



---

## Table of Contents

---

<b>Introduction</b>	<b>3</b>
<b>Mental Health Assistance Allocation Plan</b>	<b>3</b>
<b>Section A: MHAA Plan Assurances</b>	<b>3</b>
<b>Section C: District Program Implementation</b>	<b>4</b>
<b>Section D: Direct Employment</b>	<b>7</b>
<b>Section E: MHAA Planned Funds and Expenditures</b>	<b>9</b>
<b>Section F: School District Certification</b>	<b>9</b>

## 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>	Boomerang Project: Link Crew & WEB Crew
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
<p>The Boomerang Project offers the programs: Link Crew for rising 9th graders and WEB Crew for rising 7th graders that teach service learning through character development for high school orientation and junior high transition programs through teacher training, student-to-student mentoring, school safety, and anti-bullying programs. Link Crew and WEB Crew are year long orientation programs that provide structure that guides 7th and 9th graders toward both academic and social success by creating a safe and supportive school environment where the new students learn that people at school care about them and their future. Both programs use older students (8th, 11th, and 12th respectively) as peer leaders. These leaders are extensively trained to be positive role models, motivators, and teachers who guide their peers towards what it takes to be successful in their new school. 23-24 is the third year of program planning. To date, 11 of our 13 secondary schools have received training and will be or are currently implementing the programs. The final 2 schools will attend training during this school year for implementation of the programs in the 24-25 school year.</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>The transition between elementary and junior high often presents a unique set of challenges as students are faced with increased demands on social, academic, and environmental levels. Rising 7th graders often lack both the skills and the support to manage these demands, and this can lead to increased mental health challenges. Similarly, the transition to high school often brings a period of emotional stress to adolescents as they learn to cope with new social and academic expectations. Freshmen students can find themselves at high risk for mental health challenges such as anxiety and depression. Link Crew and WEB Crew provide a Tier 1 approach towards preventing such mental health challenges, that current literature indicates are ever increasing in adolescents.</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>Due to the ongoing nature of these programs, 7th and 9th grade students have the opportunity to engage with their peer leaders on a regular basis throughout the school year which naturally provides increased opportunities for the identification of concerns or problems that may need to be addressed. These programs reduce the risk of isolation which so often exacerbates a student's mental health challenges. Students will be provided with mental health resources and supports if such needs are identified. These supports will include, but are not limited to referrals to district mental health clinicians or to the BRAVE program for resource connection.</p>	

<b>Evidence-Based Program</b>	Solution Focused Brief Therapy (SFBT)
<b>Tier(s) of Implementation</b>	Tier 2
Describe the key EBP components that will be implemented.	
<p>Solution Focused Brief Therapy (SFBT) is an evidenced based modality that is effective within the school setting to improve academic achievement, goal achievement, truancy, classroom disruptions, and substance use and can be implemented in an individual or group setting. SFBT is a strengths based intervention that aligns well with the newly adopted focus on resiliency to empower students to persevere and reverse the adverse stigma often associated with mental health through reframing and focusing on the positive aspects of students' behaviors and situations.</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>Upon parent consent, district mental health clinicians will employ SFBT for use on a Tier 2 basis to serve students indicating the need for a more intensive intervention to address individual challenges. Clinicians will provide services to identify an immediate issue and resolve concerns in 4-6 sessions either in individual or group format. Individual sessions and groups topics will focus on positive core values and increasing resiliency, such as self-esteem, anxiety, conflict management, relationships, problem solving, and anger management.</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>The Tier 2 SFBT intervention will provide opportunities to screen student needs for more intensive interventions. Students indicating the need for Tier 3 mental health services will be referred for direct mental health services to the BRAVE program through our partnership with Flagler Health. BRAVE will ensure that the student and family are assessed and connected to services within statute stated time frames. Services may be provided on site at the school by community mental health partners or beyond the school day on site at an agency or office of the provider. These services are covered by third-party providers for payment, including insurance companies, Medicaid, or other alternate funding sources. In the event that no such funding exists, BRAVE covers the cost and invoices Clay County District Schools. This expense is included within our MHAA Budget.</p>	

