

2024-25 |

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS



FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL
HEALTH

Baker

MENTAL HEALTH APPLICATION

Mental Health Assistance Allocation Plan



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

Table of Contents

- I. Introduction 1
- II. MHAA Plan 2
 - A. MHAA Plan Assurances 2
 - B. District Program Implementation 5
 - C. Direct Employment 10
 - D. MHAA Planned Funds and Expenditures 15
 - E. District School Board Approval 16

I. Introduction

Plan Purpose

The purpose of the Mental Health Assistance Allocation (MHAA) is to provide funding to assist school districts in establishing or expanding school-based mental health care; train educators and other school staff in responding to mental health issues; and connect children, youth and families who may experience behavioral health issues with appropriate services.

These funds are allocated annually in the General Appropriations Act to each eligible school district. Each school district 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 school district are entitled to a proportionate share of district 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, 2024**.

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. District 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 mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred 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.



Mental Health Assistance Allocation Plans for charter schools that opt out of the District's MHAA Plan are reviewed for compliance.



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.



The MHAA Plan must be 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. School Board Policies

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.



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.



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, Florida Administrative Code.



Assisting 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. Such procedures must 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 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.



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.



B. District Program Implementation

Evidence-Based Program (EBP) #1

Evidence-Based Program (EBP)

Positive Behavioral Interventions & Supports

Tier(s) of Implementation

Tier 1, Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based / three-tiered framework 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.

Tier 1 PBIS encompasses strategies that support student and staff behavior. This includes teaching behaviors in the setting they will be used, providing praise and other forms of recognition when students demonstrate school-wide expectations, being consistent when addressing challenging behavior, while taking developmental norms and behavioral function into account, Involving faculty, staff, families and students in the development of behavior definitions and possible consequences, using data and stakeholder perspectives to prepare relevant lesson plans and recognition strategies, and providing regular professional development on the school's Tier 1 system so that staff are aware of school-wide patterns and preferred responses.

Tier 2 supports build on the lessons provided at Tier 1, and may prevent the need for more intensive interventions. Tier 2 supports are provided to small groups of students with similar needs, offering more time and/or detailed instruction on the core curriculum. The types of interventions offered at this level will vary according to the needs of each school's student body, but all have certain things in common:

- There is a clear connection between the skills taught in the interventions and the school-wide expectations. This helps students and staff apply those lessons in non-intervention settings.
- Interventions require little time of classroom teachers and are easy to sustain.
- Variations within each intervention are limited.
- The interventions have a good chance of working (e.g., they are “evidence-based” interventions that are matched to the student's need).

Tier 3 systems are meant to provide individualized and intensive interventions and supports to students to ensure positive behavioral outcomes. Schools are shifting their focus from compliance

with regulations to achieving positive student outcomes.

Early Identification

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.

To effectively implement evidence-based mental health services for students, our district will integrate the Positive Behavioral Interventions and Supports (PBIS) framework within our Multi-Tiered System of Supports (MTSS). This approach ensures a comprehensive and proactive strategy to identify and address social, emotional, and behavioral issues early on, as well as to support students dealing with trauma and violence. Here's how we plan to achieve this:

1. Representative and Responsive Implementation:

- Our PBIS teams will be representative of different grade levels, content areas, and specialties, ensuring a holistic understanding of student needs across the district.
- We will regularly seek feedback from all stakeholder groups, including faculty, support staff, families, and students. These insights will help tailor our behavior supports to foster a safe and positive school climate for everyone, especially marginalized populations.

2. MTSS Content Knowledge:

- We will provide professional development opportunities for PBIS team members to enhance their fluency in key areas such as PBIS principles, data collection and analysis, contextually relevant implementation, peer mentoring, and problem-solving facilitation.
- This training will equip our teams with the skills necessary to identify and address mental health concerns, ensuring timely and effective interventions.

