



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org



# 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.

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>	Monique Burr Foundation (MBF) 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 during specified class activity time. Counselor led discussions take place in the classroom following facilitated lesson. Reinforcement activities are given to the students 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.	
This program is being used as a Tier 1 service to increase mental health awareness for students.	

<b>Evidence-Based Program</b>	Character Counts
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
Uses its Six Pillars of Character for engaging lessons and activities designed to infuse character development at school.	
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 created monthly calendar of character development traits. Certified School Counselors provide the monthly traits through school announcements, classroom guidance lessons (K-5), school activities, and/or posters displayed on campus.	
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.	
This program is being used as a Tier 1 service for students to increase skills in self-awareness, social awareness, responsible decision-making, self-management, and relationship skills that promote a focus on positive school climate.	

<b>Evidence-Based Program</b>	Ripple Effects
<b>Tier(s) of Implementation</b>	Tier 2
Describe the key EBP components that will be implemented.	
Ripple Effects for Kids (Grades 2-5) and Ripple Effects Teen (Grades 6-12) provides a web-based program for students to explore a range of mental health skill-building topics from executive function to mindset to personal problem solving; physical and emotional health; and decision making.	
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 program is open for all students to use and access. The flexible, personalized program can be student-directed, educator-directed or a hybrid of the two. It will primarily be used as a Tier 2 resource for students that are struggling with a wide range of behaviors or mental health concerns.	
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.	
This program will be used by school counselors and mental health staff as a Tier 2 resource to help support their small group and individual counselling sessions. Playlist can be created for a student to work on a specific area of concern and then staff will check in with them to see how they are progressing.	

<b>Evidence-Based Program</b>	Cognitive Behavior Therapy
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Short term therapy techniques that can help students find new ways to behave by changing their thought patterns. Engaging in CBT can help reduce stress, cope with complicated relationships, deal with grief, and face many other common life challenges.	
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 employed mental health providers will utilize cognitive behavior therapy interventions in small group counseling or with individual students in need of mental health support services.	
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.	
After interventions and/or treatment services have been in place, students will show improvements in specified areas based on identified needs including attendance, discipline, grades, as well as through self-report, teacher report, or parent report.	

## Direct Employment

### MHAA Plan Direct Employment

#### School Counselor

*Current Ratio as of August 1, 2023*

**1:593**

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

**1:593**

#### School Social Worker

*Current Ratio as of August 1, 2023*

**1:2996**

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

**1:2996**

#### School Psychologist

*Current Ratio as of August 1, 2023*

**1:1977**

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

**1:1977**



**Other Licensed Mental Health Provider***Current Ratio as of August 1, 2023***1:2966***2023-2024 proposed Ratio by June 30, 2024***1:2967****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 more school based mental health services providers allows for an increase of supports for students in need of Tier 2 or Tier 3 interventions. Students who are identified by either the Early Warning System (EWS) process or referred for services will be assessed for possible intervention /treatment. 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 current duties/roles and problem solve how to create more time for direct services by adjusting tasks. School counselors are paid additional hours to implement direct school based mental health services to students.

**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 are a referring source for community-based mental health and substance abuse services. Consulting with school staff familiar with the student and with input from the parents, the services needed to support the student can be determined. School Counselors oversee Implementation of Tier 1 interventions, School Counselors, Mental Health Counselors, School Social Workers, and community-based partners provide Tier 2 small groups and Tier 3 individual counseling.

**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.**

\*Dr. Kathryn Coker (Licensed Mental Health Counselor) - Student Risk Assessments (funded by MHAAP)

\*Presence Learning (teletherapy) - Individualized counseling (funded by MHAAP)

\*Peace River Center for Personal Development, Inc.- Direct Mental Health Services to students and families (community based provider at no cost to the district)

\*Tri-County Human Services - Direct Mental Health Services to students and families (community based provider at no cost to the district)

**MHAA Planned Funds and Expenditures****Allocation Funding Summary**

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

\$ 357,484.00

**Unexpended MHAA funds from previous fiscal years**

\$ 196,021.00

**Grand Total MHAA Funds**

\$ 553,505.00

**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 **Hardee 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**

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**School Board Approval Date**

Monday 7/31/2023