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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	Ripple Effects
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
<p>Ripple Effects is a digital planning, assessment, and intervention tool designed to address behavior, substance abuse, develop resiliency skills, mitigate the impact of trauma, and more. School based problem solving teams determine the students that will benefit from this intervention and will follow the NCSD MTSS guide regarding implementation of tiered supports.</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>This program is for students in grades 6-12 who are referred by the school based mental health provider to the community based prevention specialists on campus by the MTSS problem solving team. The prevention specialist will deliver targeted interventions directly to students and will provide pre- and post-data to the district at the end of the school year. Lessons address various adverse childhood experiences, substance abuse, bullying, traumatic stress, etc.</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 Nassau County School District has integrated mental/behavioral health supports via the MTSS process. Our mental health providers are key members supporting students in need of intensive interventions (Tier III). This approach allows for data driven decision making using the four-step problem solving model. We utilize the MTSS framework to provide support to students focusing on the whole child. Students flow through the tiers based on need and data. Indicators of positive outcomes include but are not limited to an improvement in academic engagement, positive behavioral changes, decrease in disciplinary referrals, improved coping skills, and improved relationships and rapport building. In addition, the NCSD has built collaborative partnerships with community based providers to aid in individualized assessment, feedback, intervention, skill-based treatment, and relapse prevention. Students can access support in groups, individually, and via telehealth depending on the need.</p>	

Evidence-Based Program	Zones of Regulation
Tier(s) of Implementation	
Describe the key EBP components that will be implemented.	
<p>This curriculum is comprised of lessons and activities used to gain skills in the area of self-regulation and emotional control. It teaches students how to use calming strategies and sensory supports to stay in a zone or move from one zone to another. This program is rooted in cognitive behavioral therapy and utilizes visual tools and common language to support prosocial skills, self-care, and overall wellness. School based problem solving teams determine the students that will benefit from this intervention and will follow the NCSD MTSS guide regarding implementation of tiered supports.</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>District staff (primarily school social workers and psychologists) will deliver this intervention as a Tier III intervention to support any K-12 student that has been identified to have a need for emotional and sensory self-management by the MTSS problem solving team. Using a cognitive-behavioral approach, the learning activities are designed to help students recognize when they are in different states or “zones” to aid in self-regualtion of emotional control.</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 Nassau County School District has integrated mental/behavioral health supports via the MTSS process. Our mental health providers are key members supporting students in need of intensive interventions (Tier III). This approach allows for data driven decision making using the four-step problem solving model. We utilize the MTSS framework to provide support to students focusing on the whole child. Students flow through the tiers based on need and data. Indicators of positive outcomes include but are not limited to an improvement in academic engagement, positive behavioral changes, decrease in disciplinary referrals, improved coping skills, and improved relationships and rapport building. In addition, the NCSD has built collaborative partnerships with community based providers to aid in individualized assessment, feedback, intervention, skill-based treatment, and relapse prevention. Students can access support in groups, individually, and via telehealth depending on the need.</p> <p>To implement Zones as a Tier 3 support for K-5, the mental health providers will provide individualized support (or in groups of 3 or less) utilizing Zones and its supplemental tools (e.g. Zones Storybook Set and Zones Tools to Try Cards for Kids) to extend regulation curriculum lessons. The storybooks have relatable characters, social scenarios, and metacognitive strategies to support emotional regulation. Tools to Try Cards for Kids is used in conjunction with the storybooks to give the students tools to focus, calm, think, move, breathe, and connect. For 6-12 grade students, they will utilize Tools to Try Cards for Tweens and Teens along with cooperative games as a therapeutic aid that pairs with the Zones curriculum in individualized sessions (or in groups no larger than 3). These tools integrate the senses, physical activity, cognition, goal development, and ways to learn empathetic strategies that will aid emotional regulation.</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:428.17

2023-2024 proposed Ratio by June 30, 2024
1:414.13

School Social Worker

Current Ratio as of August 1, 2023
1:1148.27

2023-2024 proposed Ratio by June 30, 2024
1:902.21

School Psychologist

Current Ratio as of August 1, 2023
1:1804.42

2023-2024 proposed Ratio by June 30, 2024
1:1578.88

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023
N/A

2023-2024 proposed Ratio by June 30, 2024
N/A

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.

Since the inception of the MHAAP, the district has increased mental health support throughout the years. Prior to the implementation of the MHAAP funding, in 2017-2018, the district had two school social workers, seven school psychologists, and 28 school counselors that were direct hires. For the 23-24 school year, NCSD intends to employ 13 school social workers, eight school psychologists, and 30 school counselors.

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 district has improved access to school-based mental/behavioral health supports. These professionals receive ongoing training and/or technical support to allow them to infuse prevention and intervention services into the learning process and to help integrate services provided through school–community partnerships into existing school initiatives. Each campus is allocated a school social worker from 1-4 days per week based on need to provide Tier III intensive interventions. In addition, our school social workers, school psychologists, and school counselors are accessible to provide support in the event of a crisis.

