

2024-25 |

HOPE

COMMUNICATION

RESILIENCE

WELLNESS

KINDNESS



FAMILY

POSITIVITY

AWARENESS

WELLNESS

MENTAL
HEALTH

Escambia

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, 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)

Eclectic Therapy

Tier(s) of Implementation

Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Eclectic therapy draws upon efficacious interventions from various modalities. For example, a counselor could use guided imagery for somatic quieting, cognitive-behavioral for interrupting negative self talk, goal setting and scaling from reality therapy. The counselor will continue selectively applying techniques from a variety of approaches to best fit the needs of the client, until the client has relief from their presenting problem(s). It's an integrative approach.

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.

Students will be identified early using a combination of the EWS in Focus that flags patterns of absences, low grades and behavior difficulties. These various modalities work well with students who have good insight, yet is diverse enough to reach students with limited insight who are more concrete-operational in their approach to themselves, others and the world. As a result of this broad reach, students will be less likely to experience depression, anxiety, or suicidal tendencies, as well as assisted with the impact of trauma. The eclectic approach is varied enough to teach many other ways to view and solve problems without resorting to violence.

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.

Once identified and assessed by a mental health professional, eclectic therapy will be utilized. It has proven effective for drug and alcohol abuse, behavioral problems, and eating disorders. Parents will be involved to assist the student in self awareness, and removing obstacles to the goals of the student. It is appropriate for children and families of diverse ethnic and social backgrounds. Students will consider maladaptive patterns of believing and reacting, i.e. escape and avoidance of triggers due

to past traumas, and replace them with healthier ways to frame their feelings about themselves, others, and the world. Moreover, this approach considers the impact of restoring feelings of power, agency and self worth, through attainable goal setting. It also focuses on improving intra and interpersonal skills to improve a client's overall functioning in the social sphere. All of these will assist in preventing or reducing the harmful impact of co-occurring diagnoses.

Evidence-Based Program (EBP) #2

Evidence-Based Program (EBP)

Go Guardian Beacon Software Program

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

Escambia County Public Schools issues a Chromebook to every student. The district monitors the use of those Chromebooks for any use that may indicate the student is struggling with self-harm, depression, and suicidal ideation.

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.

This function of this software is the early detection of concerning searches, webpages, assignments, or peer-to-peer communications that contain content suggesting or indicating a student is in a negative state of mind. The student may reveal hopelessness and self injurious desires among other difficulties with which they may be struggling. Usually same-day assistance is offered, parent/guardian is contacted. Further counseling either Tier II or Tier III is recommended and provided to the student and family as deemed necessary.

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.

N/A

Evidence-Based Program (EBP) #3

Evidence-Based Program (EBP)

Satchel Pulse Social Skills Platform

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

Student needs are identified through a student self-assessment along with a teacher assessment. Social skills lessons tailored to assessment results, approximately 10 - 15 minutes in length, are then provided for teacher use. The teacher then implements a short, evidence-based intervention to respond to the identified emotional needs of the students in their classroom. The program includes progress monitoring throughout the school year .

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.

This Tier I approach was piloted at one elementary school for the 2023-2024 school year, Reinhart Holm Elementary. During the 2024-2025 school year, it will expand to include four (4) elementary schools. The program will help identify specific social skills gaps across a variety of learners in an attempt to increase academic performance.

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.

N/A

Evidence-Based Program (EBP) #4**Evidence-Based Program (EBP)**

C-SSRS

Tier(s) of Implementation

Tier 3

Describe the key EBP components that will be implemented.

The Columbia-Suicide Severity Rating Scale (C-SSRS) score is an EBP based on the person's responses to screening questions and has been validated in emergency settings including schools. It allows for the integration of information from other sources as an initial screening to guide our school-

based mental health professionals in suicide risk assessment and to help identify the level of risk for suicide. The C-SSRS is a tool used by threat assessment teams to help determine a student's needs based on that risk level and creates a common language with clear definitions of suicidal thoughts and behaviors which is critical to student safety and well-being and helps with early identification of mental health disorders.

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.

ECPS utilizes this suicide risk assessment to properly assess a person's risk for suicide and helps to coordinate prevention, intervention, and crisis response efforts. These efforts help to identify social, emotional, and behavioral problems, substance use, and mental health disorders. This assessment aids in the referral(s) to school-based mental health supports and community-based mental health services as well as possibly divert a crisis that may lead to involuntary examinations.

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.

Use of this EBP redirects resources to where they are needed most, preventing unnecessary interventions that are often costly for parents/guardians, traumatic for everyone involved, and leading to disengagement from the needed care that is needed. The C-SSRS provides evidence-based thresholds to connect those at risk to the right level of care. The goal is to continue to use this assessment with de-escalation techniques to decrease the number of involuntary examinations.

Evidence-Based Program (EBP) #5

Evidence-Based Program (EBP)

Positive Behavioral Intervention and Supports (PBIS)

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

Positive Behavioral Interventions and Supports (PBIS) is an evidenced-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health. When implemented with fidelity, PBIS improves social emotional competence, academic success, and school climate. It

also improves teacher health and wellbeing. It is a way to create a positive, predictable, equitable and safe learning environment where everyone thrives.

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.

PBIS will be implemented at each school level to best meet the needs of the student population. Each school will decide on a continuum of evidence-based practices to support student needs that engage students, families, and other community members to create a culturally responsive school climate. Each school team will guide the implementation and use data to identify strengths and weaknesses, and monitor student progress and response that can guide professional development.

