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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

Evidence-Based Program	Safe-at-Home School Intervention Services Gulf Coast JFCS, community partner
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>The purpose of this program is to provide a team-based planning process to provide individualized and coordinated family-driven care. For children struggling with complex needs and have multiple agency involvement and who are at risk of hospitalization for a mental health crisis, change of residential placement, residential mental health placement, and who experience emotional, behavioral, or mental health difficulties.</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>Major Program Goals</p> <ul style="list-style-type: none"> • Maintain children with the highest levels of mental health and related needs successfully and safely in their homes, schools, and communities • Increase stability across life domains for family members (physical/mental health, finance/employment, school/life skills, housing, & social/community connections) • Help families in crisis to promote the use of effective coping that can lead to positive growth and change by acknowledging the need for support, recognizing its impact, and learning new or more effective behaviors for coping with similar experiences. <p>Provision of Services</p> <ul style="list-style-type: none"> • Enhance strengths by creating a strength-based intervention plan with a child and family team; • Promote youth and parent involvement with family voice, choice, and preference; • Use community-based services; • Create independence and stability; • Provide services that fit a child and family's identified needs, culture, and preferences; • Create one plan to coordinate responses in all life domains; and • Focus on achieving positive goals. <p>Clients Served</p> <ul style="list-style-type: none"> • Provide Intensive In-Home services to families in crisis to mitigate safety concerns and prevent unnecessary psychiatric hospitalization, crisis responding, and disruption to family stability. <p>Client Eligibility</p> <ul style="list-style-type: none"> • The Provider shall provide services to children, families, and persons related to the case that meets the eligibility described in the Standard Contract or the following requirements: • Each child must be under the age of eighteen (18) years old at the time of referral. • The family and children must have complex needs, multiple agency involvement and still experiencing a significant crisis level of response from the community including residential placement. • Child considered for the highest level of services and is unable to access or continues to experience a significant level of crisis response. • Consideration for child/family that does who is not currently engaged in community mental health services but has engaged in a high level of community support without alleviation of crisis level of need. • Child identified by the mental health team to be in need of this specific type of service delivery model, 	

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.

Referral Process:

Pasco County Schools along with CFBHN will complete the referral process and review with Gulf Coast JFCS including the steps below:

- Using the Tier 3 Mental Health Data Analysis process, school-based student services will connect with the mental health liaison to assure appropriate referral - MHL will complete the referral form and send it to the CFBHN project manager.

Availability & Duration

- Services shall be provided generally for 42 days (6 weeks) duration. Any extensions beyond 42 days or 6 weeks shall require approval from the Senior Leadership of SSPS of PCS.

Initial Response Time

- Initial Contact & Intake. Upon receipt of a referral from PCS, the Provider shall make initial contact with the family within three (3) business days. Once initial contact is completed and the family has agreed to services, the Provider shall attempt to make face-to-face contact within five business days to continue attempts until contact is made.

Teams

- A counselor shall be provided to all families identified for this program. The counselor will support the family and would provide advocacy, case management, and counseling. Additional providers for specific needs could be utilized if warranted and approved.

Frequency of Visits

- The Provider is required to respond to the needs of the family, as necessary, to mitigate risk, which may include unannounced visits. Ongoing visits shall occur with the family in the home at a minimum of 1 time a week for the first 30 days based on the family's needs with the discretion to modify visits agreed upon during multidisciplinary staffing to a minimum of 1 time a month. A minimum of 1 time a week for the first 30 days based on the family needs with the discretion to modify visits agreed upon during multidisciplinary staffing to a minimum of 1 time a month.

Service Role

- Family Finding Efforts. Provider shall continuously engage the parent(s) throughout service provision to identify and develop a natural resources & support system for the family consisting of relatives and nonrelatives

including but not limited to family friends, neighbors, co workers, church members, school officials, etc.

- Assessment of family may include, intake, CFARS, and/or Biopsychosocial Assessment, and a treatment plan developed within 30 days.

Family Team Meetings.

- Family meetings have initial meetings within 15 days from Intake and include family & other natural resources. Ongoing meetings are scheduled with pertinent family & support systems. Closure meetings are scheduled as the timeframe approaches the twelve-week session.

