2026-27

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS

FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL HEALTH

Hernando

MENTAL HEALTH APPLICATION

Mental Health Assistance Allocation Plan

FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

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I. Introduction

Plan Purpose

The Mental Health Assistance Allocation (MHAA) is created to provide funding to assist local education agencies (LEA) in implementing their school-based mental health assistance program pursuant to section (s.) 1006.041, Florida Statutes (F.S.).

Each LEA must implement a school-based mental health assistance program that includes training classroom teachers and other school staff to detect and respond to mental health concerns and connect children, youth and families experiencing behavioral health needs with appropriate services. The program must also implement a multi-tiered system of supports to expand access to evidence-based mental health services, including assessment, diagnosis, intervention, treatment and recovery, for students with mental health or co-occurring substance use needs and those at high risk.

These funds are allocated annually in the General Appropriations Act to each eligible LEA.

Each LEA shall receive a minimum of $100,000, with the remaining balance allocated based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment

Charter schools that submit a plan separate from the LEA are entitled to a proportionate share of LEA funding. A charter school plan must comply with all of the provisions of this section, must be approved by the charter school's governing body, and must be provided to the charter school's sponsor. *(Section [s.] 1006.041, Florida Statutes [F.S.])*

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by **August 1, 2026.**

There are two submission options for charter schools:

- Option 1: District submission includes charter schools in their application.
- Option 2: Charter school(s) submit a separate application from the district.

II. MHAA Plan

A. MHAA Plan Assurances

1. LEA Assurances

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.

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

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

A system is included for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received:

- targeted mental health screenings or assessments;
- the number of students referred to school-based mental health services providers;
- the number of referrals made to school-based mental health services providers;
- the number of students referred to community-based mental health services providers;
- the number of referrals made to community-based mental health services providers;
- the number of students who received school-based interventions, services or assistance;
- and the number of students who received community-based interventions, services or assistance.

MHAA Plans for charter schools that opt out of the LEA MHAA plan have been reviewed by the LEA charter school sponsor.

Curriculum and materials purchased using MHAA funds have reviewed by the LEA and all content is in compliance with State Board of Education Rules and Florida Statutes.

The MHAA Plan is focused on a multi-tiered 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. Section 1006.041, F.S.

2. LEA School Board Policies and Procedures

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.

School-based mental health services are initiated within 15 calendar days of identification and assessment.

Community-based mental health services are initiated within 30 calendar days of referral.

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 services providers.

Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems 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.

LEA-adopted assessment procedures, at a minimum, include the use of a Department-approved functional assessment tool as required in Rule 6A-4.0013, Florida Administrative Code (F.A.C.) (effective February 24, 2026).

LEA 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.

Procedures to assist a mental health services provider or a behavioral health provider as described in s. 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.

Procedures include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.

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 in s. 456.47, F.S. The mental health professional may be available to the LEA 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 LEA 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.

B. LEA Program Implementation

1. MHAA-Funded Evidence-Based Program (EBP)

#1

Evidence-Based Program (EBP)
Youth Mental Health First Aid

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
Other: National Council for Wellbeing

Tier(s) of Implementation
Tier 1

Describe the key EBP components that will be implemented.

Per Florida Statute 1012.584, training in Youth Mental Health Awareness is required for staff who interact with students (per state job codes). Hernando County Schools has surpassed the mandated 80% required percentage for the last 3 years .

Early Identification
Explain how your program strategies will reduce 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.

Training identified staff to recognize early signs and symptoms of youth mental health concerns will increase the chance of the youth being identified and provided intervention early. Using the data collected from referrals for mental health services and suicide risk assessments, we will increase the early identification of and recommendation for relevant supports from the mental health assistance program to annually perform an effective evaluation of treatment outcomes, system capacity, performance, and level of integration with coordinated systems of care.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

Students identified with increased mental health and/or substance use concerns will be referred to the school social worker and will be assessed using an approved screener. Hernando County Schools has been able to expand and increase mental health resources.

#2

Evidence-Based Program (EBP)
Child and Teen Safety Matters - Monique Burr

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
What Works Clearinghouse (WWC) (https://bit.ly/3HpjPzg)

Tier(s) of Implementation
Tier 1, Tier 2

Describe the key EBP components that will be implemented.