3. Facilitated Leadership and Support:

- PBIS team members will act as change agents within their schools, connecting colleagues, families, and students with essential PBIS and mental health resources.
- On-site coaching will be provided to staff members, enabling them to implement evidence-based practices in their classrooms and other school settings.

4. Problem Solving Facilitation:

- Our PBIS teams will proactively engage in data analysis and action planning, monitoring the fidelity of their problem-solving processes.
- When inconsistencies arise, team members will support each other to realign with best

practices, ensuring continuous improvement in our approach to student mental health.

5. The PBIS Point of Contact:

- A designated team member will ensure accurate communication between our school's PBIS team, the PBIS district coordinator, and Florida's PBIS Project. This role is critical for staying informed about the latest research and maintaining compliance with evaluation requirements.
- This individual will also disseminate evaluation results to stakeholders, facilitating informed decision-making and district-wide support for PBIS implementation.

By embedding these components within our MTSS framework, our district aims to improve the early identification of social, emotional, or behavioral problems and substance use disorders. This structured approach will enhance our ability to support at-risk students, reducing the likelihood of developing more severe issues such as depression, anxiety disorders, or suicidal tendencies. Additionally, these measures will be instrumental in assisting students dealing with trauma and violence, ultimately fostering a healthier, more supportive school environment.

High Risk Students

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 students at high risk of such diagnoses.

By integrating the Positive Behavioral Interventions and Supports (PBIS) framework within our Multi-Tiered System of Supports (MTSS), we ensure a systematic and responsive approach to assessment, diagnosis, intervention, treatment, and recovery. Here's how we plan to achieve this:

1. Evidence-Based Assessment and Diagnosis:

- **Screening:** Students who are at-risk will undergo screenings to identify early signs of mental health or substance abuse issues. This process will utilize validated tools to ensure accuracy and reliability.
- **Targeted Assessments:** For students identified at risk through screenings, targeted assessments will be conducted by trained mental health professionals. These assessments will be comprehensive and tailored to the individual needs of each student.
- **Multidisciplinary Teams:** Our PBIS teams, comprising professionals from various specialties, will collaborate to diagnose students accurately. This team-based approach ensures that assessments are thorough and consider multiple perspectives.

2. Intervention and Treatment:

- **Tiered Supports:** Interventions will be provided within a tiered framework:
 - **Tier 1:** Universal supports that promote overall mental health and prevent problems.

- **Tier 2:** Targeted interventions for students identified at risk, including small group sessions and individualized support plans.
- **Tier 3:** Intensive, individualized interventions for students with significant needs, including one-on-one counseling and therapy.
- **Evidence-Based Practices:** Interventions will be based on evidence-based practices, including cognitive-behavioral therapy (CBT), trauma-informed care, and motivational interviewing, among others.
- **Family and Community Engagement:** We will involve families and community resources in the treatment process to provide a supportive environment for students outside of school.

3. Ongoing Support and Recovery:

- **Continuous Monitoring:** Students receiving interventions will be continuously monitored to assess their progress and adjust support plans as needed. This will involve regular check-ins, progress assessments, and feedback loops with all stakeholders.
- **Peer Support Programs:** Implementing peer support programs to foster a supportive community where students can share experiences and coping strategies.

4. Professional Development and Capacity Building:

- **Training for Staff:** Ongoing professional development will be provided for all school staff to recognize signs of mental health issues, provide initial support, and refer students to appropriate services.
- **Specialized Training for PBIS Teams:** PBIS team members will receive specialized training in evidence-based mental health interventions, data-driven decision-making, and collaborative problem-solving.

5. Collaboration and Coordination:

- **Internal Collaboration:** Strong collaboration among PBIS team members, school counselors, social workers, and other relevant staff to ensure a coordinated approach to student support.
- **External Partnerships:** Building partnerships with local mental health agencies, healthcare providers, and community organizations to enhance the range of services available to students. This includes referral pathways for specialized care and support beyond the school setting.

