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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	Bounce Back
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
<p>Bounce Back is a school-based group intervention for elementary students exposed to stressful and traumatic events. Bounce Back teaches students ways to cope with and recover from traumatic experiences, so they can get back to doing what they want to do and need to do. It is comprised of 10 one hour group sessions, two to three individual sessions, and one to three parent education sessions that last over a three-month period. Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies, and emotional regulation and coping skills. These topics and methods derive from established successful interventions for children with post-traumatic stress disorder (PTSD), including a gradual approach of anxiety-provoking situations. and a modified trauma narratives approach.</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>Jackson County School District employed School Mental Health Counselors will administer the sessions to elementary aged students. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities, and create personal storybooks as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with “courage cards” tailored to each student. Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range. The School Mental Health Counselors review the skills the children are learning in Bounce Back, with the student’s parent. Parents can support the children practicing the skills at home. The Jackson County School District employed School Mental Health Counselors will help each child develop a “My Story” trauma narrative. Near the end of the program, the Jackson County School District employed School Mental Health Counselor meets with the parent and child to share the child’s story. The Bounce Back program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.</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>By providing a 10-week implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS and Bounce Back), students dealing with traumatic stress reactions will reduce symptoms by 3% using the pre and post-Pediatric Symptom Checklist-17(PSC-17). Improvement of Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>	

Evidence-Based Program	Cognitive Behavioral Intervention for Trauma in Schools
Tier(s) of Implementation	Tier 2
Describe the key EBP components that will be implemented.	
<p>Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a school-based group intervention for 5th-12th grade students exposed to stressful and traumatic events. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is comprised of 10 one hour group sessions, two to three individual sessions, and one to three parent education sessions that last over a three-month period. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events, such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies, and emotional regulation and coping skills. These topics and methods derive from established successful interventions for children with post-traumatic stress disorder (PTSD), including a gradual approach of anxiety-provoking situations. and a modified trauma narratives approach.</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>Jackson County School District employed School Mental Health Counselors will administer the sessions to students in grades 5th-12th. The Jackson County School District employed School Mental Health Counselors will use a skill-building, early intervention approach with this program. The Jackson County School District employed School Mental Health Counselors will implement CBITS using their format of ten student group sessions, one to three individual student sessions, two caregiver meetings, and an optional school staff information session. Group sessions will be small, with only four to six students all in the same age range. The Jackson County School District employed School Mental Health Counselors will use the session structure of beginning with an agenda; reviewing their progress through assigned activities; working through a series of interactive discussions, games, or exercises; and receiving activities to practice before the next meeting. The Jackson County School District employed School Mental Health Counselors will help each child develop a “My Story” trauma narrative. Near the end of the program, the Jackson County School District employed School Mental Health Counselor meets with the parent and child to share the child’s story. The CBITS program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.</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>By providing a 10-week implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS and Bounce Back), students dealing with traumatic stress reactions will reduce symptoms by 3% using the pre and post-Pediatric Symptom Checklist-17(PSC-17). Improvement of Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>	

Evidence-Based Program	Imagine Learning, LLC/Purpose Prep
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>Jackson County School District has chosen to partner with an online internet based comprehensive resiliency program through Imagine Learning, LLC in cooperation with Purpose Prep. The curriculum meets the ruling beyond the minimum requirement of instruction with course specification per grade that is developmentally appropriate and skill building, which advances each year with student progression. The curriculum will include the following components as required by the State Board of Education Rule 6A-1.094121 and 6A-1.094124:</p> <ol style="list-style-type: none"> 1. Strategies specific to demonstrating resiliency through adversity, including the benefits of service to the community through volunteerism; 2. Strategies to develop healthy characteristics that reinforce positive core values and foster resiliency such as: <ol style="list-style-type: none"> a. Empathy, perseverance, grit, gratitude and responsibility; b. Critical thinking, problem solving and responsible decision-making; c. Self-awareness and self-management; d. Mentorship and citizenship; e. Honesty 3. Recognition of signs and symptoms of mental health concerns. 4. Promotion of resiliency to empower youth to persevere and reverse the harmful stigma of mental health by reframing the approach from mental health education to resiliency education. 5. Strategies to support a peer, friend, or family member through adversity. 6. Prevention of suicide. 7. Prevention of the abuse of and addiction to alcohol, nicotine, and drugs. 8. Awareness of local school and community resources and the process for accessing assistance. 9. Substance Use and Abuse Health Education. 10. Child Trafficking Prevention Education. 11. Teen dating violence and Abuse Prevention. 12. Abstinence. 14. Prevention of mental health disorders. 15. Mental health awareness and assistance. 	
<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>The Imagine Learning, LLC/Purpose Prep 6th-12th grade comprehensive resiliency program will be delivered in an online internet based comprehensive program through Imagine Learning in cooperation with Purpose Prep. The curriculum has course specifications per grade that are developmentally appropriate. Instruction will be delivered in the following courses:</p> <p>Grade Level:</p> <ul style="list-style-type: none"> 6th Grade- History 7th Grade -History 8th Grade- History 9th Grade- Personal Fitness or History 10th Grade- History 	

<p>11th Grade- History 12th Grade -History *Students in upper grade levels taking dual enrollment/early admit courses will still be required to complete the mental health/resiliency curriculum requirements via our online internet based comprehensive resiliency program through Imagine Learning, LLC in cooperation with Purpose Prep.</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>N/A</p>

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
1:268

2023-2024 proposed Ratio by June 30, 2024
1:268

School Social Worker

Current Ratio as of August 1, 2023
1:5,633

2023-2024 proposed Ratio by June 30, 2024
1:5,633

School Psychologist

Current Ratio as of August 1, 2023
0:5,633

2023-2024 proposed Ratio by June 30, 2024
0:5,633

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023
1:805

2023-2024 proposed Ratio by June 30, 2024
1:805

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.