- Referrals. The Provider shall submit community referrals for any additional assessments needed on behalf of the parent(s) or children.

Staffing

- Multidisciplinary staffing. Provider shall conduct multidisciplinary staffing to discuss the family's availability and willingness to work with services, clinical impressions and recommendations, service needs, frequency of visits, and any additional safety concerns identified during service provision.

Evidence-Based Program	Coping Cat
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Coping Cat is a research-based cognitive-behavioral therapy intervention (cognitive behavioral therapy focuses on exploring relationships among a person's thoughts, feelings and behaviors in order to help them feel better/cope better) that helps children recognize and analyze their anxious feelings and develop strategies to cope with situations that may provoke anxiety. The program focuses on four connected components:</p> <ol style="list-style-type: none"> (1) recognizing anxious feelings and the physical reactions associated with anxiety (2) clarifying feelings in situations which are anxiety-provoking (3) developing a plan to cope (for example, changing anxious self-talk to coping self-talk, or determining what coping strategies might be effective) (4) evaluating performance (how well are they doing with skills learned in the program) and administering self-reinforcement. 	
<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>Each school-based threat assessment team reviews targeted data to identify (a) specific students and (b) areas of need for Tier 3 mental health. Students identified at the elementary level and have not had school-based or community-based tier 3 support for anxiety will be offered small group intervention using Coping Cats curriculum. Parent passive consent would be obtained for all students participating in Tier 3 interventions. One session of 50 min for 16 weeks is the typical format depending upon student's capacity and needs. The session format includes:</p> <p>Psychoeducation-involves information for children and families about how anxiety can develop and be maintained, and how it can be treated;</p> <p>Exposure tasks- gives the child the chance to be in the feared situation and have a mastery experience;</p> <p>Somatic management- teaches relaxation techniques;</p> <p>Cognitive restructuring -addresses FEAR: Feeling frightened, expecting bad things, attitudes and actions that will help, and results and rewards;</p> <p>Problem-solving- generate and evaluate specific actions for dealing with problems;</p> <p>Homework: One STIC task (where STIC stands for "Show That I Can") is assigned per week. Parent psychoeducation can be incorporated into the group format. C.A.T. Program also may be used with middle/high school students identified to be in need of Tier 3 support of anxiety.</p> <p>Access to these school-based mental health services will be tracked through our referral process in the SIS.</p> <p>Coping Cat will be used with students who are more likely to be able to:</p> <ol style="list-style-type: none"> (1) recognizing anxious feelings and the physical reactions associated with anxiety (2) clarifying feelings in situations that are anxiety?provoking (3) developing a plan to cope (for example, changing anxious self-talk to coping self-talk, or determining what coping strategies might be effective) (4) evaluating performance (how well are they doing with skills learned in the program) and administering self-reinforcement. 	

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.

Evidence has been established that Coping Cat supports the treatment of substance abuse when the underlying or contributing cause of substance misuse is anxiety. Coping Cat is a CBT-based therapy technique thus well-established in the treatment of co-occurring substance abuse diagnoses. It is the clinical assessment completed by the student services team member that will drive targeted strategies to address the unique mental health/substance abuse presentation of symptoms in order to focus on symptom reduction, coping and wellness. Referrals to community providers would be completed in conjunction with the student's family as warranted.