Child and Teen Safety Matters is a comprehensive prevention education program for elementary, middle and high school students. The program educates and empowers children, teens, and adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all forms of abuse, sex trafficking and digital/social media dangers.

Early Identification
Explain how your program strategies will reduce 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.

The district implements the Child Safety Matters program to kindergarten- fifth grade students and Teen Safety Matters program to six through twelth students. The instruction is provided by a local community agency during the school day for grades K-5. Trained faciliators with counselors provide 6-12 instruction and support. In addition, the district uses portions of the program for individual developed lessons with elementary and high school students. The use of this program helps students recognize risk factors and warning signs and how to access resources.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact mental health professionals 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. Such contact may be in person or using telehealth, as defined in s. 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 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) platofrm. 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.

#3

Evidence-Based Program (EBP)
Why Try

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
Other: ERIC Institute of Education Sciences https://eric.ed.gov

Tier(s) of Implementation
Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Why Try is an EBP that can be used at all three tiers to improve resiliency, life skills and making choices. The curriculum is based on Cognitive Behavior Therapy, Brief therapy, Reality therapy, and client-centered strategies. Why Try has resulted in improved academics, behavior and engagement.

Early Identification
Explain how your program strategies will reduce 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.

Why Try may be used in whole class, individual and small group setting. Through participation in the program, students will develop skills in goal setting, understanding choices and consequences, recognizing strengths, choosing how to present yourself, choosing how to repond to negative situations, increasing positive motivation, coping strategies, identifying problems and solutions, understandiing the relationship between desire, time and effort, developing strength of character, and allowing others to help, and perspective.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

Students will be referred through school counselors and social workers on Tier 3 level. Students who participate will improve coping skills, managing behaviors, and improving academic succezss as reported by students, parents, and teachers.

#4

Evidence-Based Program (EBP)
Cognitive Behavior Therapy and Cognitive Behavioral Intervention for Trauma in Schools

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
American Psychological Association APA (https://bit.ly/3ZeBYpv)

Tier(s) of Implementation
Tier 2, Tier 3

Describe the key EBP components that will be implemented.

CBT has proven effective in reducing trauma symptoms, depression, anxiety and behavioral problems. CBT focuses on challenging unhealthy thought patterns, changing learned unhealthy behaviors and developing coping skills for dealing with challenging thoughts and feelings. CBIT is a school-based group and individual intervention that uses CBT techniques. It is designed to reduce symptoms of posttraumatic stress disorder, depression, behavioral problems as well as to improve functioning, grades, attendance, peer and parent support, and coping skills.

Early Identification
Explain how your program strategies will reduce 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.

CBT and CBITS strategies are implemented through individual and small group counseling by school counselors and social workers (with parental consent). During counseling, mental health professionals will work with students to understand relationsship between thoughts, feelings and behaviors; identify unhealthy thought patterns; replace unhealthy thoughts with positive self talk; identify unhealthy behaviors deriving from negative thoughts and feelings; identify and utilize healthy coping skills to manage emotions and change behaviors; and expand feelings vocabulary and be able to express how they are feeling. CBITS is composed of 10 group sessions and one to three individual sessions with students, with optionall oppounities for parent involvement and educational outreach to teachers.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health

assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

Students participating in CBT-based counseling will improve coping skills, manage behaviors and improve academic success as reported by students, parents and teachers and measured by discipline referrals and grades.

#5

Evidence-Based Program (EBP)
Second Step

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
American Psychological Association APA (https://bit.ly/3ZeBYpv)

Tier(s) of Implementation
Tier 2

Describe the key EBP components that will be implemented.

Second Step provides instruction in social and emotional learning with units on skills for learning empathy, emotion management, friendship skills, and problem solving. The program contains separate sets of lessons for use in PreK through 8th grade. Core componenets include: Self Awareness, Problem Solving Skills and Social Awareness.

Early Identification
Explain how your program strategies will reduce 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.

Teachers , Cerified School Counselors, School Social Workers or School Psychologists will develop plans aligned with their students' needs using 22-28 lessons available. Second Step small groups will be delivered weekly for a period of no less than 6 weeks and will be 30-45 minutes in duration.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

Outcomes will be measured using data from Early Warning Systems and/or evidence-based assessments alinged to students' needs.

