

2025-26 |

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS



FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL
HEALTH

Bradford

MENTAL HEALTH APPLICATION

Mental Health Assistance Allocation Plan



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

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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, 2025**.

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.



District assessment procedures, at a minimum, include the use of an approved assessment tool as required by Senate Bill 1620 (effective July 1, 2025).



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.



A system is in place to measure the program outcomes outlined in s.1006.041, F.S.



B. District Program Implementation

Evidence-Based Program (EBP) #1

Evidence-Based Program (EBP)

Positive Behavior Intervention Supports

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 1

Describe the key EBP components that will be implemented.

When implemented with fidelity, PBIS improves social emotional competence, academic success, and creates a supportive school climate. It also improves teacher health and wellbeing. It is a way to create positive, predictable, equitable and safe learning environments where everyone thrives.

Students that are identified as needing more intense services, will receive Tier II or Tier III supports including direct services from a mental health provider.

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.

Bradford County will continue to follow the PBIS framework district-wide. Each school will review and reinforce plans and expectations. Common language will be used to express expected behavior. When implemented with fidelity, PBIS improves social emotional competence, academic success, and creates a supportive school climate. It also improves teacher health and wellbeing. It is a way to create positive, predictable, equitable and safe learning environments where everyone thrives. Students that are identified as needing more intense services, will receive Tier II or Tier III supports including direct services from a mental health provider.

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.

No Answer Entered

Evidence-Based Program (EBP) #2

Evidence-Based Program (EBP)

Zones Of Regulation

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.

Other: Occupational Therapy journal of research

Tier(s) of Implementation

Tier 2

Describe the key EBP components that will be implemented.

The Zones of Regulation framework and curriculum (Kuypers, 2011) teaches students scaffolded skills toward developing metacognitive pathways to build awareness of their feelings/internal state and utilize a variety of tools and strategies for regulations. It promotes prosocial skills, self-care, and overall wellness. This includes exploring tools and strategies for mindfulness, sensory integration, movement, thinking strategies, wellness, and health connection with others. The Zones of Regulation provides a common language and compassionate framework to support positive mental health and skill development for all, while serving as an inclusion strategy for neurodiverse learners, those who have experienced trauma, and/or have specific needs in terms of social, emotional, and behavioral development.

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.

School Mental Health counselors and behavioral support personnel will administer sessions of The Zone of Regulations. These sessions will be specifically targeted to reduce abusive behaviors. The curriculum will be taught to participants that will focus on identifying and understanding their feelings and levels of alertness, utilizing effective regulation techniques, positive problem solving solutions, understanding how their behaviors influence others' thoughts and feelings, and ultimately move toward independent regulation. School staff will work with students in small groups and regularly follow up with the students during the school year to monitor and support student utilization of strategies.

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.

improve: Self-regulation and emotional control for students. Students are taught to recognize their emotions and use strategies to manage them. 10 % reduction in abusive behavior incidents at the high school level. this data will be collected from the number of discipline referral in grades 9-12. 10 % overall reduction in district involuntary examinations. This date will be collected from the number of Involuntary Examinations initiated in grades 9-12.

Evidence-Based Program (EBP) #3

Evidence-Based Program (EBP)

Daybreak Health

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.

Partnership with Daybreak will provide a counseling intervention program for students and/or families, K-12, through the virtual platform. Services include: Support for rollout and education of staff, students, and families; an online referral and intake process; virtual counseling interventions for students; and regular progress updates for school staff. Entity shall receive the following services to support student mental health:

- Unlimited number of students and/or families/parents/caregivers who can be referred for counseling or intake sessions.
- Each referred student / family is eligible for up to 12 therapy sessions (each session is 50 minutes in length)
- Evidence-based K12 teletherapy programs focus on CBT skill-building & symptom reduction.
- Flexible treatment length, proven clinical improvements within 12 weeks. Students can meet with their therapist before, during or after school hours, on the weekends, school breaks, and over the summer.
- 1:1 teletherapy for middle and high school, family teletherapy for elementary-aged students.
- Live intakes are available within 48 hours from referral that are unique to each student.
- All teletherapy services are offered at no cost to families.
- Proven utilization playbook including communications, referral trainings, and engagement with families through mental health classes.
- Real-time and monthly data reporting on key metrics.

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.

Bradford County will continue to follow the PBIS framework district-wide. Each school will review and reinforce plans and expectations. Common language will be used to express expected behavior. When implemented with fidelity, PBIS improves social emotional competence, academic success, and creates a supportive school climate. It also improves teacher health and wellbeing. It is a way to create positive, predictable, equitable and safe learning environments where everyone thrives. Students that are identified as needing more intense services, will receive Tier II or Tier III supports including direct services from a mental health provider.

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.

Daybreak Health provides 1:1 and family teletherapy to at risk students at no cost. Therapists can work with students on personalized interventions to meet their unique needs. They address anxiety, depression, and executive function skills. They provide a dashboard for the district to monitor the progress of each student during the process.