The school social workers, school psychologists, school counselors, and behavior specialists provide comprehensive services to students including individualized assessment, feedback, intervention, skill-

based treatment, and relapse prevention through progress monitoring. Students are referred via the MTSS process. Teams meet via the problem solving process to determine the appropriate level of support and to identify appropriate interventions.

The NCS D also has memorandums of understanding/contracts to collaborate with community-based and collaborative partners to provide assistance with diagnosis, treatment, medication management, in-home support, crisis intervention, and relapse prevention. Community based prevention specialists are assigned to our secondary schools to provide Tier II intervention as well. These partnerships have allowed for increased access to therapeutic support via telehealth services for students in Nassau County who have limited access to teleservices in their home environment or limited transportation options to go onsite to a clinic. In addition, these partnerships provide for additional student and family needs by increasing access to appropriate services outside of school whether it may entail family therapy, financial support, housing support, etc.

Access to these supports is embedded within our procedures via the System of Care for crisis intervention or via the MTSS process for more long term support/intervention.

The Nassau County School District also provides Tier III and wrap-around support for our students that meet criteria for our therapeutic day treatment program. Direct hire school social workers are specifically assigned to these classes on a full-time basis to provide therapeutic support and case management services within the traditional school setting for students exhibiting significant behavioral health concerns that hinder their ability to function successfully in the inclusion environment.

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

The district mental health providers collaborate with other team members to conduct suicide and threat assessments, provide crisis intervention, and implement individualized/small group student support. They also provide comprehensive services including individualized assessment, feedback, intervention, skill-based treatment, and relapse prevention. District mental health providers have been empowered to promote positive mental/behavioral health. They help support and create safe and positive school climates and help strengthen family-school partnerships. They bring a unique knowledge and skillset to the problem solving teams by using their expertise in mental/behavioral health, restorative practices, and positive behavioral support. In addition, they have built collaborative partnerships with community agencies such as DJJ, Baker Act facilities, the Mobile Response Team, etc. The approach of utilizing the MTSS process when monitoring/intervening for mental/behavioral health support allows for data driven decision making. Students flow through the tiers based on need and data. Indicators of positive outcomes include an improvement in academic engagement, positive behavioral changes, decrease in disciplinary referrals, improved coping skills, and improved relationships. Students can receive support via small groups, individually, or via teleservices. Below lists some examples of our tiered approach:

1. Prevention/Core/Tier I: Character Education, YMHA, Kognito, Expect Respect Bullying Prevention, parent events, Sanford Harmony, mental health awareness education, Lauren's Kids, teen Mental Health First Aid for our 10th grade students, Positive Behavior Interventions and Support Tier I practices and procedures.
2. Supplemental/Tier II: social skills instruction, Check-In/Check-Out, Skills Streaming, Check and Connect K-12, 101 Ways to Teach Children Social Skills, Ripple Effects (secondary only; provided by community agency), Positive Behavior Interventions and Support Tier II practices and procedures.
3. Intensive/Tier III: Evidence-based mental/behavioral health services for students with one or more co-occurring mental/behavioral health or substance use diagnoses utilizing the University of South Florida Department of Education's best practice recommendations, collaborative partners to provide wrap-around and direct services in the areas of individualized assessment, diagnosis, intervention, treatment and relapse prevention, MATCH, TF-CBT, Promoting School Happiness, Zones of Regulation, individual social skills instruction, FBA, PBIP, Positive Behavior Interventions and Support Tier III practices.

Our collaborative partners aid with diagnosis, treatment, medication management, in-home support,

crisis intervention, substance abuse treatment, and relapse prevention. They provide an avenue for the most intensive supports not only outside of the school setting but, based on student need, within the school setting. Our collaborative partners also play vital roles in the MTSS process. They identify risk factors among our youth that fall into the categories of adverse childhood experiences and provide interventions/treatment designed to incorporate several evidenced based programs that prevent risky behaviors in youth, promote positive youth development, and strengthen families. Additionally, the local Mobile Response Team provides crisis intervention in hopes to prevent involuntary hospitalization in the event of a mental health crisis.

District mental health providers encourage parents/guardians to be active team members as well since they are a vital part of problem solving process. They provide information regarding services available both in and out of school and provide parents/guardians with a list of community based supports.

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. Starting Point Behavioral Health Care (SPBH): Intervention and prevention services for mental/behavioral health and substance use and abuse; MRT-Crisis Response (Baker Act Diversion); counseling; telehealth services; medication management; case management services
2. Flagler Health B.R.A.V.E. Care Connect: Mental/behavioral health referrals for school families and students outside of the school setting or via telehealth within the school environment; additional care coordination and navigation services; focus on the whole child (e.g. can provide resources for housing, financial assistance, food, etc.).
3. Florida Psychological Associates: Mental/behavioral health counseling; clinical psychological assessments/services (to include threat assessments); medication management.
4. D'Arienzo Psychology: clinical psychological assessments/services (to include threat assessments)

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 789,382.00

Unexpended MHAA funds from previous fiscal years

\$ 301,450.00

Grand Total MHAA Funds

\$ 1,090,832.00

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 **Nassau 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

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School Board Approval Date

Thursday 7/13/2023