#6

Evidence-Based Program (EBP)
Check In Check Out

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
American Psychological Association APA (https://bit.ly/3ZeBYpv)

Tier(s) of Implementation
Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Students learn to self-monitor, internalize successes, and develop self-esteem.

Early Identification
Explain how your program strategies will reduce 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.

Delivered by adult staff daily for a minimum of 6 weeks. Students assigned CICO with a mentor at the beginning of the day to set daily goals which are alignned with school-wide expectations. The student uses a "points card" with defined goals for each part of the day. Teachers evaluate behavior and assign points for meeting their daily goals. The student checks out with their mentor and they assess the points earned for the day. The mentor encourages the student to reflect on what they did well. how they feel, and what they need to continue to work on.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

The student takes their point card home, returning it signed at the next morning check in. Outcomes are measured via the following process: 1) check in daily 2) monitor and enter data weekly and analyze data monthly/quarterly 3) data should be entered into Edu climber.

#7

Evidence-Based Program (EBP)
Bouncy’s Ready to Learn Resilience Program-Destination Knowledge

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
Other: https://eric.ed.gov/

Tier(s) of Implementation
Tier 1, Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Bouncy, is a comprehensive program, that addresses self-regulation, a growth mindset, nurturing strong, calm, and self-confident learners through various engaging activities like direct instruction, music, dance, games, and self-reflection. Bouncy prioritizes calming and comforting children before providing skill training for self-regulation.

Early Identification
Explain how your program strategies will reduce 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.

The Bouncy Program helps reduce the likelihood of at-risk students developing social-emotional and behavioral problems, depression, anxiety, or suicidal tendencies by teaching resilience, emotional regulation, positive coping strategies, problem-solving skills, and healthy relationship-building. Through engaging, age-appropriate lessons, students learn to recognize and manage emotions, respond appropriately to stress, seek help from trusted adults, and build confidence in their ability to overcome challenges. The program utilizes a trauma-informed approach that supports students who have experienced trauma or violence by helping them understand their feelings, develop healthy coping mechanisms, strengthen connections with supportive peers and adults, and foster a sense of safety, belonging, and hope. By building these protective factors, the Bouncy Program promotes emotional well-being, reduces risk factors associated with mental health concerns, and equips students with the skills needed to succeed academically, socially, and emotionally.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

The Bouncy program provides targeted mental health supports for students identified as at risk for social-emotional, behavioral, or mental health concerns. Through evidence-based, resilience-focused interventions, students participate in structured individual and small-group sessions that build emotional regulation, coping skills, problem-solving abilities, self-awareness, and healthy relationship skills. For students requiring intensive intervention, the program provides personalized support and

referrals to appropriate community-based mental health providers for assessment, diagnosis, treatment, and recovery services. By strengthening protective factors and teaching practical strategies for managing stress and adversity, the Bouncy Program helps students improve their emotional well-being, increase resilience, and achieve positive academic and behavioral outcomes.

#8

Evidence-Based Program (EBP)
Positive Action

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
Other: https://ies.ed.gov/ncee/wwc/

Tier(s) of Implementation
Tier 1

Describe the key EBP components that will be implemented.

The Positive Action Curriculum is an evidence-based program designed to improve students' social-emotional, behavioral, and academic outcomes by teaching the connection between positive thoughts, positive actions, and positive feelings. Key evidence-based practice (EBP) components include explicit instruction in self-concept, self-management, responsible decision-making, social skills, emotional regulation, and healthy behaviors. Lessons use modeling, guided practice, role-playing, discussion, and reinforcement to help students apply skills in real-life situations. The curriculum promotes a positive school climate through consistent messaging across classrooms and school settings, encouraging respectful relationships, problem-solving, empathy, and personal responsibility. Ongoing opportunities for practice and positive reinforcement support the development of protective factors that reduce behavioral concerns and improve student engagement and well-being.

Early Identification
Explain how your program strategies will reduce 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.

