



## 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>12</b>
<b>Section E: MHAA Planned Funds and Expenditures</b>	<b>14</b>
<b>Section F: School District Certification</b>	<b>15</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>	Check and Connect
<b>Tier(s) of Implementation</b>	Tier 3
Describe the key EBP components that will be implemented.	
<p>Check and Connect is a comprehensive student engagement intervention developed from the University of Minnesota. Check &amp; Connect is designed to enhance student engagement at school with learning for marginalized, disengaged students in grades k-12, through relationship building, problem solving and capacity building, and persistence. A goal of Check &amp; Connect is to foster school completion with academic and social competence. It is comprised of four components: 1. A mentor who works with students and families for a minimum of two years. 2. Regular checks, utilizing data schools already collect on students' school adjustment, behavior, and educational progress; 3. Timely interventions, driven by data, to reestablish and maintain the student's connection to school and learning and to enhance the student's social and academic competencies; and 4. Engagement with families</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>Trained adult staff members connect weekly with students for a minimum of two years. Referrals to community support are provided when appropriate.</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>Early Warning system is used to monitor outcomes for the school and MTSS team.</p>	

<b>Evidence-Based Program</b>	Check In/Check out (CICO)
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Students learn to self-monitor, internalize successes, and develop self-esteem	
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.	
Delivered by adult staff daily for a minimum of 6 weeks. Students assigned check in with a mentor at the beginning of the day to set daily goals which are aligned 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 total for the day. The mentor encourages the student to reflect on what they did well, how they feel, and what they need to work on.	
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 student takes their points card home, returning it signed at the next morning check-in. Outcomes are measured via the following process: 1) check-in daily 2) monitor (enter data) weekly and analyze data monthly/quarterly.	

<b>Evidence-Based Program</b>	Second Step Program
<b>Tier(s) of Implementation</b>	Tier 2
Describe the key EBP components that will be implemented.	
<p>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 prekindergarten through eighth grade. Core components include: Self Awareness, Self Regulation, Problem Solving Skills and Social Awareness.</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>Teachers, Certified School Counselors, School Social Workers or School Psychologists will develop plans aligned with their student's needs using the 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.</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>Outcomes will be measured using data from Early Warning systems and or evidence based assessments aligned to the student's needs.</p>	

<b>Evidence-Based Program</b>	Zones of Regulation
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Zones of Regulation curriculum helps students gain skills in consciously regulating their actions, leading to increased control and problem solving abilities. Using a cognitive behavior approach, the curriculum's learning activities are designed to help students recognize when they are in different states called "zones" with each of the four zones represented by a different color. In the activities, students also learn how to use strategies or tools to stay in a zone or move from one to another. Students explore calming techniques, cognitive strategies, and sensory supports to use to move between zones.</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>Certified school counselors, school social workers will develop plans aligned with their student's needs using the 18 lessons available. Small groups will be delivered weekly for a period of no less than 6 weeks and will be 30-45 minutes in duration.</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>Outcomes will be measured using data from the Early Warning System and/or evidence based assessments aligned to the student's needs.</p>	



<b>Evidence-Based Program</b>	Bounce Back Program
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Bounce Back is a school-based group intervention for elementary students exposed to stressful and traumatic events. It teaches students ways to cope with and recover from traumatic experiences. Bounce Back is based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Session content includes coping skills, feelings identification, relaxation exercises, positive activities, social support and 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>Bounce Back is a school-based group intervention for elementary students exposed to stressful and traumatic events. Social workers who receive a referral and receive parental consent may utilize this program based on the students need.</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>Outcomes are measured using the Strengths and Difficulties Questionnaire and other data as indicated by student presentation.</p>	

<b>Evidence-Based Program</b>	Everfi
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>EVERFI is an evidence based online curriculum that offers multiple programs that are aligned with the resilience life skills standards. Character Playbook, Honor Code and Vaping are secondary programs used for conflict resolution, bullying and vaping.</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 Mental Health Professionals will facilitate and oversee the implementation of these programs in small group or individual settings. The modules range from 5-6 and can be completed in 30-60 minute sessions over a minimum of 6 weeks.</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>Lessons contain a pre and post assessment to gauge knowledge gain, and the course contains a pre and post survey to track attitudinal and behavioral change.</p>	

