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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

<b>Evidence-Based Program</b>	Suite 360: Evidence
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Program to improve student behavior outcomes, through evidence-based lessons in responsible decision making, social awareness, mental health, self -management, growth mindset, self -awareness, effective communication, substance abuse, bullying prevention, relationship skills and empathy. This program aligns with the Florida Resiliency Standards and provides instruction digitally and through teacher led insruction. The parent companion for Suite 360 will also be assigned to families who would like to support the content that the student is learning in the school setting. Parents will have access to the program which teaches them about the concepts, ways to discuss the topic at home and support the student learning.</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 in Kindergarten-12th grade will participate in lessons for at least 30 minutes per week throughout the school year in identified courses, at identified times per school, to meet the state mandated requirements for Resielncy, Child Trafficking and Substance abuse. Teacher lessons supplement the computer-based program.                  Staff will be trained on the parent companion and will offer access to families.                  In addition specific topics can be assigned to students who are identified for Tier 2, who have high discipline referrals or Tier 3 students identified for more targeted intrventions.</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>Pre- assessment and end of year assessments are completed on each student, as a screener to help identify students who may need more support. Assessments are done through the curriculum and used to determine if students are mastering the content. Assessment data will help staff identify students who need more targetd interventions or more direct instruction of the skills. Reports will be reviewed as part of the Positive Behavior Intervention and Supports data review at the district level, school level and classroom leve. Data will be reviewed by the mental health team to determine further assessment or support needs.</p>	

<b>Evidence-Based Program</b>	Child Safety Matters
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
Comprehensive program for students in grades K-5. Educates and empowers students with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, human trafficking, and digital abuse dangers.	
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.	
At the elementary schools, grade appropriate material is presented twice per year by the school counselor in specified activity time. Counselor led discussions take place in the classroom following facilitated lessons. Reinforcement activities are given to the student to complete with guardians.	
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.	
Pre and post tests are provided to measure outcomes	

<b>Evidence-Based Program</b>	Teen Safety Matters
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
Comprehensive program for students in grades 6-12. Educates and empowers students with information and strategies to prevent, recognize and respond appropriately to bullying, cyberbullying, all types of abuse and human trafficking, and digital abuse dangers.	
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.	
At the secondary schools, grade appropriate material is presented twice per yearly the school counselor in specified activity time. Counselor led discussions take place in the classroom following facilitated lessons. Reinforcement activities are given to the students to compete with guardians.	
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.	
Pre and post tests are provided to measure outcomes.	

<b>Evidence-Based Program</b>	Eye Movement Desensitization and Reprocessing (EMDR)
<b>Tier(s) of Implementation</b>	Tier 3
Describe the key EBP components that will be implemented.	
EMDR is an evidenced based approach used to treat children and adults that have experienced ongoing or a single-episode traumatic event. EMDR is typically comprised of six to eight weekly, 45-60 minute, individual sessions. Sessions are usually held during school hours and focuses on improving symptoms brought on by the traumatic experience by reprocessing the experience through specialized equipment.	
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.	
Trained licensed mental health school based providers will administer the treatment to students ages 5 -18. Students will be educated on the treatment prior to beginning working on reprocessing their trauma experience. Prior to reprocessing, the student will learn ways to manage and reduce anxiety surrounding the trauma through a variety of relaxation and coping skills taught by the therapist. Progress is tracked through a scale system- -Subjective Units of Distress (SUDS). The SUDS is recorded at the beginning, middle and end of each EMDR session. Communication with parents to inform them of the therapeutic program and implementation process, as well as ongoing updates of progress.	
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.	
Subjective Units of Distress (SUDS) progress monitoring tracking will occur over therapy sessions to measure improvement of Symptoms of PTSD (diagnosed by a doctor of mental health agency), Symptoms of Anxiety (parent and/or child reported), Emotional Regulation (teacher and/or parent reported). Ongoing updates to parents of progress.	