The Positive Action Curriculum reduces the likelihood of at-risk students developing social-emotional and behavioral problems, depression, anxiety, and suicidal tendencies by teaching students the skills necessary to build resilience, self-esteem, emotional regulation, positive decision-making, and healthy relationships. Through structured lessons and guided practice, students learn to identify and manage emotions, cope with stress, solve problems constructively, and seek help from trusted adults when needed. The curriculum fosters a positive school climate where students feel connected,

valued, and supported, which serves as a protective factor against mental health concerns. For students who have experienced trauma or violence, Positive Action promotes safety, self-awareness, and healthy coping strategies while strengthening supportive peer and adult relationships. By increasing students' sense of belonging, confidence, and emotional competence, the program helps mitigate the negative effects of adverse experiences and supports overall mental wellness and academic success.

High Risk Students
Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

Through a Multi-Tiered System of Supports (MTSS), the Positive Action Curriculum serves as the universal Tier 1 prevention program by providing all students with evidence-based instruction in social-emotional learning, self-management, responsible decision-making, and healthy relationship skills. Students identified through behavioral, attendance, academic, or mental health screening data as needing additional support receive Tier 2 interventions, including small-group counseling, skill-building groups, mentoring, and targeted behavioral supports. Students with diagnosed mental health disorders, co-occurring substance abuse concerns, or significant risk factors receive Tier 3 individualized interventions, including comprehensive assessment, treatment planning, school-based mental health services, crisis intervention, and referrals to community mental health providers. School counselors, school social workers, psychologists, and community partners collaborate to monitor progress, coordinate services, support recovery, and ensure students receive appropriate evidence-based interventions that address their unique social, emotional, behavioral, and mental health needs.

#9

Evidence-Based Program (EBP)
Olweus Curriculum

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
Other: https://eric.ed.gov/

Tier(s) of Implementation
Tier 1

Describe the key EBP components that will be implemented.

OBPP is a comprehensive, schoolwide program that involves the entire school community in the form of schoolwide interventions, classroom activities and individual interventions. To reduce bullying, it is

important to change the climate of the school and the social norms with regard to bullying. It must become normative for staff and students to notice and respond when a child is bullied or left out.

Early Identification

Explain how your program strategies will reduce 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.

The Owleus Curriculum reduces the likelihood of at-risk students developing social-emotional and behavioral problems, depression, anxiety disorders, and suicidal tendencies by creating a safe, supportive, and inclusive school environment that emphasizes bullying prevention, empathy, positive peer relationships, and social responsibility. Through classroom lessons, school-wide activities, and consistent adult support, students learn conflict resolution, emotional regulation, problem-solving, and help-seeking skills that strengthen resilience and protective factors. The curriculum promotes a culture of respect and connectedness, helping students feel valued and supported by both peers and adults. For students who have experienced trauma or violence, the Owleus Curriculum provides opportunities to build trusting relationships, increase feelings of safety, and develop healthy coping strategies. By reducing bullying, victimization, and social isolation while fostering positive school climate and student connectedness, the program helps mitigate the effects of trauma and supports students' overall mental health and well-being.

High Risk Students

Explain how the multitiered system of supports will deliver evidence-based mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

Through a Multi-Tiered System of Supports (MTSS) framework, the Olweus Bullying Prevention Program serves as a Tier 1 universal prevention strategy by promoting a positive school climate, reducing bullying behaviors, increasing student connectedness, and strengthening protective factors associated with mental wellness. Students identified through behavioral, attendance, academic, discipline, threat assessment, or mental health screening data as being at risk receive Tier 2 supports, including targeted small-group interventions, counseling, social skills instruction, mentoring, and check-in/check-out supports. Students with diagnosed mental health disorders, co-occurring substance abuse concerns, or significant risk factors receive Tier 3 individualized services, including comprehensive assessment, crisis intervention, individualized treatment planning, school-based mental health counseling, and referrals to community mental health and substance abuse providers when appropriate. School counselors, school social workers, school psychologists, administrators, and community partners collaborate to monitor student progress, coordinate interventions, support recovery, and ensure students receive evidence-based mental health services that address their

unique needs while maintaining a safe and supportive learning environment.

2. Additional Programs (optional)

#1

Program Name
Zones of Regulation

Tier(s) of Implementation
Tier 2, Tier 3

Program Description
Provide a brief description of the program and its purpose.

