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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.

No

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	Trauma Informed Care
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>Trauma Informed Care is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma informed care recognizes the presence of trauma symptoms and acknowledge the role trauma may play in an individual's life.</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>School base mental health therapists will administer sessions to students ages 5-12 in 50 minute individual sessions at minimum 1x per week for a period of 18 weeks. Treatment can continue longer than 18 weeks and may be one entire school or more depending on the child's needs. Students learn to identify feelings, work on common reactions to trauma, learn coping strategies, and learn problem solving skills.</p> <p>School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported). 2) Anxiety symptoms (child, parent, and teacher-related). 3) Emotional regulation (parent and teacher-reported). 4) Depressive symptoms (parent, teacher, and child-reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/involuntary examination (school reported) 7) Decrease impulsive or risky behaviors (parent and teacher reported) 8) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 9) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	Monique Barr Foundation Elementary K-5
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>Monique Barr Foundation-MBF child safety matters is a comprehensive, evidence based curriculum for elementary school students in grades K-5, Elementary School. the program educates and empowers children and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, and digital abuse dangers. The program educates and empowers teens and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, relationship abuse, sec trafficking, and digital dangers.</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>Middle school students will receive weekly lessons based on the MBF curriculum that is provided by specific teachers in specifically identified classes. The lessons will be one class period and focus on topics such as bullying, cyberbullying, and abuse. The program was developed WITH schools, not FOR schools, to make the best use of existing resources and ensure schools have effective programs that are easy to implement. It is presented in two comprehensive lessons ranging from 35-55 minutes (Or in four shorter lessons) by trained facilitators in classrooms. Facilitators present turnkey scripts along with engaging, interactive PowerPoints including lectures, group discussions, skills-practice activities, videos, and games.</p> <p>School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student-reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) decrease crisis intervention/involuntary examination (school reported) 7) Decrease impulsive or risky behaviors (parent, and teacher-reported) 8) Decrease bullying (parent, teacher, and student-reported) 9) Increased positive family and peer relationships (parent, student, and teacher reported) 10) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 11) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	MBF Teen Safety Matters
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>Monique Barr Foundation-BMF Child Safety Matters is a comprehensive, evidence-based curriculum for Middle and High school students in grades 6-12. the program educates and empowers children and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, and digital abuse dangers.</p> <p>The MBF Teen Safety Matters is a comprehensive, evidence-informed prevention education program for middle school students in grades 6-8 and high school students in grades 9-12.</p> <p>The program educates and empowers teens and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, relationship abuse, sex trafficking, and digital dangers.</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>Middle School Students will receive weekly lessons based on the MBF curriculum that is provided by specific teachers in specifically identified classes. The lessons will be one class period and focus on topics such as bullying, cyberbullying, and abuse. the program was developed WITH schools, not FOR schools, to make the best use of existing resources and ensure schools have effective programs that are easy to implement. It is presented in two comprehensive lessons ranging from 35-55 minutes (or in four shorter lessons) by trained facilitators in classrooms. Facilitators present turnkey scripts along with engaging, interactive PowerPoints including lectures, group discussions, skills-practice activities, videos, and games. School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/involuntary examination (school reported) 7) Decrease impulsive or risky behaviors (parent and teacher reported) 8) Decrease bullying (parent, teacher, and student reported) 9) Increased positive family and peer relationships (parent, student, and teacher reported) 10) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 11) School referrals will be placed by each school's administration/guidance personnel in the Districts 	