6. Data-Driven Decision Making:

- **Data Collection and Analysis:** Utilizing data from screenings, assessments, and interventions to inform decision-making and improve service delivery. This data-driven approach ensures that interventions are effective and resources are allocated efficiently.
- **Fidelity Checks:** Regular fidelity checks to ensure that interventions are being implemented as intended and are producing the desired outcomes.

By embedding these supports within our MTSS framework, our district ensures that students with mental health or co-occurring substance abuse diagnoses receive timely, evidence-based care. This comprehensive approach not only addresses immediate needs but also promotes long-term recovery and resilience, creating a supportive and healthy school environment for all students.

C. Direct Employment

1. MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2024: **1:450**

School Counselor

2024-2025 proposed Ratio by June 30, 2025 **1:450**

School Social Worker

Current Ratio as of August 1, 2024: **1:4950**

School Social Worker

2024-2025 proposed Ratio by June 30, 2025 **1:4950**

School Psychologist

Current Ratio as of August 1, 2024: **1:2475**

School Psychologist

2024-2025 proposed Ratio by June 30, 2025 **1:2475**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2024: **1:825**

Other Licensed Mental Health Provider

2024-2025 proposed Ratio by June 30, 2025: **1:825**

2. 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.

Employing school-based mental health services providers, such as school psychologists, social workers, counselors, and other licensed mental health professionals, will significantly reduce staff-to-student ratios, thereby enhancing the delivery of comprehensive services and fostering effective school-community partnerships. Here's how this will be accomplished:

1. **Assigned Mental Health Professionals:** Each school will have a designated licensed mental health counselor or intern. This professional will provide consistent support to their assigned school, ensuring timely and effective interventions.
 - **Timely Assessments:** Students referred for a mental health screening will be assessed within 15 days of referral.
 - **Prompt Services:** School-based mental health services will commence within 15 days of identification and assessment.
2. **Effective School Discipline:** Mental health professionals will implement positive, effective school discipline that:
 - Aligns with efforts to enhance school safety and climate,
 - Avoids purely punitive measures (e.g., zero tolerance policies),
 - Is clear, consistent, and equitable,
 - Reinforces positive behaviors.
3. **Integrated Learning Supports:** These professionals will integrate behavioral, mental health, and social services with instruction and school management, creating a comprehensive and cohesive approach that facilitates multidisciplinary collaboration.
4. **Multi-Tiered Systems of Support (MTSS):** Mental health providers will implement MTSS that include prevention, wellness promotion, and escalating interventions based on student needs. This approach will enhance collaboration between schools and the community.
5. **Improved Access to Services:** Adequate staffing levels of school-employed mental health professionals will ensure that prevention and intervention services are seamlessly integrated into the learning process and existing school initiatives. These professionals will also help coordinate services provided through school-community partnerships.
6. **Community Support:** Additionally, our community support partners will ensure that mental health services for students are initiated within 30 days of referral, further improving access and support for our students.

By employing a dedicated team of school-based mental health professionals, we will not only reduce the staff-to-student ratio but also ensure that our students receive timely, effective, and integrated support services, promoting their overall well-being and academic success.

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).

Quarterly MTSS Team Meetings:

- **District and School-Based Teams:** We hold Multi-Tiered System of Supports (MTSS) team meetings quarterly at both the district and school levels.
- **Resource Mapping:** During these meetings, we map out necessary resources to address Tier 1, Tier 2, and Tier 3 needs, ensuring that mental health staff are allocated where they can be most effectively utilized.
- **Data-Driven Allocation:** Allocation decisions are informed by data collected from student screenings, assessments, and progress monitoring, allowing us to identify areas with the highest need for direct mental health services.

Review and Revision of Staffing Allocations:

- **Flexible Staffing Models:** Based on the needs assessment, we review and revise staffing allocations, allowing for flexible staffing models that can adapt to changing needs throughout the school year.
- **Targeted Deployment:** We prioritize deploying direct mental health staff to schools with the highest needs, ensuring that resources are concentrated where they are most needed.