Zones of regulation is an evidence-based llearning program designed to help students recognize, understand, and manage their emotions, behaviors, and sensory needs. The program teaches students to identify their feelings and levels of alertness using four color-coded zones (Blue, Green, Yellow, and Red) and provides strategies for self-regulation, emotional control, problem-solving, and positive social interactions. The purpose of the program is to improve students' emotional awareness, coping skills, and behavioral regulation, helping them succeed academically, socially, and emotionally in both school and community settings.

#2

Program Name
MindUp

Tier(s) of Implementation
Tier 2, Tier 3

Program Description
Provide a brief description of the program and its purpose.

MindUp is a research-based learning program developed by The Goldie Hawn Foundation. Its purpose is to help students build mindfulness, improve focus, and develop emotional regulation skills. The program combines neuroscience, mindful awareness practices, and positive psychology to teach children how their brains work and how to manage stress, attention, and emotions. Through short daily exercises—such as breathing techniques and reflection—MindUP aims to enhance well-being, increase resilience, and support academic success and positive behavior in the classroom.

#3

Program Name
Be Good People

Tier(s) of Implementation
Tier 2

Program Description
Provide a brief description of the program and its purpose.

Be Good People is a character education emotional learning program designed to teach students the importance of kindness, respect, responsibility, and positive decision-making.
Its purpose is to help children develop strong moral values, improve their behavior, and build healthy relationships with peers and adults. Through lessons, discussions, and activities, the program encourages students to understand the impact of their actions, practice empathy, and contribute to a positive school environment.

#4

Program Name
Botvin Life Skills Training

Tier(s) of Implementation
Tier 2

Program Description
Provide a brief description of the program and its purpose.

Botvin Life Skills Training is an evidence-based prevention program designed to reduce substance use, violence, and other risky behaviors among students.
Its purpose is to build personal and social competence by teaching skills such as decision-making, goal setting, effective communication, stress management, and resistance to peer pressure. Through structured lessons and practice activities, the program helps students develop the confidence and skills needed to make healthy, responsible choices and lead safer, more successful lives.

#5

Program Name
EverFi

Tier(s) of Implementation
Tier 2

Program Description
Provide a brief description of the program and its purpose.

EverFi is a digital learning platform that provides courses on topics such as financial literacy, health and wellness, career readiness, and social-emotional learning.
The program aims to equip students with real-world skills and knowledge, helping them make informed decisions about their finances, health, and future careers.

#6

Program Name
Healthy Choices

Tier(s) of Implementation
Tier 2

Program Description
Provide a brief description of the program and its purpose.

Healthy Choices is a prevention-focused program that teaches students about making safe and responsible decisions related to their physical and emotional well-being. Its purpose is to promote positive behaviors by helping students understand the consequences of risky actions and encouraging healthy lifestyle habits.

#7

Program Name
Healthy vs. Unhealthy Relationships

Tier(s) of Implementation
Tier 2

Program Description
Provide a brief description of the program and its purpose.

This program focuses on educating students about the characteristics of healthy, respectful relationships compared to unhealthy or harmful ones.
Its purpose is to help students recognize boundaries, develop communication skills, and build safe, respectful interactions with others.

#8

Program Name
Personal Rights and Responsibilities

Tier(s) of Implementation
Tier 2

Program Description
Provide a brief description of the program and its purpose.

This program teaches students about their individual rights as well as the responsibilities that come with those rights in school and society.
The goal is to promote accountability, respect for others, and an understanding of how personal actions impact the community.

#9

Program Name
Life Skills

Tier(s) of Implementation
Tier 2

Program Description
Provide a brief description of the program and its purpose.

LifeSkills programs teach essential daily living and interpersonal skills, including communication, decision-making, and problem-solving.
The goal is to prepare students to navigate real-life situations successfully, build independence, and make responsible, healthy choices.

#10

Program Name
Mentoring

Tier(s) of Implementation
Tier 3

Program Description
Provide a brief description of the program and its purpose.

Mentoring provides students with individualized or small-group support through guidance from trained mentors, counselors, or trusted adults. These programs focus on emotional well-being, personal growth, and problem-solving.
Their purpose is to support students' social, emotional, and behavioral development by helping them build coping skills, improve self-awareness, strengthen relationships, and navigate personal or academic challenges in a safe, supportive environment.

#11

Program Name
Resiliency

Tier(s) of Implementation
No options checked

Program Description
Provide a brief description of the program and its purpose.