Evidence-Based Program	Dialectical Behavior Therapy
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>Dialectical Behavior Therapy (DBT) is designed for individuals who need assistance with managing their emotions, increasing their tolerance for distress, and developing relationships with others. DBT is research supported, effective form of treatment for individuals with Borderline Personality Disorder, Depression, Anxiety, OCD, Bipolar disorder, PTSD, and eating disorders. While DBT works well with these issues, it is also effective for anyone who needs help with emotion regulation, distress tolerance, and interpersonal relationships. The following strategies could be the focus of support provided to the student:</p> <p>Mindfulness Distress Tolerance Emotional Regulation Interpersonal Effectiveness</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>Current research suggests that DBT may also be effective for children and preadolescents (aged 8 – 13) who struggle with intense emotions, disruptive behaviors, and challenging relationships. We have purchased an additional curriculum for the implementation of DBT strategies with elementary/middle school students.</p> <p>Each school-based threat assessment team reviews targeted data to identify (a) specific students and (b) areas of need for Tier 3 mental health. Students identified at the elementary level and have not had school-based or community-based tier 3 support for anxiety will be offered small group intervention using DBT curriculum/strategies. Parent passive consent would be obtained for all students participating in Tier 3 interventions. Consecutive sessions will be scheduled over several weeks period and dependent upon students' capacity and needs. Access to these school-based mental health services will be tracked through our referral process in the SIS.</p> <p>The goals of DBT include:</p> <ul style="list-style-type: none"> • increase in positive social interactions • emotional regulation in targeted areas/events/people • dealing with stressful situations and crisis situations 	
<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>Dialectical behavior therapy (DBT) is a well-established treatment for individuals with multiple and severe psychosocial disorders, including those who are chronically suicidal. DBT is designed to promote abstinence and reduce the length and adverse impact of relapses. Among these are dialectical abstinence, "clear mind," distress intolerance management, & attachment strategies. It is the clinical assessment completed by the student services team member that will drive targeted strategies to address the unique mental health/substance abuse presentation of symptoms in order to focus on symptom reduction, coping and wellness. Referrals to community providers would be completed in conjunction with the student's family as warranted.</p>	

Evidence-Based Program	Check In Check Out
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
<p>Check-in/Check-out (CICO): a tier 2 behavior intervention designed primarily to improve students' mild to moderate problem behavior. CICO provides a structure for positive adult contact to be made with the student throughout the day. Both externalizing and internalizing behaviors can be supported through CICO or Modified CICO models of intervention.</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>Students identified for the intervention check-in with the identified school support staff at the start of each school day, and checkout with the support staff before leaving school. At check-in, the students are provided with a Daily Progress Report (DPR) that lists the schoolwide expectations and a place to rank student behavior in corresponding columns. Teachers rank the student at specified blocks of time throughout the day (i.e., each class period in secondary schools; each subject area block of time in elementary schools, etc.), and provide corrective feedback and/or positive reinforcement. At check-out at the end of the day, the CICO coordinator totals the percentage of points earned to determine whether each student has met their individual goal for the percentage of points on the DPR available. If the student meets their goal, they receive a reinforcer. Students take their DPR to show to their parents and obtain a parent signature, and return it the following day at morning check-in.</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>ICCO intervention can reduce verbal/physical aggressive behavior, noncompliance, disengagement, disruptive behavior, social conflict, or other behavior related to peer attention. The modified CICO can support behavioral manifestations of internalizing behaviors and provide improved use of positive coping strategies, compliance with school expectations, and goal setting. Access to these school-based mental health services will be tracked through our referral process. For students with co-occurring substance abuse diagnoses, CICO would not be the primary service provided but could be complimentary for goal setting and/or connection with targeted adult support staff.</p>	

Evidence-Based Program	Alternatives to Suspension TOOLS
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>The Alternative to Suspension program will be utilized to provide support to students with ongoing behavior issues as well as offer an alternative to the suspension that may be offered in place of traditional OSS and ISS. This will provide additional support to students by maintaining their access to academic instruction during the normal school day (ATS) as well as providing targeted and evidence-based academic behavior & social behavior skill training and other related services to students with chronic behavior issues.</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>Any staff member implementing an ATS program will be thoroughly trained in the program they are implementing and should utilize a positive approach, focused on education, restorative practices, and prevention. Schools must keep record of which students access ATS (individual student names and total numbers). These sessions will be offered after school and/or on Saturdays. The school leadership team at each site will monitor and report student outcomes related to ATS participation</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>Schools will implement programs that provide alternatives to disciplinary outcomes that result in out of school and/or in school suspension. These programs keep students engaged academically while providing supports that encourage social behaviors that align with mental, physical, and emotional wellness. An example from a current school as follows: Implementation of a school-wide character building program founded on five behavioral expectations: Citizenship, Honesty, Responsibility, Respect, and Kindness. Twice a year, admin team meets with all students to discuss these five behavioral expectations and examples of each characteristic. The Saturday program session will consist of two hours of opportunity to complete homework/class assignments, and one hour of expectations of the five character building through small group discussions and social skills videos. In addition, students will be referred to a school counselor for small group sessions to discuss the appropriate behavioral characteristics.</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:422.83