<b>Evidence-Based Program</b>	Cognitive Behavioral Therapy (CBT)
<b>Tier(s) of Implementation</b>	Tier 3
Describe the key EBP components that will be implemented.	
<p>CBT is an evidence based practice that focuses on changing and challenging negative thinking and behaviors. CBT has been shown to improve emotional regulation, coping skills, and problem solving. CBT is typically comprised of six to eight, 45-60 minutes, individual sessions. Sessions are usually held during school hours and focuses on improving negative thinking and inappropriate or risky behaviors.</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>Trained, licenses mental health therapist will administer CBT therapy to students 5-18. The therapist will focus on building rapport with the student and then introduce the CBT treatment. Negative thinking and/or inappropriate behaviors will be challenged during each session with the therapist through a variety of CBT interventions such as but not limited to: journaling, learning to identify and challenge negative thinking, cognitive reframing, relaxation skills, fact checking and role playing. Communication with parents to inform them of the therapuetic program and implementation process, as well as ongoing updates of progress.</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>Permanent products from journaling will be reviewed. Progress monitoring tracking will occur over therapy sessions to measure improvement of Symptoms of PTSD (diagnosed by a doctor of mental health agency), Symptoms of Anxiety (parent and/or child reported), Emotional Regulation (teacher and/or parent reported). Ongoing updates of progress to parents.</p>	



<b>Evidence-Based Program</b>	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
<b>Tier(s) of Implementation</b>	Tier 3
Describe the key EBP components that will be implemented.	
<p>This evidenced based practice is geared towards improving symptoms of a trauma related mental health diagnosis in children and adolescents. Treatment focuses on improving the symptoms brought on by exposure to trauma in children and also improving how parents can respond and support their child done through healthy and safe gradual exposure. Treatment includes parent session and individual sessions with the child developing a trauma narrative. Therapist works with the child and the parent to prepare both parties to share and hear the trauma narrative.</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>Trained, licensed mental health therapist will administer TF-CBT therapy to students 5-18. The therapist will focus on psychoeducation and parenting in the beginning of treatment. The therapist will also focus on teaching the student a variety of relaxation techniques and then prepare to begin discussing the trauma narrative. Once healthy relaxation skills are established, the the therapist will guide the student through development of trauma narrative. The therapist is conjointly working with the parent to help the parent prepare to hear the trauma narrative. Once the trauma narrative is shared the therapist will work with the student to develop and enhance safety skills to decrease future exposure to trauma. Individual sessions are held during school hours and treatments usually last for approximately 3-5 months. Session typically occur once a week for approximately 45-60 minutes. Communication with parents to inform them of the therapuetic program and implementation process, as well as ongoing updates of progress.</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>Progress monitoring tracking will occur over therapy sessions to measure improvement of Symptoms of PTSD (diagnosed by a doctor of mental health agency), Symptoms of Anxiety (parent and/or child reported), Emotional Regulation (teacher and/or parent reported). Ongoing updates of progress to parents.</p>	

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2023*

**1:326**

*2023-2024 proposed Ratio by June 30, 2024*

**1:326**

**School Social Worker**

*Current Ratio as of August 1, 2023*

**1:1172**

*2023-2024 proposed Ratio by June 30, 2024*

**1:1172**

### **School Psychologist**

*Current Ratio as of August 1, 2023*

**1:2930**

*2023-2024 proposed Ratio by June 30, 2024*

**1:2930**

### **Other Licensed Mental Health Provider**

*Current Ratio as of August 1, 2023*

**0**

*2023-2024 proposed Ratio by June 30, 2024*

**0**

## **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 direct employment of school based mental health services providers allows for more support to be provided to students identified as needing Tier 2/3 interventions. Access to small group counseling and individual counseling can begin in a timely manner while also reducing staff to student ratio.

**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).**

Throughout the year, the student services director meets consistently with the district student services personnel to review services in place and if any changes need to be considered to streamline the process and/or expand services to meet district needs.

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

Communication is a key component in addressing students' mental health needs. Problem solving occurs between the school and student services personnel to assess and determine interventions for identified students. In addition, partnering with local and community providers for mental health and substance abuse services allows for a continued support for students outside of the school setting.

## **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.**

Contract services for part time Professional and Technical services with a local agency provider Beyond Barriers in in place to assist students who are needing more intensive services or monitoring beyond the contracted hours of the Mental Health Providers in the school setting.

## MHAA Planned Funds and Expenditures

### Allocation Funding Summary

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

\$ 810,876.00

**Unexpended MHAA funds from previous fiscal years**

\$ 157,475.00

**Grand Total MHAA Funds**

\$ 968,351.00

### 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 **Hendry County Schools** 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

0 - 0

### School Board Approval Date

Tuesday 8/15/2023