No Answer Entered

#12

Program Name
FL PBIS

Tier(s) of Implementation
Tier 1

Program Description
Provide a brief description of the program and its purpose.

Positive Behavioral Interventions and Supports **(PBIS) is an evidence-based / three-tiered f**ramework to improve and integrate all of the data, systems, and practices affecting student outcomes every day. PBIS creates schools that support everyone – especially students with disabilities – for success.

3. Policy, Roles, and Responsibilities

Direct Employment

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 Providers (SBMHPs) in our district has significantly improved access to services by increasing direct contact with students and reducing staff-to-student ratios. Each school site is now assigned a full-time social worker, ensuring consistent and immediate support within the school community. These professionals are integrated into key support systems, actively participating in Multi-Tiered System of Supports (MTSS) teams, threat assessment teams, and school-based leadership teams. Social workers play a vital role in identifying and addressing student needs. Through a structured referral process, school staff can refer students exhibiting at-risk behaviors or challenges. The social workers, in collaboration with other SBMHPs, implement tiered interventions tailored to individual student needs. This expansion of direct employment also strengthens partnerships with families and community agencies, facilitating timely referrals and connections to services outside of school. By embedding SBMHPs directly within school sites, our district has created a more responsive, coordinated, and accessible mental health support system for students.

Policies and Procedures

Describe your LEA'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 Hernando County School District (HCSD) has established a comprehensive framework to increase the time that student services personnel devote to direct mental health services through a combination of structured procedures, coordination with community providers, and strategic staffing allocations. Key policy and procedures include:

1. Standardized Decision-Making Tools * Mental Health/Substance Abuse Services Decision Chart (Appendix A): This tool guides school based mental health providers (SBMHPs)- including certified school counselors, school social workers, school psychologists, and when applicable, school nurses- in determining the appropriate next steps for students exhibiting mental health needs. *Use of Mental Health Screeners: Screeners are used in conjunction with the decision chart to support evidence-based recommendations for mental health interventions and to measure outcomes of the intervention.

2. Evidence-Based Assessments and Timely Interventions • School Social Workers: When direct services by school social workers are appropriate, they: Conduct evidence-based assessments (with parental consent) Identify mental health characteristics Develop support plans Recommend and

implement interventions- all within a 15-day timeline. • External Referrals: If a referral to an outside provider is more suitable: The provider is responsible for conducting a psychosocial assessment. They diagnose, identify treatment needs, and recommend interventions within a 30-day timeline. 3. Multi-Tiered System of Supports (MTSS) Integration • HCSD uses an MTSS framework to: • Deliver or refer students to evidence-based mental health services. • Identify co-occurring mental health and substance abuse issues. • Develop comprehensive support and recovery plans. • Services are coordinated with the student's primary mental health care provider and other involved providers. 4. Role of School-Based Mental Health Providers: • Participation in School Committees: • School social workers are active members of: • IEP and 504 plan teams • MTSS Committees • Threat Assessment Teams • Crisis/Leadership Teams • This ensures that mental health perspectives are integrated into educational planning and intervention strategies. • High-Risk Student Support: SBMHPs prioritize referrals and direct services for higher-risk students, intervention. ensuring timely 5. Use of Mental Health Assistance Allocation (MHAA) Funds: MHAA funds are used to: • Increase the capacity and time student services personnel spend providing direct mental health services. • Supporting staffing reviews and adjustments based on student mental health needs.

Summary: HCSD's approach increases the amount of time student services personnel dedicate to direct mental health services by: • Standardizing intervention decision-making. • Prioritizing early and timely assessments. • Embedding mental health professionals in key decision-making structures. • Leveraging state funding (MHAA) to support staffing and service expansion. • Ensuring strong coordination between school and community mental health providers.

Providers and Partners

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

Role of School-Based Mental Health Providers (SBMHPs) School-Based Mental Health Providers play a critical role in identifying, assessing, and supporting students in need of mental health services within the school setting. Their responsibilities include:

• Timely Assessment: Students referred for school-based mental health services will be assessed by a SBMHP within 15 days of referral, as detailed in Appendix A.

• Service Initiation: For students with a positive assessment, school-based mental health services will be documented in the District Plan of Care and initiated within 15 days following assessment.

