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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	Botvin
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Botvin's Life Skills Training program is a comprehensive, dynamic, and developmentally appropriate substance abuse and violence prevention program. Eight 30-45 minute group sessions are completed with students through contracted mental health providers, who are housed at each school to serve student needs, and cover a range of topics related to personal self-management, general social skills, and drug resistance skills. These topics increase self-esteem, develop healthy attitudes, and improve knowledge of essential life skills.</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>Eligibility criteria are determined by referral only through parents, school counselors, deans, teachers and administrators, or students can self-refer. Identified students will participate in group sessions led by a contracted mental health counselor. Sessions will be facilitated through a combination of counselor-led activities and coaching with peer interaction. Student participation will be encouraged by sharing, small group discussion, practicing, questioning and brainstorming. Program materials are comprehensive and easy to use and it follows a developmentally appropriate scope and sequence.</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>This EBP will help to improve personal management skills that students will develop to enhance self-esteem, improve problem solving skills, help reduce stress and anxiety and manage anger. It will improve general social skills that will help students meet personal challenges such as overcoming shyness, building relationships, and avoiding violence. It will also aim to improve drug resistance skills and help students build effective skills to resist peer pressure.</p>	

Evidence-Based Program	SS Grin
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>SS GRIN is an evidence based targeted RTI/MTSS Tier 2 and 3 small group intervention that addresses bullying, victimization, and social emotional competence. The program is implemented throughout the school year. Ten 30-45 minute group sessions cover a range of topics related to basic social skills including communication, self-control, perspective-taking and conflict management. These lessons increase self-esteem, develop healthy attitudes and improve knowledge of essential life skills. These lessons are taught by our contracted mental health providers who are housed at each school to meet student needs.</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>Criteria for EBP is determined by referral through parents, school counselors, deans, teachers, administrators, or students can self-refer. Participating students will take part in group sessions led by a contracted mental health counselor. Sessions will include topics addressing the critical factors found to promote substance abuse prevention, and social and emotional skills, through a combination of counselor led activities, coaching and peer interaction. Student participation will be encouraged by sharing, small group instruction, practicing, questioning and brainstorming. Program materials are comprehensive and easy to use and follows a developmentally appropriate scope and sequence.</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>Support from this program will improve goal setting where students will learn to set goals and assess the consequences of their actions. It will improve general social skills that allow students to build pro-social attitudes, coping skills and positive character traits aligned to state standards for character education. It will also help students develop self-advocacy skills that will combat negative assumption about themselves and others.</p>	

Evidence-Based Program	C-SSRS
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>The C-SSRS was originally derived by researchers at Columbia University, the University of Pennsylvania, and the University of Pittsburgh. The Columbia-Suicide Severity Rating Scale (C-SSRS) score is an EBP based on the person's responses to screening questions and has been validated in emergency settings including schools.</p> <p>It allows for integration of information from other sources as an initial screening to guide our school-based threat assessment teams, including our contracted, licensed Trauma Informed Counselors in suicide risk assessment and to help identify the level of risk for suicide. The C-SSRS is a tool used by threat assessment teams to help determine a student's needs based on that risk level and creates a common language with clear definitions of suicidal thoughts and behaviors which is critical to student safety and well-being and helps with early identification of mental health disorders.</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>SRC utilizes this state approved suicide risk assessment to properly assess a person's risk for suicide and helps to coordinate prevention, intervention, and crisis response efforts. These efforts help to identify social, emotional, and behavioral problems, substance use and mental health disorders. This assessment aids in the referral(s) to school-based mental health supports and community-based mental health services and supports as well as possibly divert a crisis situation that may lead to involuntary examinations.</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>Use of this EBP redirects resources to where they are needed most, preventing unnecessary interventions that are often costly for parents/guardians, traumatic for everyone involved, and lead to disengagement from the needed care that is actually needed. The C-SSRS provides evidence-based thresholds to connect those at risk to the right level of care. The goal is to continue to use this assessment and decrease the number of involuntary examinations as compared to the 2022-23 school year, which was 122 district wide.</p>	