2023-2024 proposed Ratio by June 30, 2024
1:418.27

School Social Worker*Current Ratio as of August 1, 2023***1:1051.1***2023-2024 proposed Ratio by June 30, 2024***1:1010****School Psychologist***Current Ratio as of August 1, 2023***1:1600.5***2023-2024 proposed Ratio by June 30, 2024***1:1507.06****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2023***0***2023-2024 proposed Ratio by June 30, 2024***0****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 reduce the ratio additional student services staff will be hired and funded by the MHA. To ensure the student ratio will be reduced, we will continue to pursue active recruitment & retention of student services staff. Due to the shortage of school counselors, school social workers will be hired in those positions and provided any necessary support as needed.

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).

This position will continue to be allocated to all secondary schools, a Social Services Coordinator funded by ESSER/ARP Funds. These non-student services staff will be allocated to provide support for attendance thus providing student services staff with additional time to support students' mental health needs. Communication to all school-based administrators to reinforce the need for student services to prioritize their allocation to supporting student mental health needs. Through the development of the student referral tracker tool, district mental health data is collected and reviewed to ensure staff are providing direct mental health services to students. When data review indicates support is needed, adjustments to allocation or support will be provided. Additionally, the tracking data will be reviewed in order to identify students with the greatest need of intervention and may be in need of additional tier 2 & 3 behavioral & mental health interventions. The school-based threat assessment teams will meet regularly and monitor student progress. Regular identification, response,

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

Through the referral process, students will be identified as needing Tier 2 & 3 mental health services provided by school-based student services team members including cognitive behavioral-based intervention/counseling such as Coping Cats, DBT, and Check-In/Check-Out. School-based student

services will be integral in the screening, identification, direct service provision, and monitoring for these services. Students identified as needing community-based mental health will be referred to an appropriate service provider in a timely manner, in accordance with state statute.

Pasco County Schools will continue our collaboration with Central Florida Behavioral Health Network as our managing entity. CFBHN will then engage in contracts with various community providers, monitor referral data and ensure services are provided and monitored through the services outlined in the contracts. The agencies will bill CFBHN and in turn bill PSC monthly for services. Mental health expansion opportunities are reviewed and monitored in order to identify any gaps in services as well as continue support of existing services. This targets our neediest students and schools.

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.

- ABA Solutions (contracted behavior support funded by MHAA)
- AB Staffing solutions (contracted behavior support funded by MHAA)
- AYA Healthcare (contracted behavior support funded by MHAA)
- Bay Care Behavioral Health, Inc. - Direct & Indirect services both on & off school campus
- Central Florida Behavioral Health - Indirect services on & off district campus (funded by MHAA)
- Children’s Home Society of Florida, Suncoast Region Direct services both on & off school campus
- Chrysalis Health - Direct & Indirect services both on & off school campus
- ClearPath - Direct services both on & off school campus
- Comprehensive Therapy Consultants (contracted behavior support funded by MHAA)
- Crisis Center of Tampa Bay, Inc. Direct & Indirect services off-school campus
- Elite DNA - Direct services both on & off school campus
- Gulf Coast Jewish Family and Community Services Direct services both on & off school campus
- Healing Educational Alternatives for Deserving Students, LLC - Direct & Indirect services both on & off school campus
- Lifespan Services, Inc. Direct & Indirect services both on & off school campus
- Meridian Counseling Center Direct services off school campus
- Phoenix Counseling Services, Inc. Direct services both on & off school campus
- Premier Community Health Care Group, Inc. Direct & indirect services both on & off campus
- Uber Health - Indirect services off campus

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 4,581,414.00

Unexpended MHAA funds from previous fiscal years

\$ 917,295.00

Grand Total MHAA Funds

\$ 5,498,709.00

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 **Pasco 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

4301 - Dayspring Academy
4334 - Dayspring Jazz
4333 - Innovation Preparatory
4328 - Pepin Academies Pasco
4330 - Union Park Charter Academy

School Board Approval Date

Tuesday 7/25/2023