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.

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health. Tier 1 practices are universal strategies that defines positive school/program-wide expectations and prioritize appropriate social, emotional, and behavioral skills. Students are identified for Tier 2 and/or Tier 3 interventions when they do not respond to universal strategies and practices. Students receiving Tier 2 supports are provided individual and/or group interventions targeting their specific needs. At Tier 3, students receive more intensive, individualized support to include wraparound services for families.

Evidence-Based Program (EBP) #6

Evidence-Based Program (EBP)

Cognitive Behavioral Therapy

Tier(s) of Implementation

Tier 3

Describe the key EBP components that will be implemented.

Cognitive Behavioral Therapy (CBT) programs will assist students in developing strategies to solve problems, regulate emotions, and establish helpful patterns of thought and behavior.

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.

CBT will be implemented by school-based mental health providers during individual therapy sessions. Mental health counselors will use the Children's Functional Assessment Rating Scale (CFARS) to write a plan of care for the student. The identification of goals will allow for a focus of CBT that begins with the domain impairment that is determined by the screening to be most extreme, if appropriate. By accurately identifying goals the student can engage in individualized therapy which is beneficial when there us a history of trauma or violence. Students will learn emotional recognition, and awareness of body sensations related to those emotions, along with problem solving and calming skills often associated with strong emotions and aggressive behaviors.

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.

Cognitive Behavior Therapy supports and interventions are designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems; and improve coping skills, attendance, and academic performance.

C. Direct Employment

1. MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2024: **1:626**

School Counselor

2024-2025 proposed Ratio by June 30, 2025 **1:626**

School Social Worker

Current Ratio as of August 1, 2024: **1:5103**

School Social Worker

2024-2025 proposed Ratio by June 30, 2025 **1:5103**

School Psychologist

Current Ratio as of August 1, 2024: **1:2232**

School Psychologist

2024-2025 proposed Ratio by June 30, 2025 **1:2232**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2024: **1:3572**

Other Licensed Mental Health Provider

2024-2025 proposed Ratio by June 30, 2025: **1:2977**

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.

To reduce the staff-to-student ratios, Escambia County Public Schools has utilized the MHAA to hire additional staff each year. For the 2024 - 2025 school year, the MHAA covers four (4) certified school counselors, one (1) certified school psychologist, and fourteen (14) licensed/provisionally licensed mental health professionals. The direct employment of more mental health service providers allows students needing the most support to more easily access direct care such as small group counseling, and individual psycho-educational counseling. Moreover, the increased number of district mental health staff enables an increase in overall students to be served through individual and group services, case management, and referral resources. The additional staff proposed for the 24-25 school year reduces staff-to-student ratios in every service category.

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).

- Communicating the role of student services personnel to school administrators during Principal Meetings.
- Assisting school counseling departments with indirect mental health duties.
- Reviewing and revising staffing allocations based on the school's student mental health needs.
- Ensuring mental health staff are not used as substitute teachers in schools and under the leadership of the Director of Student Services focus on providing school-based mental health counseling and crisis interventions to students
- Timely reporting of students in distress for face-to-face intervention to school-based staff when alerted by the District's Beacon Self-Harm Safety Monitoring software
- Utilization and continued improvement of the automated Mental Health referral system which saves time by reducing paperwork and increases time spent counseling students
- Utilization of the district's automated Early Warning System to identify needs and interventions at their earliest point
- Continued partnership with Children's Home Society to provide twenty-one (21) social workers utilizing approved funding from Escambia County Children's Trust
- Continued directives to school administrators to look for ways to reduce non-student time for their school counselors
- School-Based Mental Health providers will spend the majority of each day conducting individual and group sessions with students.

- Minimal meeting attendance is expected outside small group supervision, team meetings, and required Threat Assessment staffings.

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

School-based mental health providers rely on community mental health providers for case management, target case management, psychiatric support, in-patient admission and treatment, multidiscipline community case reviews, mobile response teams, and Navigators (Social Workers) from Children's Home Society. Additionally, the district utilizes Lutheran Services for respite care for troubled teens.

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.

Lakeview Mobile Response Team- provides 24/7 mental health support for adults and children. The team responds to homes, schools, work sites or other locations to assist with individuals, families, law enforcement, school officials, emergency rooms, and other partners to provide mental health support during a traumatic event. MRT is available to respond within 60 minutes via telephone triage or in person. Services are provided on and off campus.

Children's Home Society Navigators- provides on-campus supportive and helpful services for students, families, and educators of the assigned school. We help families in need of housing, counseling, job assistance and/or emergency food.

REACH through PACE Center for Girls- offers on-campus social, emotional, behavioral health, and support services for girls ages 11-17 and their families. Reach helps girls build relationships, learn communication skills, build positive coping skills, improve grades, and more from the comfort of familiar places. REACH provides individual counseling on camps, peer groups, and family support sessions.

Lutheran Services- offers short-term counseling for children ages 6-17 only and their families off the school campus.

Magellan Behavioral Health for Military and Department of Defense students - provides on campus non-medical, solution-focused counseling to military families.

D. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2024-2025 Florida Education Finance Program (FEFP):	2,200,000
Unexpended MHAA funds from previous fiscal years:	701404.66
Grand Total MHAA Funds:	2801404.66

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:

[MHAA Planned Funds and Expenditures Form 2024-2025 \(Updated 6.21.24\).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

2034 PACE Center for Girls, Inc

Approval Date:

06/18/2024