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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>  | Positive Behavior Intervention Supports |
| <b>Tier(s) of Implementation</b>   | Tier 1, Tier 2                          |
| Describe the key EBP components that will be implemented.  |   |
| <p>A school-wide PBIS plan will be implemented at Franklin County School K-12. This is a pre-existing structure already in place. This program addresses Tier 1 practices and systems establish a foundation of regular, proactive support while preventing unwanted behaviors. Schools provide these universal supports to all students, school-wide. Tier 2 practices and systems support students who are at risk for developing more serious problem behaviors before those behaviors start. These supports help students develop the skills they need to benefit from core programs at the school. At Tier 3, students receive more intensive, individualized support to improve their behavioral and academic outcomes. At this level, schools rely on formal assessments to determine a student's need</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>During the MTSS protocol discussions each month, student identified in need of increasing supports will be referred through the guidance department for additional services. The school district use of EdInsight as a data management system will allow the school to monitor students early on through early warning systems, meeting notes and data collection.</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 term 'mental health' refers to how we think, feel and behave; it is a critical part of our overall health. Current rates of mental illness, substance misuse and opioid abuse are alarming and require significant societal shifts. Mental health is now recognized as a critical part of education, but schools struggle with how to establish a comprehensive system of mental health support. The Interconnected Systems Framework (ISF) is an emerging approach for building a single system to address mental health and social-emotional well-being in schools. The Interconnected Systems Framework uses MTSS core features.</p> <p>to ensure mental health is embedded in all aspects of the learning environment. Students in the district will receive these supports through collaborative team decision making as a result of the implementation of the MTSS framework. Frequent and on-going monitoring of interventions with students is used to deliver instruction and document success or lack thereof. Universal delivery begins with all students in Tier 1, as students demonstrate struggles small group 1:6 intervention is developed in tier 2, then for students who continue to exhibit difficulties, tier 3 can be used in ratios of 1:3 or less.</p> |   |

|   |  |
|---|--|
| <b>Evidence-Based Program</b>   | Conscious Discipline (Early Learning Grades) |
| <b>Tier(s) of Implementation</b>  | Tier 1, Tier 2                               |
| Describe the key EBP components that will be implemented.   |  |
| <p>Conscious Discipline empowers us to be conscious of brain-body states in ourselves and children. It then provides us with the practical skills we need to manage our thoughts, feeling and actions. With this ability to self-regulate, we are then able to teach children to do the same. By doing this, we help children who are physically aggressive (survival state) or verbally aggressive (emotional state) become more integrated so they can learn and use problem-solving skills (executive state). When we understand the brain state model, we can clearly see the importance of building our homes, schools and businesses, on the core principles of safety, connection and problem-solving. Conscious discipline is used in grades VPK-3 to support resiliency in the school setting. Teachers in these grade levels receive training and materials to implement this strategy effectively. School administration and school student services personnel receive training and are prepared to provide on- site, real-time supports to educators and students in this implementation.</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>Research shows that Conscious Discipline: Improves the social and emotional skills of students; Improves the social and emotional skills of teachers; Increases student academic readiness; Increases student academic achievement; Improves the quality of student-teacher interactions; Improves school climate; Decreases aggression in preschool children, as such this is a proactive and preventative approach to supporting trauma impacted students at the earliest stages. All early learning staff are trained with conscious discipline as part of our SEDNET and FDLRS supports.</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>Conscious Discipline is recognized by the Substance Abuse and Mental Health Administration's National Registry of Evidence-based Programs and Practices (NREPP), which promotes the adoption of scientifically established behavioral health interventions. Early intervention is the key to providing youth with tools to succeed and reduce barriers to sound judgement. Trainings are delivered to newly hired staff by on-site by trained and certified staff who are experienced in using the program. Existing and newly trained instructional and support staff will be able to intervene with students experiencing the need for supports in pre-kindergarten. This includes all voluntary Pre-Kindergarten staff (leads and paras) and pre-kindergarten staff serving students with disabilities. Additionally, resource support personnel such as speech language pathologists, staffing specialists, occupational therapists, and school psychologists receive training support for implementation purposes.</p>  |  |

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|--|-------------------|
| <b>Evidence-Based Program</b>  | You Are Not Alone |
| <b>Tier(s) of Implementation</b>   | Tier 1, Tier 2    |
| Describe the key EBP components that will be implemented.  |                   |
| Students in designated grade levels receive teacher-led or guidance-led lessons from the You're Not Alone lesson series. In this approach students are provided materials to help process their emotions/ feelings on a variety of topics. Based on responses additional prioritized supports are developed with the student in mind.  |                   |
| 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.                  |                   |
| This resource uses a journaling format as well as a face to face instructional delivery model that will allow staff to intentionally benchmark students against the crisis decision tree in our threat assessment protocols. Effectively, this will allow adults to recognize potential students in crisis intervene much more quickly and identify uncovered needs through increased opportunity for students to process their current circumstances. |                   |
| 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.  |                   |
| As part of comprehensive approach that addresses early learning through twelfth grade, this additional support works in concert with the district's MTSS process including identification, monitoring, and review of students' academic, social, emotions, and physical well-being.  |                   |

