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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

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| Evidence-Based Program | Cognitive Behavior Therapy (CBT) |
| Tier(s) of Implementation | Tier 1, Tier 2 |
| Describe the key EBP components that will be implemented. | |
| <p>Cognitive Behavioral Therapy (CBT) is a methodology that has been effective in treating a range of problems; including, depression, anxiety disorders, and severe mental illness. Studies suggest that CBT leads to significant improvement in functioning and quality of life. The key components that will be implemented across all three tiers of implementation will be to address unhelpful ways of thinking, unhelpful behaviors, and to learn better ways of coping in order to relieve symptoms and improve quality of 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>Through a coordinated system of screening, data-based problem solving, and providing interventions, teams will determine, provide, recommend, and refer students for appropriate services. We will employ universal screeners to determine those students with the greatest risk of various social, emotional, and behavioral problems. In addition, our classroom management and Tier 1 implementation of Positive Behavior Interventions and Supports will be based on CBT principles. Teachers and staff will participate in Trauma Informed Care professional learning opportunities in order to increase awareness and development of trauma sensitive environments. Implementation and instruction in the newly adopted Resiliency Standards will assist all teachers in providing support and giving students access to instruction in overall wellness.</p> <p>At the Tier 2 level, our school counselors and trained teachers will implement CBT strategies in small groups and/or individually with students. School counselors and trained teachers will employ trauma-based practices when working with students. A variety of service delivery models will be used, including: small group counseling, individual counseling, and social skills development groups. Screening data will assist teams in making recommendations for intervention based on the area of need. Ideally, teams will target those students at-risk of developing significant social emotional or behavioral problems, depression, anxiety, or suicidal tendencies. Staff will use multiple resources to address the spectrum of disorders, including students dealing with trauma and violence. Resources will include: Trauma Informed Care, CBT Toolbox for Children and Adolescents, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Circles.</p> <p>Tier 3 providers will include mental health clinicians, Board Certified Behavior Analysts, Social Workers, School Psychologist, and School Counselors. All providers are trained in providing CBT supports to students in the school settings. Support will be based upon individual care plans and provided in group or individual settings. Service delivery methods will include individual counseling, group counseling, and social skills or need-specific groups.</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>Clinicians will conduct a thorough assessment of the student mental health needs by way of observation, interview, and record review. When necessary, formal assessments will be used. This assessment will</p> | |

drive the appropriate diagnosis, intervention, treatment, and recovery services. The services be based upon the assessment and needs and will be documented on a treatment plan. Tier 3 providers will include mental health clinicians, Board Certified Behavior Analysts, Social Workers, School Psychologist, and School Counselors. All providers are trained in providing CBT supports to students in the school settings. Support will be based upon individual care plans and provided in group or individual settings. Service delivery methods will include individual counseling, group counseling, and social skills or need-specific groups. Clinicians will be available on campus to respond to crisis situations as much as possible. When not available, schools will use community-based resources, such as the Mobile Response Team.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:446

2023-2024 proposed Ratio by June 30, 2024

1:446

School Social Worker

Current Ratio as of August 1, 2023

1:5355

2023-2024 proposed Ratio by June 30, 2024

1:5355

School Psychologist

Current Ratio as of August 1, 2023

1:5355

2023-2024 proposed Ratio by June 30, 2024

1:5355

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.

Hiring additional mental health services providers and support personnel increases the availability for direct services. In addition, by reducing travel time, we are able to optimize the work day and prioritize the amount of time that providers can spend with students. By having staff available within the community, we have staff who can respond in the event of an emergency.

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 reviews staffing allocations each year based upon enrollment and students' needs. As needs shift, so do the staff and their responsibilities. Schedules for each provider are submitted and reviewed to ensure that student services personnel are maximizing time during the school day in face to face interaction with students. Student services staff are not responsible for school based duties, such as bus duty, hall duty, lunch duty, etc. This further maximizes their time available for students 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 work in concert with community-based partners through review of students' behavior and/or mental health data/records, regular consultation with teachers, staff, and administration who are familiar with the students. Additionally, they will participate in assessments prior to providing services, when threats have been made, and in crisis situations. Parent permission is required and consultation is essential in the assessment and treatment process. Both school based mental health providers and community-based partners share information and resources as they are disseminated to students and families.

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.

Kim Carpenter-Herring, LCSW, is an independent contractor who employs mental health clinicians with a variety of licensures. These clinicians provide direct group and individual therapy services to students on school campuses.

Meridian Behavioral Health Care (MBHC) is a community based provider of a variety mental health services, including therapy and case management services. MBHC provides services on and off the school campus, based on the needs of students/families and the availability of clinicians. Meridian houses our local Mobile Response Team (MRT) who are called in crisis events. MBHC is also a local provider of the Community Action Team (CAT), which provides intensive, community based treatment to families with children and youth at risk of out of home placement due to mental health disorders.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 390,467.00

Unexpended MHAA funds from previous fiscal years

\$ 47,500.00

Grand Total MHAA Funds

\$ 437,967.00

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 **School Board of Levy 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

Thursday 7/20/2023