Evidence-Based Program	CSTAG
Tier(s) of Implementation	Tier 3
Describe the key EBP components that will be implemented.	
<p>The Comprehensive School Threat Assessment Guidelines (CSTAG), originally known as the Virginia Student Threat Assessment Guidelines, is an evidence-based model for schools to use in conducting threat assessments in K-12 schools. School threat assessment is a more proactive and flexible violence prevention practice that is used by school-based threat assessment teams when an individual threatens to commit a violent act or engages in threatening behavior. Threat assessment includes the identification, assessment, and management of threats with the goal of resolving conflicts or problems before they escalate into violence. Our school threat assessment model allows school-based teams to follow a decision-tree process to resolve less serious, transient threats quickly while focusing greater attention on more serious, substantive threats, which may lead to a mental health assessment to help identify mental health supports and services that may be needed for a student. Interventions and strategies are identified and from this a Student Success and Safety Plan is written to reduce risk factors and address student needs.</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>Once a threat is identified and reported to the school-based threat assessment team that includes a contracted Trauma Informed Counselor, it is evaluated, usually by interviewing the person who made the threat, the intended victim(s), and other witnesses. Once a threat level is determined, interventions, supports and actions are put into motion in order to address the needs of the student and determine the cause or catalyst of the threat. These interventions are directly related to these threats in order to identify any social, emotional, behavioral problems or substance use disorders or trauma related issues that may lead to school violence.</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>Serious or very serious substantive threats allow the opportunity for Trauma Informed Counselors to conduct mental health assessments, which are used in helping support any community-based supports to students already may receive or be referred to. Any assessments and school-based interventions are shared with supporting agencies to aid in treatment, recovery, and mental health diagnoses. Students making lower level, transient threats are also looked at closely and assessed in a manner that will help identify the root cause of the threat. These transient threats can also lead to mental health services and supports in schools or referrals to community-based mental health agencies as a preventative measure and an intervention to address any at-risk behaviors that could lead to more violent tendencies.</p>	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:451

2023-2024 proposed Ratio by June 30, 2024

1:425

School Social Worker

Current Ratio as of August 1, 2023

1:5671

2023-2024 proposed Ratio by June 30, 2024

1:5550

School Psychologist

Current Ratio as of August 1, 2023

1:4253

2023-2024 proposed Ratio by June 30, 2024

1:3780

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.

By increasing the contracted employment of school-based mental health services providers, the direct employment staff to student ratios are expected to decrease due to more providers being able to meet the needs of fewer students. Our district is currently in year two of a two-year grant in which we increased our school counselor/success coach positions by twenty-five, resulting in a decrease of counselor 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).

The district reviews current student services personnel duties and responsibilities to determine where changes may be needed to allow for an increase in provision of direct services. The district will also review staffing allocation at the end of each school year.

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

Forty-two and one-half contracted mental health counselor positions are provided through a district contract with CDAC Behavioral Healthcare. Thirty-seven and one-half of the counselors are assigned directly to individual schools to provide group and individual counseling. Five of the counselors respond to crisis situations as needed, such as involuntary examinations, threats of school violence, mental health assessments, and/or traumatic events, as well as playing an integral role on school-based threat assessment teams.

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.

1) CDAC Behavioral Healthcare

Services: Mental health counselors who facilitate group and individual counseling through evidence-based intervention approaches, facilitate drug diversion programs, substance use prevention, provide crisis counseling, conduct risk assessments, and refer to community-based resources. Also provide parent and teacher training/classes.

Funding: MHAA and District Funds

2) Magellan

Services: Military Family Life Counselors provide supports to military students and their families in the form of individual or group non-medical counseling, consultations, evidence-based intervention approaches, refer to other school and community-based resources.

Funding: Department of Defense

3) Lakeview Center

Services: Community Action Team – Provides intensive, Tier 3 supports to students and their families who meet criteria for their services, which include psychiatric care and support, medical support, behavioral health services and collaborative efforts with school and home.

Mobile Response Team – Provides around-the-clock intervention and support to all individuals in Escambia, Santa Rosa, Walton, and Okaloosa Counties dealing with a behavioral or mental health crisis, partnering with local law enforcement, our school district, emergency rooms and providers to support individuals in need during traumatic events or crisis.

Funding: NWF Health

4) Lutheran Services

Services: Provides counseling support to individuals and their families.

Funding: Non-Profit

5) Share Your Heart

Services: Provides food, clothing, and connection to additional needed services based on individual and family needs. Memorandum of Understanding with Santa Rosa County District Schools to provide services to students and families through a referral process.

Funding: Non-profit

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 1,723,941.00

Unexpended MHAA funds from previous fiscal years

\$ 472.00

Grand Total MHAA Funds

\$ 1,724,413.00

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 **Santa Rosa County School District** 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

578004 - Coastal Connections Academy

School Board Approval Date

Monday 7/24/2023