|   |   |
|---|---|
| <b>Evidence-Based Program</b>   | Panorama Education Intervention Toolkit |
| <b>Tier(s) of Implementation</b>  | Tier 1, Tier 2                          |
| Describe the key EBP components that will be implemented.   |   |
| Blue menu of evidence-based interventions for youth describes this approach as a "good support" in assisting with issues of anxiety, avoidance, attention seeking, hyperactivity, and disruptiveness. Utilizing the tool kit in combination with collected data provided an opportunity to reach students more effectively.   |   |
| 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.   |   |
| The intervention tool kit as part of the Panorama platform will allow the school district to provide readily available, relevant lessons to students, as data determines gaps in need. The tool kit addresses skill builder supports for whole group, small group, and individual development. Multiple topics are available for resiliency, empathy, mindset, healthy habits, emotional intelligence, and regulation. Additionally, the tool kit has lesson for adults supporting student that assist with recognizing a crisis, de-escalation, and effective communication. |   |
| 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.   |   |
| This will be a baseline data collection year utilizing the student survey in grades 3-12. The data will be collected 2 times per year in the fall and the spring. The goal for this year is 95% participation from students, and we anticipate the need to address students' ability to attend, feel safe, and practice emotional regulation strategies.  |   |

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2023*

**1:391**

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

**1:400**

**School Social Worker**

*Current Ratio as of August 1, 2023*

**1:800**

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

**1:00**

**School Psychologist**



*Current Ratio as of August 1, 2023*

**1:400**

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

**1:400**

#### **Other Licensed Mental Health Provider**

*Current Ratio as of August 1, 2023*

**1:800**

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

**1:800**

#### **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 Franklin County School district is both small in student enrollment and rural in geographic location. The Franklin County School employs 2 school counselors, a school staffing specialist, and a school social worker, and a school psychologist for roughly 800 students Pre-K- 12. School counselors work with scheduling, student groups, and peer support. They are integral to the MTSS process and help with completing threat assessments. A School social worker and a licensed mental health counselor assist with in-school and home-to school supports and provide observational data and counseling supports through wrap around services. School Psychologists help with the child find and identification assessments of students who may need additional supports with an IEP of 504. Our staffing specialist provides guidance and support to our teachers serving students with IEPs and serves as a direction connection to the home in scheduling and meeting with parents to discuss implementation and maintenance of the IEP.

**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).**

As part of the MTSS framework, dedicated time is provided for supports at all levels Tier 1, 2 and 3. As part of the district's plan the EBP support these tiers in a way that increases access for all students to dedicated professionals in the area of mental health. Due to the small size of our district and the geographic location it has been necessary to seek outside services for support. The prior school counselor will be moving into a role of Administrator on campus, thus there will be a dedicated school based administrator overseeing the provision of direct mental health services to students to provide Tier 1-3 needs. Contractors and Community Agencies will work on a referral based system only. The MTSS team, with parent participation, the student's teacher (s), or an administrator can make a referral for services. Contractors have 15 days to follow up with the referral and begin services if the parent agrees, and Community Agencies have 30 days. Franklin county School asks parents to sign a Confidentiality Release so the providers can communicate with the Mental Health Coordinator, Teacher, MTSS team, Administration, as needed, with confidentiality being a priority, however knowing that continuity of care is very important. It is a district goal to provide additional grant funded employees designated to serve the mental health needs of the students which include an additional social worker and licensed mental health provider due to increased student needs.

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

Contracted services are available for varied therapies, behavior interventionists and LMCs through the funds provided for the mental health allocation. The school district also works with FDLRS, SEDNET, and FEDNET to provide strategic support in the areas of need. Franklin County School works with the Franklin County Sheriff's department to determine the needs of students of may be identified for involuntary services. Every effort is made to prevent the need for this through increased supports, de-escalation, and parental involvement.

### 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.**

Franklin County Schools has a contract, to have Kevin Haeusser/Lori Kern on campus daily as a Certified School Psychologist. They also provide therapy, academic/cognitive testing, as well as risk and threat assessments. Florida Therapy Services provides us with a counselor who provides therapy weekly on campus, and they have a host of other services we can refer students to, such as medication management and psychiatry services. If a student should need to be involuntarily examined, we partner with the local Sheriff's Department for transportation and initiation to Tallahassee Memorial Hospital or Capital Regional Medical Center for the Baker Act. Apalachee Center has been a resource to us in the past, that we will continue to try to foster a working relationship and enter into an agreement with them as needed.

### MHAA Planned Funds and Expenditures

#### Allocation Funding Summary

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

\$ 159,292.00

**Unexpended MHAA funds from previous fiscal years**

\$ 160,232.00

**Grand Total MHAA Funds**

\$ 319,524.00

#### 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 **Franklin County 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**

|  |
|--|
| 9009 - Apalachicola Bay Charter School |
|--|

**School Board Approval Date**

Saturday 7/29/2023