



FLORIDA DEPARTMENT OF
EDUCATION
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2023-24 Mental Health Application

Mental Health Assistance Allocation Plan

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Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The District Assures

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

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	Child Safety Matters
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Child Safety Matters is a program to address bullying, child abuse and digital safety as well as human trafficking 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.	
This is implemented for students K-5 at the school through a grant with the Children's Advocacy Center to teach students safety in 2 one hour lessons administered to one class at a time. This is a lecture and discussion type format.	
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 student knowledge and awareness of how to keep themselves and others safe resulting in safer an healthier students. Increased awareness and coping strategies will result in fewer crisis evaluations (goal 1).</p> <p>Holmes - 2022-23 MENTAL HEALTH APPLICATION</p> <p>Last</p>	

Evidence-Based Program	Trauma Informed Practices
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
Staff are trained in trauma informed practices and the District utilizes 3 strategies to increase student engagement and communication.	
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.	
Every student in the District is surveyed to determine if they have a trusted adult at their school. If the student does not report a person, they are assigned a person to engage the student. Every student is surveyed once per week. The survey is an informal emotional temperature check similar to a pain chart. Students the need to talk to someone are seen by the teacher, administration, or the school counselor, depending on the situation. This informal survey promotes communication, reduces stigma on mental health and allows students the opportunity to regulate their emotions.	
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.	
By allowing students to identify someone they trust or identifying someone for them, we gain trust and communication. This promotes self regulation and confidence in others desire to help. Significantly reducing the stigma of asking for help, promoting early intervention. Emotional Temperature checks allow students to communicate their feelings in a confidential manner also reducing stigma and promoting self regulation.	

Evidence-Based Program	Case Coordination Services
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
School Counseling and District Mental Health staff will provide case coordination services for Tier II and Tier III students and their families. Staff will identify needs through assessments and provide referrals and monitor care regularly to ensure services are effective and progress is being made.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
District staff will assist schools in utilizing the early warning system to identify students that may be at risk. Also, through monthly meetings with DJJ, DCF, MRT, Managing entity, and the CAT team, district staff will monitor care and assist in identifying those that pose the most risk. Staff will continue to collaborate with District, community, and state agencies to ensure access to services and continuity of care. Staff will meet with families, provide individual counseling, and attend multidiscipline meetings to coordinate care.	
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.	
Staff will utilize systems in place to identify students at the greatest risk. Early interventions, along with assisting families and students with their basic needs will decrease the impact of mental health or co-occurring disorders. Collaboration with partner agencies will improve outcomes and reduce the likelihood of the need for more intensive treatment modalities.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023
8-3200

2023-2024 proposed Ratio by June 30, 2024
8-3200

School Social Worker

Current Ratio as of August 1, 2023
2-3200

2023-2024 proposed Ratio by June 30, 2024
2-3200

School Psychologist

Current Ratio as of August 1, 2023

1-3200

2023-2024 proposed Ratio by June 30, 2024

1-3200

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

0-3200

2023-2024 proposed Ratio by June 30, 2024

1-3200

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 will decrease the student to mental health staff ratio by increasing collaboration with our community partners and providing an increase in continuity of care meetings.

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).

To increase opportunities for student to have direct serve time with school counselors, Holmes District Schools has instituted the following practices: Relieved school counselors from most of their testing and MTSS responsibilities, reduced counselor's supervision of students during transitions to a minimum, reallocated staff to support tasks that reduce office work for the counselors, and centralized prevention planning and facilitation to the District Mental Health Team. Student services is also utilizing the school Psychologist as a threat assessment consultant for approximately 10% of that position. In doing so, we have increased our student's opportunity for direct service time with a counselor.

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

Holmes District Schools will use the early warning system in Focus, to identify at risk students that may need intervention on Tier II. Administrative walkthroughs, teacher reports, community referrals, crisis intervention episodes, along with parent requests will also be used to identify students at risk for mental health and/or substance abuse services at Tier II or III. Any student that is identified as needing a mental health screening will receive the screening within 5 days, if not an emergency. The screening will be completed by the school counselor or the district mental health staff. If a referral is made to an outside agency, District mental health staff will ensure that the student is seen within 15 days and continue to assess and monitor the student prior to the initial appointment. District mental health staff will work with local community health providers to get the student into services within 30 days after the referral is made.

School counselor, district mental health staff, and community agencies (MOU) will provide Tier II services. School counselors and district mental health staff will conduct small groups designed to address the following issues as needed: grief, anger management, substance abuse, family/relationship issues, social skills, character education and de-escalation strategies. Outside agencies for Tier II services will provide small groups for awareness, prevention, and specific subject matter. Students identified as needing Tier III services will be referred for mental health and substance abuse evaluation to contract agencies and Agencies that are involved within the multiagency agreement (Northwest Florida Health Network). The referral process will be conducted by district mental health staff and school counselors. Students will be identified for Tier III services by utilizing data from the

early warning system, Tier II post assessments/ screenings, a history of crisis intervention to include Mental Health hospitalization, violent or self-injurious behavior. The District will provide coordination of care services implemented by the school guidance department and the District mental health staff to provide continuity of care for students in Tier III services.

Currently, Holmes District Schools employs two social workers and has an open position for a third clinical position to augment access to services for our students. The District is utilizing these staff members in the

following roles: provide direct services to students in Tier I,II, & III, prevention services and awareness training using Dialectical Behavior Therapy in one school, coordinating prevention programs in schools, supporting the mentor programs as needed to increase social and emotional well-being, and screening of potentially at risk students, Tier II students will receive short term counseling and social work services to students, Tier II students will also participate in specific group counseling when appropriate (grief, anger, anxiety, depression), Tier III students will be monitored and staff will provide continuity and collaboration services with students that receive services in the community, some Tier III students will receive individual counseling in school if they are unable to be seen in the community.

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.

Licensed professional or Master's Degree supervised by a Licensed supervisor, Florida Therapy Services, Medicaid and private insurance.

Licensed professional or Master's Degree supervised by a Licensed supervisor, Life Management Center, Medicaid and private insurance.

Northwest Florida Health Network, Managed Care Entity, Indirect services

Licensed professional or Master's Degree supervised by a Licensed supervisor, Child Advocacy Center, Grant and State Funded.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 268,385.00

Unexpended MHAA funds from previous fiscal years

\$ 86,116.00

Grand Total MHAA Funds

\$ 354,501.00

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 **Holmes District 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

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School Board Approval Date

Tuesday 7/25/2023