



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org



# 2023-24 Mental Health Application

Mental Health Assistance Allocation Plan

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## Table of Contents

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<b>Introduction</b>	<b>3</b>
<b>Mental Health Assistance Allocation Plan</b>	<b>3</b>
<b>Section A: MHAA Plan Assurances</b>	<b>3</b>
<b>Section C: District Program Implementation</b>	<b>4</b>
<b>Section D: Direct Employment</b>	<b>8</b>
<b>Section E: MHAA Planned Funds and Expenditures</b>	<b>10</b>
<b>Section F: School District Certification</b>	<b>10</b>

## 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>	Ripple Effects (Grades 6-12)
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>Ripple Effects will be implemented in 6-11 regular education classroom settings, ISS and the Alternative Education class through the use of flexible lesson plans and online resources to provide instruction to students that support mental wellness and risk reducing behaviors that have a negative impact on student well-being. Weekly instruction on selected topics will take place daily. Key components of Ripple Effects that will be implemented are coping skills, prevention, self-efficacy, supporting peers, problem-solving skills and how to access resources with the community and surrounding areas for mental health support.</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>Ripple Effects will take place at the Tier 1 and Tier 2 Level. During the class period, the student will access assigned topics on the Ripple Effects platform that address mental health topics as well as suicide, substance abuse, bullying and cyberbullying.</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>Care assessments will be administered by mental health staff. upon completion of the assessment, the school based social worker or school guidance counselor will refer the student to a mental health service provider based on the results of the care assessment. Diagnosis, intervention, treatment and recovery services will be will be provided by local mental health community service providers or via telehealth platform with a licensed mental health counselor.</p>	

<b>Evidence-Based Program</b>	Safer, Smarter Kids (grades K-5)
<b>Tier(s) of Implementation</b>	Tier 1
Describe the key EBP components that will be implemented.	
Grade-level specific lessons for students in Kindergarten through Grade 5 covering topics including Safety awareness, Respecting yourself and others, Developing self esteem, Peer pressure, Bullying, cyberbullying, Assessing safe vs. unsafe situations, Understanding rules and responsibilities, Identifying and protecting body boundaries, Listening to a guiding voice, Accessing help and identifying trusted adults, Determining safe vs. unsafe touches, Safe vs. unsafe secrets, Staying safe online and on digital devices, Establishing personal power and influence	
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.	
School based social workers will collaborate with classroom teachers to determine the appropriate time within the instructional day for presentation of materials including activity based learning. The scope and sequence curriculum map provide on the Lauren's Kids website will be utilized to ensure that all students are receiving the same instruction and using the same learning based activities.	
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.	
The curriculum delivers critical child safety information that is age appropriate. Delivery of curriculum will be used to strengthen students awareness of situations that cause harm. For those students who experience severe trauma or situations that cause severe mental stress, the school social worker or guidance counselor will begin the referral process for students to begin the MTSS process. During this process, students could be referred to small group intervention at the Tier 2 Level, individual sessions at the Tier 3 Level or mental health counseling with a contracted mental health counselor.	

<b>Evidence-Based Program</b>	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>CBITS will be implemented at the Tier 2 and Tier 3 Level. CBITS will be implemented in grades 6-10. At the Tier 2 Level, students in groups of 6 to 10 will participate in skills based activities to help relieve stress to PTSD, depression and general anxiety. Students who are at the Tier 3 level will participate individual sessions with a school based service provider that are more targeted to the needs of the student. Students who are at the Tier 3 Level will participate in individual sessions that are more in-depth and provide students with the tools that are needed to help relieve symptoms of PTSD, depression and general anxiety. Six cognitive behavioral techniques are taught using CBITS: education about reactions to trauma, relaxation training, cognitive therapy, stress or trauma exposure and social problem solving.</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>School based social workers will schedule weekly sessions with identified students during their elective or critical thinking class at the middle school level and during special area time at the elementary level to present curriculum to students related to identifying things that cause mental stress, what to look for and what to do when there are feelings of being overwhelmed with life situations. Topics and activities are grade/age appropriate and located on the CBITS website.</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>Using the CBITS screening form, the school social worker will if the identified students are in need of the CBITS program. Once the determination is made, the level of service needed by the student will be identified. Small group sessions for approximately an hour in length will be conducted once per week for ten weeks. Student progress will be monitored through classroom visits and at the end of the session. Students at the Tier 3 Level in need of individualized intensive will meet with the social worker for 1-3 sessions to help reduce mental health or co-occurring stressors.</p>	