Maximizing Direct Service Time:

- **Dedicated Service Time:** Schedules are adjusted to provide student services personnel with dedicated time blocks for direct mental health services, reducing interruptions and enhancing service delivery.
- **Professional Development:** Ongoing professional development ensures that student services personnel are equipped with the latest evidence-based practices and strategies to support students effectively.

Enhanced Collaboration:

- **Interdepartmental Collaboration:** We foster strong collaboration among mental health staff, teaching staff, and administration to ensure a cohesive approach to student mental health.
- **Community Partnerships:** We leverage partnerships with community mental health organizations to provide additional support and resources, allowing school-based personnel to focus more on direct services.

Continuous Monitoring and Evaluation:

- **Regular Monitoring:** The impact of staffing allocations and service delivery is continuously monitored through regular data collection and analysis.
- **Feedback Mechanisms:** Feedback from students, parents, and staff is gathered to assess the effectiveness of mental health services and to make necessary adjustments.
- **Outcome Evaluation:** We evaluate the outcomes of mental health interventions to ensure that

the services provided are meeting the needs of students and contributing to their overall well-being.

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

Mental Health Counselors

- **Behavioral Management Programs:** Assist in the design, implementation, and follow-up of programs to remediate students' behavioral and social problems.
- **Counseling Services:** Provide individual and group counseling to students regularly, including socialization activities.
- **Crisis Intervention:** Support other professionals with student crisis intervention and plan with classroom teachers on behavioral, social, or personal issues affecting students.
- **In-Service Development:** Assist in the development and delivery of in-service activities on techniques for remediating behavioral, social, or personal problems of students.
- **Threat Assessment Team:** Participate in School and District Threat Assessment Teams.

Case Manager

- **Child Study Teams:** Participate in Child Study Teams where high-risk students are reviewed (e.g., Truancy teams, MTSS teams, DJJ articulation meetings).
- **SEDNET Coordination:** Collaborate with SEDNET on governing boards for children at risk of emotional or behavioral disabilities.
- **Service Coordination:** For referred students, collaborate with the student, family, primary care provider, and other agencies (DCF worker, Community Based Care Agency, Parole Officer) to identify gaps in services, remove barriers, and facilitate timely provision of needed services.
- **Health Insurance Support:** Maximize the Mental Health Assistance Allocation by ensuring all students have health insurance, including assisting parents with enrolling their children in Florida Medicaid or subsidized health insurance.
- **Monitoring Services:** Regularly monitor services for referred students and families to ensure continuity of care, minimizing any interruptions or changes.
- **Record Keeping:** Develop and maintain records of contact and services provided for all referred students and families, and provide regular reports to the School Safety Specialist and Threat Assessment Team.
- **Annual Reporting:** Facilitate the development of an annual report to the Florida Department of Education on mental health allocation expenditures and services provided to students.
- **Collaboration:** Communicate and collaborate among schools, districts, communities, state agencies, colleges/universities, and Federal Children's Medical Services representatives to maximize services related to health and safety programs.
- **Continuous Improvement:** Maintain a close working relationship with District and community

personnel to ensure information exchange, coordination, and support for decision-making, and gather feedback to foster continuous quality improvement.

3. 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.

Baker County School District will continue to contract with Meridian Behavioral Healthcare for mental health counselors to support both traditional and alternative Education Program. The counselors will spend 3 to 5 days per week at the schools. Priority for services will be for students identified by school and district staff who need support beyond the traditional school day. Meridian will provide two licensed mental health clinicians to support students in Baker County schools.

D. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2024-2025 Florida Education Finance Program (FEFP):	386026
Unexpended MHAA funds from previous fiscal years:	10000
Grand Total MHAA Funds:	396026

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.

School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

Uploaded Document:

[Baker MHAA Planned Funds and Expenditures Form 2024-2025.xlsx](#) 

E. District 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 district's MHAA Plan and are expected to submit their own MHAA Plan to the District for review.

Charter School Number and Name

N/A N/A

Approval Date:

07/29/2024