<p>Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</p>	
<p>Evidence-Based Program</p>	<p>Five Star Life</p>
<p>Tier(s) of Implementation</p>	<p>Tier 1</p>
<p>Describe the key EBP components that will be implemented.</p>	
<p>Five Star Life is learning curriculum that focuses on at risk education, workforce readiness, mentoring, and character education. LBMS is having "Mental Health Mondays" by having all classrooms on Mondays, provide instruction using a 5-Star Curriculum during each student's homeroom study hall period. UCHS is utilizing 5-Star Curriculum in the Social Studies (US History, World History, Economics, American Gov't, etc.) period for all 9-12 grade students.</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>Decrease discipline referrals. Decrease crisis intervention/Involuntary Examinations (school reported) Discipline referrals are tracked in our Skyward database. involuntary examinations are now tracked in the NAV360 database. LBMS is having "Mental Health Mondays" by having all classrooms on Mondays, provide instruction using a 5-Star Curriculum during each student's homeroom study hall period. UCHS is utilizing 5-Star Curriculum in the Social Studies (US History, World History, Economics, American Gov't, etc.) period for all 9-12 grade students.</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>Research shows that kids who participate in Five Star Life see academic increases, better school attendance, and fewer behavioral issues. Decrease discipline referrals. Decrease crisis intervention/involuntary examination (school reported) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. LBMS is having "Mental Health Mondays" by having all classrooms on Mondays, provide instruction using a 5-Star Curriculum during each student's homeroom study hall period. UCHS is utilizing 5-Star Curriculum in the Social Studies (US History, World History, Economics, American Gov't, etc.) period for all 9-12 grade students.</p>	

Evidence-Based Program	Positive Behavior Interventions and Supports (PBIS)
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>Positive Behavior Interventions and Supports (PBIS) is an approach to behavior support that includes and ongoing process of research based assessment, intervention and data based decision making focused on building social and other functional competencies, creating supportive contexts, and preventing the occurrence of problem behaviors. PBIS relies on strategies that are respectful of a person's dignity and overall well-being and that are drawn primarily from behavioral, educational, and social sciences, although other evidence based procedures may be incorporated. PBIS may be applied within a multi-tiered framework at the level of the individual and at the level of larger systems (e.g., families, classrooms, schools, social service programs, and facilities).</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>Teachers and staff will implement daily PBIS strategies throughout the school day. Strategies and support will be provided in the classroom and other school-based areas. Students will get PBIS school-wide strategies in elementary, middle, and high school to co-inside with their age and developmental level. Students will receive specific in-class rewards, grade level rewards, and school-based rewards. Classroom rewards will be provided on a daily or as needed bases while grade level and school-based req3ards are typically given out every 9 weeks based on the identified goal of the school.</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>	
<ol style="list-style-type: none"> 1) Increase attendance 2) Decrease discipline referrals 3) Increase school-wide student engagement 4)Decrease negative behaviors by students 5) Increase graduation rates 6) Increase student performance and grades 7) Improve school and district-wide school climate 8) Decrease crisis intervention/Involuntary Examinations (school reported) 9) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 	