<b>Evidence-Based Program</b>	Cognitive Behavior Therapy and Cognitive Behavioral Intervention for Trauma in Schools
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>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. CBITS is a school-based, group and individual interventions that uses cognitive-behavioral techniques. It is designed to reduce symptoms of posttraumatic stress disorder, depression, and behavioral problems, as well as to improve functioning, grades and attendance, peer and parent support, and coping 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>CBT and CBITS strategies are implemented through individual and small group counseling by our school counselors and social workers (with parent consent). During counseling, mental health professionals will work with students to : 1)understand the relationship between thoughts, feelings and behaviors 2) identify unhealthy thought patterns 3) replace unhealthy thoughts with positive self talk 4) identify unhealthy behaviors deriving from negative thoughts and feelings 5)identify and utilize healthy coping skills to manage emotions and change behavior and 6) expand their 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 optional opportunities for parent involvement and educational outreach to teachers.</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>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.</p>	

<b>Evidence-Based Program</b>	
<b>Tier(s) of Implementation</b>	[none selected]
Describe the key EBP components that will be implemented.	
<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>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>	

<b>Evidence-Based Program</b>	
<b>Tier(s) of Implementation</b>	[none selected]
Describe the key EBP components that will be implemented.	
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.	
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.	

## Direct Employment

### MHAA Plan Direct Employment

#### School Counselor

*Current Ratio as of August 1, 2023*

**1:522**

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

**1: 489**

#### School Social Worker

*Current Ratio as of August 1, 2023*

**1:676**

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

**1:638**

#### School Psychologist

*Current Ratio as of August 1, 2023*

**1:1916**

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

**1:1769**

#### Other Licensed Mental Health Provider

*Current Ratio as of August 1, 2023*

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

### 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(SBMHP) providers has provided more direct contact and lower staff student ratios at the schools in our district. Each school site is assigned a fulltime social worker. These positions provide school support by participating on MTSS teams, threat assessment teams and school based leadership teams and are a more integral part of the school community they are assigned to. The social worker referral process allows staff to refer students they identified to have any at risk issues and works with other SBMHP to provide tiered interventions. This expansion of direct employment also allows SBMHP to work closely with families and community agencies linking students in need to services outside of school.

**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 Hernando County School District (HCSD) has developed and modified a Mental Health/Substance Abuse Services Decision Chart (Appendix A) to be used by all school based mental health providers (SBMHP) to include certified school counselors, school social workers, school psychologists, and consultation with school board nurses when applicable when determining next steps for a student. The Mental health/Substance Abuse Decision Chart in conjunction with one or more of the Mental Health Screeners, will assist school district personnel and charter school personnel in determining the best evidence-based mental health service(s) to recommend for the student. When deemed appropriate for School Social Workers to provide direct services for the students, the professional(s) will conduct an evidence-based assessment(with parental consent) in order to identify characteristics of a mental health characteristics of a mental health challenge, develop a support plan and recommend appropriate interventions in order to ensure a recovery-based model of care within a 15 day timeline. When a referral to an outside provider is more appropriate the outside provider is responsible for a psychosocial assessment in order to diagnose, identify treatment needs, and appropriate interventions in order to ensure a recovery-based model of care within a 30 day timeline. The HCSD implements a multi-tiered system of supports process to deliver or refer evidence based mental health care assessment, identify characteristics of a mental health challenge, recommend interventions, development of a support plan and recovery services to students with one or more co-occurring substance abuse diagnoses or referral and to students at high risk of such mental health challenges. The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care. School social workers participate in IEP and MTSS committees, Threat Assessment Teams and school crisis/leadership teams in order to bring a mental health perspective, to provide school-based and community provider referrals to higher risk students in moments when interventions are being determined. Through the MHAA funds, allocations are provided to increase the amount of time student services personnel spend providing direct mental health services to our students. In addition, staffing allocations are reviewed and discussed based on student mental health assistant needs.