<b>Evidence-Based Program</b>	Suite 360 Mental Health
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
<p>Suite 360 is research and evidenced based, with content aligned to the competencies outlined under the newly adopted resiliency focus of life skills education. Lessons are mapped to grade-specific learning objectives published by various federal and state boards. Lessons provide civic and character education and life skills education through resiliency education to students grades 6-12.</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>A series of 8 lessons designed to provide students with an overview of the important life skills topics will be presented once a month throughout the 23-24 school year by instructors in various subject areas. Each lesson emphasizes a student's need to foster resiliency while also providing a comprehensive teacher companion guide for each lesson to support instructors. Lessons include topics on critical thinking, empathy, perseverance, gratitude, problem solving, responsible decision making, self-awareness, self-management, honesty, recognition of signs and symptoms of mental health concerns, prevention of suicide, substance use and abuse and other characteristics that promote positive core values and foster resiliency.</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' understanding of healthy characteristics that reinforce positive core values and foster resiliency will increase as a further means of overall prevention and life skills building. More students will grow their overall skills and learn more about signs indicating the need for additional assistance. Students needing Tier 2 or Tier 3 interventions for mental health will be referred to the appropriate resources.</p>	

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2023*  
**1:492**

*2023-2024 proposed Ratio by June 30, 2024*  
**1:480**

**School Social Worker**

*Current Ratio as of August 1, 2023*  
**1:2430**

*2023-2024 proposed Ratio by June 30, 2024*  
**1:1967**

**School Psychologist***Current Ratio as of August 1, 2023***1:2295***2023-2024 proposed Ratio by June 30, 2024***1:2066****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2023***1:4590***2023-2024 proposed Ratio by June 30, 2024***1:2951****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 increased number of district mental health staff enables an increase in overall students to be served through individual and group services, case management, and referral resources. The additional staff proposed for the 23-24 school year reduces staff-to-student ratios in every service category.

**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).**

To ensure student needs are met, data is reviewed quarterly by district staff. Data reviewed includes, but is not limited to: number of Columbia-Suicide Severity Assessments conducted, Mobile Response Team Referrals, mental health referrals to school based and community based providers, Climate and Culture student surveys, and Climate and Culture staff surveys from all Clay County schools. The data is reviewed to look for county trends and to indicate specific needs at a school or needs in a geographic area. Once needs are identified, adjustments are made to increase staffing, contracted services, or implement lessons on mental health topics.

**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 and community based mental health counselors provide Tier 2 and Tier 3 interventions for students in need of additional support. Additionally, school based mental health staff provide crisis response services in the event of a student or staff death and/or tragedy.

**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.**

Agreement MOUs and contracts are in process with listed community partners to provide district mental health services to students on school site on an as needed basis in a delivery format that is most appropriate for the given situation (group, individual). A shared funding model between the agencies and the district will capitalize on Medicaid funding options. These agencies all employ staff who are qualified under Chapter 491 and the Florida Department of Health to provide clinical,



counseling, and psychotherapy services. Significant funds are being allocated to Flagler Health to cover non insured services for students. Flagler Health's Care Connect+ uses the B.R.A.V.E. platform as a referral hub that links all district mental health referrals with the appropriate community provider depending on geography, insurance status, and overall need.

**Community Partners:**

Clay Behavioral Health Center will provide clinicians at multiples schools, as well as continue to provide CAT team services, the Student Assistance Program, and the community Mobile Response Team.

Youth Crisis Center will provide clinicians at multiple schools and the Stop Now and Plan (SNAP) and SNAP in Schools services to students ages 6-11.

Right Path Behavioral and Children's Home Society both have MOU agreements for onsite services as needed per referrals and may provide additional contracted services as needed.

**MHAA Planned Funds and Expenditures**

**Allocation Funding Summary**

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

\$ 2,156,386.00

**Unexpended MHAA funds from previous fiscal years**

\$ 1,031,981.00

**Grand Total MHAA Funds**

\$ 3,188,367.00

**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 **Clay County 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**

0667 - St. Johns Classical Academy FI
0664 - Clay Charter Academy
0677 - St. Johns Classical Academy OP

**School Board Approval Date**

Tuesday 7/25/2023