• Community Service Support: SBMHPs will also facilitate access to community-based mental health services, ensuring these services begin within 30 days of referral. They will support families in navigating this process and assist with communication between schools and community agencies.

• Data and Communication: SBMHPs maintain comprehensive records of all referred students and use counseling logs, data collection forms, or the Student Information System (SIS) to share relevant information with school district stakeholders.

• Collaboration and Consent: To ensure continuity of care, SBMHPs will obtain appropriate releases of information to collaborate with external providers. This enables a coordinated approach to student mental health care across school and community settings.

Role of Community-Based Partners Community-based mental health providers extend the support system beyond the school environment. Their contributions include:
• Active Participation: When appropriate consents and agreements are in place, community providers may participate in school-based problem-solving teams and, when necessary, access students during the school day.
• Resource Collaboration: Community agencies contribute to the broader mental health framework through participation in district and interagency teams such as the Hernando County Continuum of Mental Health Services (formerly SEDNET meetings), the Hernando County Baker Act Committee, the Hernando County Multi-Disciplinary Team, and the Local Review Team.
• Support for Families: A comprehensive list of community resources is provided to parents/ caregivers of students receiving disciplinary referrals. Parents can access the mental health resource list on the school district website. Every school has access to the mental health resources and provide to families throughout the school year. Community partners help ensure families are informed and connected with appropriate mental health supports.
• Insurance Coordination: School social workers refer students to case managers from organizations such as the Behavioral Health Network and BRAVE to assist families in accessing insurance covered services for mental health and developmental needs.

This collaborative approach between school-based and community-based providers ensures a timely, coordinated, and supportive mental health system for students, promoting wellness, academic success, and social-emotional development

4. Community Contracts/Interagency Agreements

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. BayCare provides targeted case management to youth (direct services) on and off school campus.
2. BayCare Mobile Response Team (direct services) provides on site mental health crisis intervention and management.
3. Impact Counseling- provide direct services on and off school campuses and also is contracted utilizing Millage funds to implement a Mobile Response Team.

4. Mid Florida Children Advocacy Center provides direct service and provides a child friendly safe supportive environment for assisting abused and neglected children.
5. Phoenix Counseling - has an MOU with HCSD and provides clinical services to students and families referred either from SBMHP or community referrals.
6. Life Stream Community Action Team (CAT) and Baycare Community Action Team (CAT) The Cat programs provides intensive behavioral health care services to youth where traditional interventions have been unsuccessful.
7. PACE REACH program provides direct services in 2 schools to female students referred for suicidal ideations or other identified intensive needs for counseling.
8. The BRAVE Program supports access to behavioral health services via care navigation and technology. BRAVE works with the whole family to address social determinants of, and around, mental health to ensure the delivery of the proper care, at the right time, in the right place.
9. DCF, DJJ and YFA Interagency Agreement with Hernando County Schools.

5. Employment Verification

#1

mental health support job description.pdf

C. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2025-2026 Florida Education Finance Program (FEFP):	**1,543,430.0000.0**
Unexpended MHAA funds from previous fiscal years:	**651,829.53**
Grand Total MHAA Funds:	**2,194,4719.53**

2. 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, F.S.

LEA's are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

Uploaded Document:
26-27 MHAA Planned Funds and Expenditures form (5).xlsx

D. LEA School Board Approval

This application certifies that the School Superintendent and School Board approved the district's MHAA 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 MHAA in accordance with s. 1006.041(14), F.S.

Note: The charter schools listed below have ***Opted Out*** of the LEA's MHAA Plan and are expected to submit their own MHAA Plan to the LEA for review.

Charter School Number and Name
No charter schools opting out.

Approval Date:

Secretary II- Confidential Mental Health
Performance Responsibilities:
As the **Secretary II – Confidential Mental Health**, this role provides essential administrative and clerical support to the Director and Coordinator of Student Services, with a specific focus on the Mental Health Program. The secretary serves as a key liaison between the school district and School Social Workers, maintaining and monitoring all mental health referrals to IMPACT Counseling. This includes initiating and sustaining ongoing communication to ensure timely follow-up and accurate updates on each student's referral status.
The secretary is responsible for managing a variety of clerical tasks, including typing correspondence, memos, forms, and reports for the Mental Health Coordinator. In addition, this position maintains the Mental Health Coordinator's appointment calendar, organizes incoming and outgoing mail, and oversees the filing of confidential mental health records and related documents.
A vital aspect of this role involves distributing information to appropriate stakeholders, teachers, parents, and administrators—in collaboration with the Mental Health Coordinator. The secretary also handles phone communications, greeting and directing visitors, and managing supply inventories and work orders to support daily operations.