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

Students who are referred for school based services will be assessed within 15 days of the referral by a SBMHP. School based services will be described on the district plan of care document, and initiated within 15 days following a positive assessment. SBMHP's will support the provision of community based services to begin within 30 days of referral. SBMHP's will maintain a record of all students referred, and will communicate with agencies which receive these referrals. The SBMHP's will share information with school district stakeholders using a counseling log/or data collection form. School based mental health professionals will obtain release of information to facilitate collaboration with community agencies to provide continuity of care for students receiving community based support. Community providers may contribute to the problem solving team regarding students who are clients and/or access students in schools, when appropriate clearance, releases, consent, and agreements

on file with HCSD. Student Services has developed a list of community resources which is provided to parents/caregivers of students receives certain disciplinary referrals. Community providers and HCSD Student Services staff collaborate on district and community committees such as truancy case staffing, Hernando County Continuum of Mental Health Services, and Hernando County Local Review Team. School Social workers will refer students to insurance case managers such as Behavior Health Network and others, to assist in connecting students with certain mental health and/or developmental disabilities to community providers.

### 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; They have 3 licensed therapists and 2 peer specialists; 2. Baycare Mobile Responses Team (direct services) provides on site mental health crisis intervention and management. They have 1 licensed clinical social worker and 2 case managers; 3. Mid Florida Children Advocacy Center provides direct service and provides a child friendly safe supportive environment for assisting abused and neglected children provided by 1 clinical psychologists. 4. Phoenix Counseling has an MOU with HCSD that consists of 2 licensed therapists; Phoenix provides clinical services to students and families referred either from SBMHP or community referrals; 5. Life Stream Community Action Team (CAT) and Baycare Community Action Team (CAT) with a total of 3 licensed therapists, 2 case managers, 1 clinical psychologists and 2 mentors. The CAT program which is facilitated by Life Stream provides intense behavioral health care services to youth where traditional interventions have been unsuccessful. 6. PACE REACH program provides direct services in 3 schools to female students referred in school for suicidal ideations or other identified intensive needs for counseling for females only. They have 3 licensed mental health counselor/licensed clinical social workers.

### MHAA Planned Funds and Expenditures

#### Allocation Funding Summary

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

\$ 1,398,995.00

**Unexpended MHAA funds from previous fiscal years**

\$ 477,444.00

**Grand Total MHAA Funds**

\$ 1,876,439.00

#### 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:

23-24_MHAA_expenditures_final.pdf
Attached is the 2023-2024 Mental Health Assistance Allocation Expenditures Form
<a href="#">Document Link</a>

Mental Health Assistance Allocation (MHAA) Plan

2023-2024

Due: August 1, 2023

## Planned Funds and Expenditures 2023-2024

District Name:

Section 1. MHAA Plan Funding Summary		\$ Amount
Mental Health Assistance Allocation provided in the 2023-2024 Florida Education Finance Program:		
Unexpended Mental Health Assistance Allocation funds from previous fiscal years.		
Total MHAA Plan Funds:		
Section 2. MHAA Planned Expenditure Summary –Funded by the MHAA Plan		Total \$ Amount
Profession	Total Number	
School Counselor(s) – DOE certified		
School Psychologist(s) – DOE certified and/or DOH licensed		
School Social Worker(s) – DOE certified and/or DOH licensed		
Other (DOH) Licensed Mental Health Service Providers		
Mental Health Administrator(s):		
Mental Health Support Staff:		
Total Planned Expenditures for the Employment of Staff/Personnel:		
Section 3. MHAA Continued Summary of Planned Expenditures		\$ Amount
Expenditures for services provided by community-based mental health program agencies or providers:		
Expenditures for the professional development and training:		
Expenditures for travel (in-county, out-of-state, and out-of-county):		
Expenditures for supplies, materials, and equipment:		
Other Expenditures:		
Total MHAA Planned Expenditures:		
Section 4. Allocation Expenditure Summary for Other Expenditures		\$ Amount

### School District Certification

This application certifies that the **Hernando 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

Pending