<b>Evidence-Based Program</b>	Bounce Back (Grades K-2)
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Bounce Back key EBP components that will be implemented are feelings identification where the student will learn how to describe feelings that will help build resilience; relaxation training where students learn to utilize activities that help them attain a state increased calmness that will reduce levels of anxiety, stress or anger; cognitive coping skills in which the student participant will understand how to deal with their feelings so they feel less stressed; social support to help students know who to turn to for help when they are feeling stressed or need someone to talk to within the learning environment; problem solving where students will learn how to identify problems and ways to resolve the problem without becoming frustrated; and conflict resolution where students will learn problem solving skills to resolve a dispute with their peers.</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>Implementation of mental health services to improve early identification will begin with teachers and staff being trained to utilize the YMHFA -ALGEE model. As students are identified who are in need of early intervention, the referral process will begin with the school level guidance counselor. The parent or guardian of the students will be contacted by the school based guidance counselor or school based social worker to obtain parent permission for student program participation as well as parent involvement.</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>Parental permission must be obtained prior to students participation in the small group sessions. To determine student participation, a screening procedure will be used to identify the students who have been exposed to traumatic events and have current moderate to severe PTSD symptoms. There will be 10 group sessions where students learn and practice feelings identification, relaxation, courage thoughts, problem solving and conflict resolution. Small group intervention sessions of 5-10 students for student participants. Each component will be taught through role playing scenarios that are scripted within the program. Student participants will receive 1 to 3 individual sessions to allow for students and social worker to discuss individual student needs based on parent conversations with social worker and additional needs identified in small group sessions. Developmentally appropriate activities will give students the opportunity to apply learned skills to real life situations. A step-by-step guide to each session will be used by the social worker.</p>	

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2023*

**1:340**



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

**1:340**

### **School Social Worker**

*Current Ratio as of August 1, 2023*

**1:425**

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

**1:425**

### **School Psychologist**

*Current Ratio as of August 1, 2023*

**0:1700**

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

**0:1700**

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

*Current Ratio as of August 1, 2023*

**0:1700**

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

**0:1700**

## **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.**

Direct employment of school-based mental health service providers reduce staff-to-student ratios by providing an extra resource for teachers when there is a need for interventions related to behavior. Social workers and school counselors can assist teachers by pulling small groups of students who have similar behavior problems and provide instruction that will help students learn and apply strategies to help reduce the amount of negative behaviors in the classroom setting. School based mental health providers can also serve as support for students and families when there are issues in the classroom and the teacher is in need of assistance as well as assist with MTSS Tier 1 or Tier 2 problem solving.

**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).**

During March of each year, the district finance director, superintendent and mental health coordinator review mental health and general fund FEFP budget allocations to determine how many additional mental health service providers can be hired to provide services to students. Increase in student population, teen pregnancy rates and community domestic issues also serve as indicators of needs-based student services.

**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 and community partners are a part of a systems framework that are inclusive of school staff, contracted service providers and other community partnerships. Collaborating agencies are dependent upon the individual needs of the student and their family.

Community partnerships with Department of Children and Families Services, Department of Juvenile Justice, Partnership for Strong Families, Another Way, Inc., Hamilton County Alcohol and Other Drug Prevention Coalition, and primary physicians are a part of the referral process when there is a need for outside resources to serve the families of Hamilton County who require mental health assistance beyond what can be provided at the school site level.

### 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.**

Contracted Services:

Gaggle Teletherapy will be used as the Tier 1 and Tier 2 mental health counseling service for students at the elementary and middle/high school level for students. Gaggle will also provide crisis service for students who need to be evaluated when there is a need for crisis intervention.

Psychological Services for Schools and Families, LLC is contracted with Hamilton School District Exceptional Student Services Department to serve students with more severe mental health needs. The Hamilton County Mental Health Department will use the psychological services of this provider to provide psychoeducational evaluations and behavior assessments.

Interagency Agreements:

Meridian Behavioral Health will provide Tier 1, Tier 2 and Tier 3 counseling services to students in grades K-12 upon acceptance of referral from school social worker. Meridian will also provide crisis care, residential treatment and inpatient services to students based on needs of service.

### MHAA Planned Funds and Expenditures

#### Allocation Funding Summary

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

\$ 183,228.00

**Unexpended MHAA funds from previous fiscal years**

\$ 22,550.00

**Grand Total MHAA Funds**

\$ 205,778.00

#### 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 **Hamilton 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**

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**School Board Approval Date**

Tuesday 7/18/2023