Evidence-Based Program	Therapist Initial Assessment
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
Therapist initial assessment completed by a mental health professional to assess students for the more intensive level of services and to assess crisis management services.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<p>Therapist will do a 50 minute initial assessment on all school based referred students ages 4-19. Students are referred through a school wide computer based system. the therapist assesses the needs of students and if there is a need for crisis intervention.</p> <p>School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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.	
<ol style="list-style-type: none"> 1) Decrease crisis intervention and involuntary examinations (school-based data) 2) Decrease depression and anxiety symptoms in students (teacher, student, and parent, reported) 3) Provide Students with more intensive services to increase coping skills, improve problem solving skills, and decrease overall mental health symptoms. 4) Decrease crisis intervention/involuntary examination (school reported) 5) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 6) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	Play Therapy
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
Play Therapy utilizes play, children's natural medium of expression, to help them express their feeling more easily through toys instead of words.	
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>School-based mental health therapists will administer sessions to students ages 5 to 12 in 50 minute individual sessions at a minimum of 1x per week for a period of 18 weeks. Treatment can continue longer than 18 weeks and maybe on entire school or more depending on the child's needs. Students will use play to identify feelings, work on common reactions to trauma, learn coping strategies, and learn problem-solving skills.</p> <p>School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (Child, parent, and teacher reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/Involuntary Examinations 7) Decrease impulsive or risky behaviors. 8) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	Life Skills Training-Botvin Life Skills Training (LST)
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
<p>Botvin Life Skills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, and drug use, as well as violence; by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. this comprehensive and exciting program provides adolescents and young teens with the confidence and skill necessary to successfully handle challenging situations.</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 comprehensive and exciting program provides adolescents and young teens with the confidence and skill necessary to successfully handle challenging situations. School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/involuntary examinations. 7) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 8) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	Cognitive Behavioral Therapy
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol, and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest the CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications.</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>School-based mental health therapists will administer sessions to students ages 5-12 in 50 minute individual sessions at a minimum of 1 x per week for a period of 18 weeks. Treatment can continue longer than 18 weeks and maybe one entire school or more depending on the child's needs. Students learn to identify feelings, work on common reactions to trauma, learn coping strategies, and learn problem-solving skills. School referrals will be placed by each schools administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/Involuntary Examinations 7) Decrease impulsive or risky behaviors 8) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 9) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	County Wide Prevention Programs
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
County Wide Prevention Programs to include Red Ribbon Weeks, Bullying Awareness, Suicide Awareness, Vaping Prevention, and Drunk Driving Awareness.	
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.	
To increase knowledge of areas that cause student stressors and harm. School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.	
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.	
To increase knowledge of areas that cause student stressors and harm. To improve students' ability to discuss topics of concern. To decrease drug use, bullying, suicide, vaping, and substance abuse while driving. Awareness results in decreased discipline referrals and a decrease in crisis intervention/Baker Acts. Discipline referrals are tracked in our Skyward database. Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.	

Evidence-Based Program	Early Warning Systems
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Early Warning Systems consider failing grades, absences, and suspensions as a way to monitor 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>Early Warning Systems data will be gathered by administrators, teachers, and school-wide data teams. it will be distributed by the data team to elementary, middle, and high school to each grade level or subject area team. This data will be shared with teachers at a minimum once every 9 weeks and may be shared/ reviewed monthly in MTSS meetings. Parents will engage with data through MTSS meetings and parent conferences who may became at risk.</p> <p>School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>Specific students that are identified will be referred to specific services by mental health staff, teachers, and administrators. this could include guidance sessions, referral for individual counseling, parent meetings, MTSS process, testing, or psychiatric evaluation.</p> <p>Resulting in decreased discipline referrals and decreased baker acts.</p> <p>Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database.</p> <p>School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</p>	

Evidence-Based Program	Youth Mental Health First Aid
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>Youth Metal Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing mental health or addictions challenge or is in crisis. Youth Mental Health Frist Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situation. topics covered include anxiety, depression, substance use, disorders in which psychosis may occur disruptive behavior disorders (including ADHD), and eating disorders.</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>All teachers, administrators, and staff will complete the required course based on the state guidelines. All new teachers and staff are trained at the beginning of their new employment period. Teachers and staff that have previously been trained will be re-trained every two years. The course is 6-8 hours and consists of in-person or hybrid in-person/virtual options. School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.</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>	
<ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, ad teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/Involuntary Examinations 7) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 8) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

