



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



2023-24 Mental Health Application

Mental Health Assistance Allocation Plan

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Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The District Assures

One hundred percent of state funds are used to establish or expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.

Yes

Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives

Yes

Other sources of funding will be maximized-to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

Yes

Collaboration with FDOE to disseminate mental health information and resources to students and families.

Yes

A system is included for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services

Yes

Review for compliance the Mental Health Assistance Allocation Plans submitted by Charter Schools who opt out of the District's MHAAP.

Yes

Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.

Yes

A school board policy or procedure has been established for

Students referred to a school-based or community-based mental health services provider, for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 calendar days of referral.

Yes

School-based mental health services are initiated within 15 calendar days of identification and assessment.

Yes

Community-based mental health services are initiated within 30 calendar days of referral.

Yes

Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems or payors for which such individuals may qualify if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.

Yes

District schools and local mobile response teams use the same suicide screening instrument approved by FDOE pursuant to s. 1012.583, F.S., and Rule 6A-4.0010, F.A.C.

Yes

Assisting a mental health services provider or a behavioral health provider as described ins. 1006.041, F.S., respectively, 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	PBiS
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
School-wide PBIS -The goal of this approach is to establish behavioral, social, and emotional supports necessary to facilitate academic, social, and emotional success.	
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.	
12 of our schools are a PBIS school. School PBIS teams meet monthly to review data as well as to develop and maintain the school-wide PBIS plan. Classroom teachers as well as school staff reinforce the school plan.	
Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.	
N/A	

Evidence-Based Program	Check-In / Check-Out (CICO)
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
<p>Check-In / Check-Out (CICO) is an intervention designed for students whose problem behavior(s) are unresponsive to Tier 1 practices and systems. Most often students who participate have low level disruptions and generally enjoy positive adult attention.</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>Participating students “check-in” with a facilitator each morning. The facilitator offers precorrects for meeting daily expectations. Throughout the day, students receive regularly scheduled specific feedback about behavioral performance from their classroom teacher. At the end of the day, students return to the facilitator to “check-out”. Daily goals are reviewed and re-teaching is provided if needed.</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>Progress is monitored through daily/weekly data collection. Students will demonstrate a decrease in target behaviors.</p>	

Evidence-Based Program	Prevent-Teach-Reinforce (PTR)
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Prevent-Teach-Reinforce (P-T-R) is a standardized function-based model for students with persistent and challenging behavior problems. P-T-R is a data driven process designed for school-based teams who are working on developing and implementing behavior support plans for individual students.	
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-T-R is a collaborative team based process. The team first identifies the most important target behavior and develops long term and short-term goals. A behavior rating scale (BRS) is used for daily data collection. Initial assessment serves to determine the function of the target behavior. A Functional Behavior Assessment (FBA) is used to develop the student’s Behavior Intervention Plan (BIP). Data is collected daily through the BRS and reviewed regularly by the team.	
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.	
Progress is monitored through data collection. Method and frequency of data collection in determined by the team. Students demonstrate a decrease in target behaviors.	

Evidence-Based Program	Cognitive Behavior Therapy (CBT)
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
Cognitive Behavioral Therapy (CBT) is a therapy technique that can help students find new ways to behave by changing their thought patterns. Engaging with CBT can help students reduce stress, cope with complicated relationships, deal with grief, and face many other common life challenges.	
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.	
District employed mental health therapists and social workers will utilize cognitive behavior therapy interventions for individual students who are at an increased risk for social, emotional, or behavioral health problems, depression, anxiety disorders, suicidal tendencies, or substance abuse disorders and determined to need mental health support services. Interventions are delivered during sessions designed to reduce symptoms and promote well-being.	
Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.	
Students will demonstrate improvements on targeted areas of need and are monitored through progress of the plan of care.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:766

2023-2024 proposed Ratio by June 30, 2024

1:600

School Social Worker

Current Ratio as of August 1, 2023

1:2451

2023-2024 proposed Ratio by June 30, 2024

1:2000

School Psychologist

Current Ratio as of August 1, 2023

1:3064

2023-2024 proposed Ratio by June 30, 2024

1:2500**Other Licensed Mental Health Provider***Current Ratio as of August 1, 2023***1:2043***2023-2024 proposed Ratio by June 30, 2024***1:1600****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 direct employment of more mental health service providers allows students needing the most support (Tiers 2 and 3) to more easily access direct care such as counseling, mentoring, and/or small group and individual psycho-educational counseling. Students who are identified by either the early warning system (EWS) process or referred for services will be assessed for possible intervention /treatment. Referrals will be assessed within 15 days. If need is determined, services shall be initiated within 15 days of the assessment. The staff allocated through the MHAAP works to reduce staff-to-student ratios.

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).

Our district organizes our student services staff in teams to support schools. Each school in the district is assigned a student services team consisting of a school psychologist, a school social worker and a mental health counselor. These school based mental health providers run small group and individual counseling sessions, mentor students, and facilitate threat and suicide assessments to promote student support and safety. Students receiving direct services are reviewed at least monthly to determine progress and appropriate level of service/intervention need. School counselors and licensed mental health professionals are paid additional hours to support students in crisis after hours and complete non-direct school based administrative responsibilities after school which will lead to increased direct service time during the school day.

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 mental health providers are a referring source for community-based mental health and substance abuse services. They work together to develop treatment plans to help students attain optimal success academically, socially, and emotionally. School counselors play a key role in the implementation of all listed EBPs. District mental health professionals play a key role with implementation of cognitive based therapy. In addition, school based mental health providers collaborate on community-based program referrals to ensure services are initiated within 30 days of referral.

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.

Peace River Center - Counseling, Targeted Case Management, and Mobile Crisis Response Team. These services are agency funded.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 724,722.00

Unexpended MHAA funds from previous fiscal years

\$ 665,046.00

Grand Total MHAA Funds

\$ 1,389,768.00

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 **The School Board of Highlands County** School Superintendent and School Board approved the district's Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with s. 1006.041(14), F.S.

Note: The charter schools listed below have **Opted Out** of the district's Mental Health Assistance Allocation Plan and are expected to submit their own MHAAP to the District for review.

Charter Schools Opting Out

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School Board Approval Date

Tuesday 7/25/2023