Jackson County School District plans to increase our current level of services by hiring a Mental Health office assistant to assist with office duties related to mental health services for the district. The district will continue to staff five School Mental Health Counselors and a half paid salary District School Mental Health Administrator during the 2023-24 school year, as funded through the SB 7026/7030 allocation. The remaining half of the District School Mental Health Administrator's salary will be paid from AWARE grant funds, as required by the grant. The present district mental health service provider to student ratio for the 2023-24 school year will be 1:201, due to our average enrollment for the district presently being 5,633 total student enrollment and the district employing 28 mental health service providers. The current ratio includes only staff that are DOE certified School Counselors or Licensed/Registered Intern Mental Health counselors, with the majority of the positions being paid by the district's general fund.

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).

Jackson County School District School Mental Health Counselors meet weekly with the Jackson County School District Mental Health Administrator to discuss mental health services and the allocation of time dedicated to direct services of each professional. Administrators meet on a monthly basis, so that concerns/issues may be addressed as needed.

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

Upon a student self-reporting, parental report, or referral by Jackson County School District faculty or staff, individual screening services and mental health services will be provided by the district employed School Mental Health Counselors, once parental consent is obtained for services, within fifteen days of the referral being received by the Jackson County School Mental Health Administrator for the district. If the assessment/screening reflects a need for services beyond the counseling services provided within the educational setting, a referral will be made to a local collaborating mental health agency /service provider/primary care provider chosen by the parent/guardian in a collaborative effort to address the mental health needs of the students in compliance with the requirements of the Mental Health Assistance Allocation of Senate Bill 7026/7030. The local collaborating mental health agency/service provider/primary care provider will be responsible for insurance billing for mental health services provided to maximize 3rd party health insurance and Medicaid and will initiate services within thirty days of receipt of the referral. Jackson County School District presently has a total of fifteen Memorandum's of Understanding to assist our district in providing expeditious, individualized care to meet the needs of our students. Jackson County School District collaborates with Life Management Center through a referral process for students to receive services from the Mobile Response Team or Community Action Team. Jackson County School District collaborates with Northwest Florida Health Network to provide the opportunity for telehealth services for students through the usage of the Let's Talk Interactive technology at ten school sites for the 2023-24 school year. The tier-one EBP used by the district is Imagine Learning, LLC /Purpose Prep for 6th-12th grade, which provides a comprehensive resiliency/mental health curriculum that is delivered in an online internet based comprehensive program. The curriculum has course specifications per grade that are developmentally appropriate. The first tier-two EBP used by the district is CBITS. Jackson County School District employed counselors will administer the CBITS sessions to students in grades 5th-12th. The counselors will implement CBITS using their format of ten student group sessions, one to three individual student sessions, and two caregiver meetings. Group sessions will be small, with only four to six students all in the same age range. The second tier-two EBP used by the district is Bounce Back. Jackson County School District employed School Mental Health Counselors will administer the sessions to elementary aged students. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities, and create personal storybooks as an age-appropriate

concrete trauma narrative. Group sessions are small, with only four to six students all in the same age range. Jackson County School District will conduct CBITS/Bounce Back sessions at a minimum of six selected schools in the district. By providing a 10-week implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS and Bounce Back), students dealing with traumatic stress reactions will reduce symptoms by 3% using the pre and post-Pediatric Symptom Checklist-17(PSC-17).

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.

- Anchorage Children’s Home Family Counseling Collaborative/ indirect services
- CARE Collaborative/ indirect services
- Community Wellness Counseling and Support, LLC Collaborative/indirect services
- Florida Therapy Services Collaborative/ indirect services
- Gulf Coast Children’s Advocacy Collaborative/ indirect services
- Emerald Coast Behavioral Hospital Collaborative/ indirect services
- Hope Springs Counseling Collaborative/ indirect services
- Life Management Center Collaborative/ indirect services
- PANCARE Collaborative/ indirect services
- Panhandle Therapy Center, LLC Collaborative/ indirect services
- Spires Behavioral Healthcare Center Collaborative/ indirect services
- Northwest Florida Health Network Collaborative/ indirect services; telehealth machine management
- Families First of Florida Collaborative/ indirect services
- Behavioral and Life Connections Collaborative/ indirect services
- Panhandle Behavioral Services Collaborative/ indirect services

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 408,605.00

Unexpended MHAA funds from previous fiscal years

\$ 49,022.00

Grand Total MHAA Funds

\$ 457,627.00

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 Statues.

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 **Jackson County School Board** 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

- n/a

School Board Approval Date

Thursday 7/20/2023