This role requires discretion, organization, and proactive communication skills to manage sensitive information and ensure seamless support for the mental health services provided to students. Additional duties may be assigned by the site administrator or designee as needed to support department goals and student well-being.

Mental Health Assistance Allocation (MHAA) Plan
2026-2027
Due August 1, 2026

District Name: Hernando County School District

Planned Funds and Expenditures 2026-2027

Section 1. MHAA Plan Funding Summary	$ Amount
MHAA provided in the 2026-2027 Florida Education Finance Program:	$1,543,430.00
Unexpended MHAA rollover funds from previous fiscal years: Please confirm the unexpended amount with your Finance Department.	$651,289.53
Total MHAA Plan Funds for Section 1:	$2,194,719.53

Section 2. Planned Expenditure Summary – School-Based Services Funded by the MHAA Plan		Total $ Amount
Profession	**Total Number**	
School Counselor(s) – DOE-certified	1	$91,253.80
School Psychologist(s) – DOE-certified	3	$257,097.98
School Social Worker(s) – DOE-certified	11	$909,680.64
DOH Licensed Mental Health Services Providers (LP, LCSW, LMFT, LMHC, Provisonal)	2	$198,501.05
Mental Health Administrator(s)	1	$112,653.48
Mental Health Support Staff (Upload in CIMS School Board Documentation)	1	$68,462.58
Total Planned Expenditures for Section 2:		$1,637,649.53

Section 3. MHAA Continued Summary of Planned Expenditures (Itemized expenditures)	$ Amount
Expenditures for services provided by community-based mental health program agencies or providers:	
Contract with IMPACT Services mental health counseling and a Mobile Response Team (2 mental health registered	$150,000.00
$25,000.00 for mental health services for non insured students at risk to cover counseling on sliding scale	$25,070.00
Expenditures for professional learning and training:	
Funding will continue to support mental health training and skills for school based mental health personnel including	$129,000.00
Attendance and Drop out Prevention Conference, Trauma Training ($7000.00), University of Maryland Mental health	
Florida School Health Conference,CBT and Solution Focused Training, TISE- trauma informed skills for educators (4	
Expenditures for travel (in-county, out-of-county, in-state, out-of-state):	
In county travel for district social workers, school counselors, school psychologists, 2 district school counselors	$135,000.00
Out of county travel to attend conferences and trainings in mental health to include mileage, hotel, meals, flights, if ap	
out of state travel- IADTP Conference, University of Maryland Conference, ASCA Conference	
Expenditures for supplies, materials and equipment:	
Purchasing of new and replenishing approved evidence based mental health materials for Tier 2 and Tier 3 interventi	$115,000.00
These programs are vetted by a committee consisting of school and district based mental health personnel.	
Supplies,materials for Social Workers and School Counselors (23 schools) for Tier 2 Groups and Tier 3 : Newline Pa	
Charter School Proportionate Share:	
Charter Schools Opt Out	$0.00
	$0.00
	$0.00
Additional Expenditures (Total from sheet 2):	$3,000.00
Total Planned Expenditures for Section 3:	$557,070.00
Planned unexpended rollover MHAA funds:	$0.00
Submission Date:	8/1/2026

See tab below for additional page to include itemized expenditures.
If you experience difficulty completing this form electronically, contact 850-245-7851 or StudentSupportServices1@fldoe.org. Form Revised 3/11/2026

Mental Health Assistance Allocation (MHAA) Plan
2026-2027
Due August 1, 2026

District Name: **Hernando**

Planned Funds and Expenditures 2026-2027

Section 3. MHAA Continued Summary of Planned Expenditures	$ Amount
Mental Health Support and Student Retention	$3,000.00
Total:	**$3,000.00**
Submission Date:	

If you experience difficulty completing this form electronically, contact 850-245-7851 or StudentSupportServices1@fldoe.org.