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## Table of Contents

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<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>8</b>
<b>Section E: MHAA Planned Funds and Expenditures</b>	<b>10</b>
<b>Section F: School District Certification</b>	<b>10</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>	Monique Burr Foundation Child Safety Matters
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Intervention Specialists teach elementary students the evidence-based program Monique Burr in a classroom setting and in small groups during schooldays. Secondary students are taught in a class setting by trained Columbia County School District-certified teachers.</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>MBF Prevention Education Programs, including MBF Child Safety Matters® for elementary schools and MBF Teen Safety Matters® for middle and high schools, are comprehensive, research-based, primary prevention programs, that educate and empower students and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, digital dangers, trafficking, and all types of child abuse and exploitation, trauma and violence.</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 outcome is to prevent bullying and to teach safety and responsibility, resiliency, and character development. Staff implements the five-step plan to help students in both crisis and non-crisis situations. MBF aims to improve positive family and peer relationships, decrease bullying, decrease impulsive or risky behaviors, improve anxiety symptoms, emotional regulation, and depressive symptoms, and increase school performance.</p>	

<b>Evidence-Based Program</b>	Why Try
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Why Try Program is an evidence-based resilience education curriculum that provides simple, hands-on solutions for drop-out prevention, violence prevention, truancy reduction, and increased academics. Why Try utilizes a series of visual analogies that teach essential life skills like Decision-making.</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>Intervention Specialists teach elementary/secondary students in a small group setting during the school day. Individual lessons are taught on a one-on-one base to help with specific student problems. Teachers use components of Why Try as stand-alone lessons for whole group instruction.</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 WhyTry curriculum utilizes a series of visual analogies that teach essential life skills and Resiliency like:</p> <ul style="list-style-type: none"> <li>Decision-making</li> <li>Positive self-esteem</li> <li>Emotional regulation</li> <li>Having a resilient mindset</li> <li>Peer influence &amp; relationships</li> <li>Problem-solving</li> <li>Hard work &amp; Determination</li> <li>Responsibility and expectations</li> <li>Relationship building</li> <li>Self-efficacy</li> </ul>	

<b>Evidence-Based Program</b>	Counselor Initial Assessment
<b>Tier(s) of Implementation</b>	Tier 2
Describe the key EBP components that will be implemented.	
Completed by the school counselor to assess students for a more intensive level of services and to assess crises management services.	
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 through staff members that come into contact with students and who have received YMHFA training. The counselor will assess the needs of the student and determine a need for crisis intervention.	
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 intended outcomes are to decrease crisis intervention, decrease depression and anxiety symptoms in students, and provide students with more intensive services to increase coping skills, improve problem-solving skills, and decrease overall mental health symptoms. If a psychological is needed, on a non-ESE student, \$2,500 is allocated to pay for the fee. ESE students are paid for through the ESE department funds.	

<b>Evidence-Based Program</b>	Youth Mental Health First Aid
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent who is experiencing mental health challenges or is in a crisis situation.	
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 teachers, administration, and staff will complete the required course based on state guidelines. 80% of staff trained is the current guidelines. CCSD aims for 100%. All new teachers and staff are trained periodically throughout the year to better accommodate staff schedules. The intended outcome is to help students emotionally regulate, increase student school performance/decrease negative behaviors.	
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.	
NA	

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2023*  
**1/4685**

*2023-2024 proposed Ratio by June 30, 2024*  
**1/4685**

**School Social Worker**

*Current Ratio as of August 1, 2023*  
**0/9370**

*2023-2024 proposed Ratio by June 30, 2024*  
**1/9370**

**School Psychologist**

*Current Ratio as of August 1, 2023*  
**0/9370**

*2023-2024 proposed Ratio by June 30, 2024*  
**0/9370**



## Other Licensed Mental Health Provider

*Current Ratio as of August 1, 2023*

**3/3123**

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

**3/3123**

### 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.**

Six directly employed School-Based Mental Health Service Providers (Intervention Specialists) and two Community Case Managers provide direct and indirect services to students. These direct services help expand and enhance school-based student services while reducing the student-to-staff ratio and concurrently attempting to meet the mental health needs of students. Having three licensed Mental Health Providers provide direct mental health services to students, assesses when outside agency providers are needed and provides ongoing education and prevention programs to the student body. They help CCSD to be proactive in mitigating crisis situations, assessing threats as needed, implementing positive behavior interventions, referral to community-wide agencies, and case management.

**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).**

The direct services will include teaching an evidence-based curriculum to motivate students and increase resiliency so students have the ability to recover from challenges that they are faced with. This will help create more time for in-house personnel. The Case Managers work to ensure students referred for mental health screening for the identification of MH concerns are assessed within 15 days and any identified assessments are completed within 30 days. Communication with parents, schools, providers, and participating agencies to track progress and ensure service delivery continues as needed. Tracking will continue to assess, review, modify, and problem-solve based upon information received from outcome data, climate surveys, Youth Risk Behavior Survey (YRBS), and focus.

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

The Intervention Specialist is strategically placed at schools exhibiting the highest need/demand for mental health services. The Intervention Specialist and Case Managers work directly with our students in classroom settings, group settings, and individual settings. The placement of the staff is assessed on an ongoing basis.

Meridian Behavioral Healthcare provides the Mobile Response Team (MRT). MRT provides services to ages newborn to 24 yrs. old at no cost. The CAT Community Action Team takes referrals for students to receive, individual, family, and psychiatric to families who consent to services. CCSD works with multiple agencies to assist students and families with their 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.**

1. Haile Plantation Psychology
2. Community Action Team
3. Resolution Health Alliance
4. Village Counseling
5. Mobile Response Team
6. Henry & Rilla White Youth Foundation
7. Oasis of Hope Therapy LLC.
8. Chrysalis Health-Community Action Treatment Team
9. Susie's Therapeutic Services PLLC
10. Livingwell Therapy LLC

## MHAA Planned Funds and Expenditures

### Allocation Funding Summary

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

\$ 603,051.00

#### Unexpended MHAA funds from previous fiscal years

\$ 44,400.00

#### Grand Total MHAA Funds

\$ 647,451.00

### 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 **Columbia 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

0402 - Belmont

### School Board Approval Date

Tuesday 7/25/2023