinations (Baker Acts), Community of Care referrals, and truancy to increase or decrease staff based on these at-risk indicators and funding sources for those team members. Additionally, Bay District Schools has contracted with a consultant (using other funds) to problem-solve challenges related to the 80% student contact time required of professional school counselors.

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

Student Wellness Team members provide initial screening, assessment, evaluation, diagnosis, treatment planning, direct services, and community-based referral services. The MHAA supports that vision and mission. If a higher level of care is necessary beyond the scope of educationally relevant mental health interventions, Bay District Schools has engaged in an MOU with many of Bay County’s community-based partners. Our SWT team leaders participate in community agency collaboration meeting monthly and host a community of care agency meeting monthly to facilitate proactive communication and planning for our students' 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.

Life Management Center (LMC). Therapist- LMHC/LCSW, MSW, Psychiatrist. Through the Community of Care (CoC) referral process and our MOU, students/families can have access to MRT, CAT team, case management, medical psychiatric evaluation and treatment, therapy, family therapy, family service planning team, and foster care treatment. Services include therapeutic mental health services unable to be provided in an educational setting.

Florida Therapy Services. Therapist- LMHC/LCSW, MSW, Psychiatrist. Through the CoC referral process and our MOU, students/families can have access to case management, medical psychiatric evaluation, and treatment, and individual, group, and family therapy. Services include therapeutic mental health services unable to be provided in an educational setting.

PanCare of Florida, Inc. Therapist- LMHC/LCSW, MSW, Psychiatrist, Psychiatric Nurse Practitioners, Psychiatric PAs. Through the CoC referral process and our MOU, students/families can have access to case management, medical psychiatric evaluation and treatment, individual, group, and family therapy, psychiatry, and health-related medical treatment. Services include therapeutic mental health services unable to be provided in an educational setting.

Anchorage Children’s Home. MSW under licensed supervision. Through the CoC referral process and our MOU, students/families can have access to school-based groups, family therapy, group home, transitional living, care management, and substance use treatment programs. Services include therapeutic mental health services unable to be provided in an educational setting.

Emerald Coast Behavioral Hospital. Psychiatrist, psychiatric nursing staff. Through the CoC referral process and our MOU, students/families can have access to acute care assessment, evaluation, and stabilization. Services include therapeutic mental health services unable to be provided in an educational setting.

Gulf Coast Children’s Advocacy Center. LMHC/LCSW. Through the CoC referral process and our MOU, students/families can have access to trauma-related individual counseling, care management, Child Protection Team, trauma therapy, family advocacy, and sexual and child-related death-related services. Services include therapeutic mental health services unable to be provided in an educational setting.

Northwest Florida Health Network (formerly Big Bend)- Managing Entity. Masters-level providers, LCSW, LMHC supervisors. Through the CoC referral process and our MOU, students/families can have access to child welfare and behavioral health, case management, substance abuse treatment, residential treatment, outpatient and individual treatment, assessment, and prevention. Services include therapeutic mental health services unable to be provided in an educational setting.

Families First. Masters-level providers, LCSW, LMHC supervisors. Through the CoC referral process and our MOU, students/families can have access to substance abuse treatment, case management, parenting classes, psychiatric and med management, and in-home parenting programs. Services include therapeutic mental health services unable to be provided in an educational setting.

All MOU providers receive compensation through Medicaid or direct billing to the parent.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)
$ 1,544,178.00

Unexpended MHAA funds from previous fiscal years
$ 427,677.00

Grand Total MHAA Funds
$ 1,971,855.00

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:

Revision_Bay_MHAA_application_Planned_Expenditures_Report_2023-2024_(1).pdf
Revision MHAA expenditures form based on DOE review.
Document Link

School District Certification

This application certifies that the **Bay District Schools** 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 7/25/2023