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 as a tier 2 intervention in PBIS, check in/check out (CICO can give students a boost and allow them to meet behavioral goals that can lead them back to tier 1. Check.in/check out intervention forms can be customized to reflect behaviors throughout the day.</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 will be identified by teachers, IEP teams, and administrators for CICO. Students assigned to a CICO intervention check in with a coach/mentor at the beginning of the day to set goals for the day. this adult can be a counselor or other staff member who is not and instructor for that student. typically, the student uses a "points card" that spells out the goals for each part of the day. As the Student progresses through the day, their teachers evaluate behavior and assign points for meeting their daily goals. At the end of the day, the student checks out with the same staff member they began the day with, assessing card to a parent at home, and returning it signed at the next morning's check in. At its most basic, the check in/check out meeting is an opportunity for students and mentors to work together to improve behavior.</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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student-reported) 5) Decrease discipline referrals 6) Decrease crisis intervention/involuntary examinations 7) Decrease impulsive or risky behaviors 8) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 9) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	Mentoring Program
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
Students ages 5-19 will be identified by teachers, parents, and administrators.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
Students ages 5-19 will be identified by teachers, parents, and administrators. This intervention works well for students who respond well to adult attention. The mentor encourages the student to reflect on what they did well, how they feel, and what they need to work on. Students who receive such encouragement learn to self-monitor, internalize successes, and develop self-esteem.	
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>Improve:</p> <ol style="list-style-type: none"> 1) Post traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/involuntary examinations 7) Decrease impulsive or risky behaviors 8) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 9) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Evidence-Based Program	Functional Behavior Analysis and Behavior Intervention Plan
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
Functional Behavior Analysis and Behavior Intervention Plan- a school-based plan t look at the functions of behaviors and then develop an individual plan to address the sources of behaviors and reduction of behaviors.	
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 school psychologist or ABA therapist along with teacher, parents, and possibly the IEP team will write a plan that describes the problem behavior, provide global and specific hypotheses as t why the problem behavior occurs and then provide specific intervention strategies that include positive behavioral supports.	
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.	
Reduce the occurrence of identified behaviors, identify replacement behaviors, and increase positive behaviors. The students will improve academic and behavioral performance that will be teacher reported, evidenced by decreased discipline referrals, and decrease crisis intervention/baker acts. . Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database.	

Evidence-Based Program	Brief Therapy/Solution Focused Therapy
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
Brief Therapy/Solution-Focused Therapy is also referred to as Solution-focused Brief Therapy. this form of therapy focuses on solutions to problems or issues, and discover the resources and strengths a person has, rather than focusing on the problem as more traditional talking therapies do.	
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.	
School-based mental health therapist will administer sessions to students ages 5 to 12 in 50 minute individual sessions at a minimum 1x per week for a period of 6-12 weeks. Students will learn to identify feelings, work on common reactions to trauma, learn coping strategies, and learn problem-solving skills. School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment.	
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>Improve:</p> <ol style="list-style-type: none"> 1) Post-traumatic stress symptoms (parent, child, and teacher-reported) 2) Anxiety symptoms (child, parent, and teacher-reported) 3) Emotional regulation (parent and teacher-reported) 4) Depressive symptoms (parent, teacher, and student reported) 5) Increase school performance/decrease negative behaviors and decrease discipline referrals. 6) Decrease crisis intervention/involuntary examinations 7) Discipline referrals are tracked in our Skyward database. Involuntary Examinations are tracked in the IERS (SSO) database. 8) School referrals will be placed by each school's administration/guidance personnel in the Districts Mental Health Referral Google Form which is received by the Mental Health Secretary. The Mental Health Secretary then disseminates to one of our mental health providers for assessment. 	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:2688

2023-2024 proposed Ratio by June 30, 2024
1:1344

School Social Worker

Current Ratio as of August 1, 2023

1:1344

2023-2024 proposed Ratio by June 30, 2024

1:1344

School Psychologist

Current Ratio as of August 1, 2023

1:2668

2023-2024 proposed Ratio by June 30, 2024

1:2688

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

1:2688

2023-2024 proposed Ratio by June 30, 2024

1:2688

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 District Mental Health Team will have one mental health school employed provider who is assigned to the elementary and high school, one mental health school employed provider assigned to the elementary and middle school, and one mental health school employed provider assigned to the middle school and the alternative classroom. Having providers identified to specific schools will increase the amount of time student service personnel can spend providing direct mental health services to students. It should be noted that outside agency providers will also provide services to all three schools increasing the amount of time to students and reducing student to provider ratios. In addition to mental health providers, the elementary school has a full time certified guidance counselor, a full time career specialist, a full time ESE staffing specialist, and a school based nurse. The middle school has two full time certified guidance counselor, a full time ESE staffing specialist, and a school based nurse assistant. The high school has a full time career specialist, a full time ESE staffing specialist, and a school based nurse assistant.