C. Direct Employment

1. Plan Direct Employment

Total student population as of August 1, 2025 **3078**

School Counselor

Current Ratio as of August 1, 2025: **1:1400**

School Counselor

2025-2026 proposed Ratio by June 30, 2026: **2:1400**

School Social Worker

Current Ratio as of August 1, 2025: **0:3078**

School Social Worker

2025-2026 proposed Ratio by June 30, 2026: **0:3078**

School Psychologist

Current Ratio as of August 1, 2025: **0:3078**

School Psychologist

2025-2026 proposed Ratio by June 30, 2026: **0:3078**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2025: **1:3078**

Other Licensed Mental Health Provider

2025-2026 proposed Ratio by June 30, 2026: **4:3078**

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.

Improving staffing ratios will allow for the delivery of a full range of services and effective school/community partnerships. Each school site will have an assigned licensed mental health counselor or intern. This individual will provide regular support to their assigned school and ensure the following: Students referred for a mental health screening are assessed within 15 days of referral: School-based mental health services are initiated within 15 days of identification and assessment: Employment of effective, positive school discipline that: (a) functions in concert with efforts to address school safety and climate; (b) is not simply punitive; (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors. Integrating learning supports (e.g. behavioral, mental health, and social service), instruction, and school management within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration. Implementing multi-tiered systems of support (MTSS) that encompasses prevention, wellness promotion, and interventions that increase with intensity based on student need, and that promote close school-community collaboration. Improving access to school-based mental health supports by ensuring adequate staffing levels in terms of school employed mental health professionals who are trained to infuse prevention and intervention services to the learning process and help integrate services provided through school community partnerships into existing school initiatives. In addition, when working with our students, community support partners will ensure that mental health services for students are initiated within 30 days of referral

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).

District and school-based MTSS team meetings will be held quarterly to map out necessary resources to address Tier I, Tier II, and Tier III needs and determine where direct mental health staff can be most effectively utilized.

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: Assist in the design, implementation, and follow up of behavioral management programs for students to remediate behavioral and social problems. Provide individual and group counseling to students on a regular basis to include socialization activities. Assist other professionals with student crisis intervention. Plan and confer with classroom teachers concerning any behavioral, social or personal problems affecting the students. Participation in School and District Threat Management Team. Mental Health Coordinator: Participate in other Child Study Teams where

high risk students are typically reviewed and staffed. (e.g. Truancy teams, MTSS teams focusing on behavior, DJJ articulation meetings, etc.). Participate with SEDNET on governing board coordinating services for children who have or are at risk for emotional or or behavioral disabilities. For students who are referred to the Mental Health Coordinator, in collaboration with the student, his or her family, his or her primary care agency, and any other agency working with the family (e.g. DCF worker, Community Based Care Agency, Parole Officer, etc.). Identify any gaps in services, identify barriers to receiving needed services, assist in navigating barriers and facilitate the efficient and timely provision of all services. Facilitate the maximization of the Mental Health Assistance Allocation by ensuring all students have health insurance coverage, including assisting parents with enrolling their children in Florida Medicaid or subsidized health insurance plans. For all students and families who received support through the Mental Health Coordinator, regularly and closely monitor those services to ensure there are no interruptions or changes in care and, if so, to minimize the time that the student or family is without care. Develop and maintain records of contact and services provide for all referred students and families. Participate in monthly school based and district threat assessment team meetings. Provide regular reports to the School Safety Specialist and Threat Assessment Team. Facilitate the development of an annual report to the Florida Department of Education on the expenditures of the mental health allocation and the services that were provided to students. Communicate and collaborate among schools, districts, communities and state agencies, colleges/ universities and the Federal Children's Medical Services representatives to provide maximum services related to health and safety programs. Maintain a close working relationship with District and community personnel relative to the assigned area to ensure information exchange, coordination and support of the decision making process, and to gather feedback concerning service 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.

The Bradford County LEA has a contract with Meridian Behavioral Health Services. This contract provides a mental health counselor at each school for therapeutic and preventative mental health and substance abuse services. Eligible referred students receive individual counseling with a Licensed Clinical Social Worker, a Licensed Mental Health Therapist, or certified Meridian School Therapist. Meridian also supports School-Based Threat Management Teams and can provide case-specific support in times of unforeseen crises.

The Bradford County LEA has an additional partnership with Daybreak Health, a virtual Mental Health platform to bridge any gaps in Mental Health services for students and their families.

4. Employment Verification

#1

[Mental Health Specialist job duties.docx](#) 

#2

[MentalHealthSpecialist.pdf](#) 

D. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2025-2026 Florida Education Finance Program (FEFP):	256,113.00
Unexpended MHAA funds from previous fiscal years:	108,551.82
Grand Total MHAA Funds:	364,664.82

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:

[2025-2026 Planned Expenditures.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.

No charter schools opting out.

Approval Date:

07/14/2025