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 Union County District Mental Health Team receives all referrals via an electronic referral based system. Parent, teachers, and staff who have mental health concerns about a student or a student who has concerns about themselves or another student must establish contact with their school's guidance counselor or administrator who can electronically enter the referral and immediately discuss as well as assess the student's needs. Referrals are tracked as they are received and students are assessed and screened within 24-48 hours. Parents/guardians are contacted within 72 hours to discuss the student's need and request consent for mental health and case management services. Once parents/guardians return the consent forms sent to them giving consent for services, the school based mental health providers and the majority of the outside community based mental health providers begin services within 15 days, school based mental health providers will provide the student services for a brief period of time until the community based service have commenced ensuring a

continuity of care for the student. Referrals to other agencies for services and the timeline of services are tracked and case managed for each student.

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

Union County School District has a partnership with Medlink which provides one licensed clinical social worker. The provider works in all three schools to provide mental health services to include individual and family therapy and assistance with medication management.

Union County has a partnership with Meridian Behavioral Healthcare to provide school based counseling services at each school as well as community based counseling and psychiatric services. They have provided one to three therapist for school based services in the past three years. Meridian Behavioral Healthcare has a Mobile Crisis Response Team that provides services for individuals newborn to 24 years of age at no cost and that will come to the family or school if contacted. They will provide a continuum of care based on the crisis.

Meridian Behavioral Healthcare also facilitates the Community Action Team (CAT). The District Mental Health Team can make referrals for CAT which provides individual, family, psychiatric, and nursing assistance to families who consent to services, classes, and materials to consenting parents/guardians.

Union County School District partners with Florida Diagnostic and Learning Resources System (FDLRS) to assess students from birth to three year old and provide transitional services to include ESE Pre-K, Speech, Language, and OT for students after the age of three.

Union County School District collaborates with other agencies to assess or assist with student needs. These agencies include Florida MTSS, ISRD, Florida Department of Children and Families, Florida Department of Juvenile Justice, SEDNET, Guardian ad Litem, Lutheran Services of Florida, Law Enforcement, and Project 10.

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) Meridian Behavioral Healthcare:

Provides school based counseling services at each school as well as community based counseling and psychiatric services. They have provided one to three therapists for school based services in the past three years. Direct.

2) Lake Butler Hospital:

Provides one licensed clinical social worker. The provider works in all three schools to provide mental health services to include individual and family therapy and assistance with medication management. Direct.

3) Florida Department of Health:

Provides two licensed clinical social workers at each school as well as community based counseling and psychiatric services. Direct.

4) Mobile Crisis Response Team/Meridian behavioral Healthcare:

Provides services for individuals newborn to 24 years of age at no cost and that will come to the family or school if contacted. They will provide a continuum of care based on the crisis. Direct.

5) Community Action Team (CAT)/Meridian Behavioral Healthcare:

The District Mental Health Team can make referrals for CAT which provides individual, family, psychiatric, and nursing assistance to families who consent to services. Direct.

6) Center for Autism and Related Disabilities (CARD):

Provides school based and home based services, classes, and materials to consenting parents/guardians. Direct.

7) Florida Diagnostic and Learning Resources System (FDLRS)

Assess students from birth to three years old and provide transitional services to include ESE Pre-K, Speech, Language, and OT for students after the age of three. Direct.

8) Meridian Behavioral Healthcare:

Prevention Groups to include: RAD Kids and Life Skills Training for Lake Butler Elementary School, Lake Butler Middle School and Union County High School Students. Direct.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 220,756.00

Unexpended MHAA funds from previous fiscal years

\$ 0.00

Grand Total MHAA Funds

\$ 220,756.00

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 **Union 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

Wednesday 8/2/2023