



2025-26 |

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS



FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL
HEALTH

Clay

MENTAL HEALTH APPLICATION

Mental Health Assistance Allocation Plan



Table of Contents

- I. Introduction 1
- II. MHAA Plan 2
 - A. MHAA Plan Assurances 2
 - B. District Program Implementation 5
 - C. Direct Employment 9
 - D. MHAA Planned Funds and Expenditures 12
 - E. District School Board Approval 13

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.



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)

Boomerang Project: Link Crew & Web Crew

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.

ESSA Subgroups

Tier(s) of Implementation

Tier 1

Describe the key EBP components that will be implemented.

The Boomerang Project offers the programs: Link Crew for rising 9th graders and WEB Crew for rising 7th graders that teach service learning through character development for high school orientation and junior high transition programs through teacher training, student-to-student mentoring, school safety, and anti-bullying programs. Link Crew and WEB Crew are year long orientation programs that provide structure that guides 7th and 9th graders toward both academic and social success by creating a safe and supportive school environment where the new students learn that people at school care about them and their future.

Both programs use older students (8th, 11th, and 12th respectively) as peer leaders. These leaders are extensively trained to be positive role models, motivators, and teachers who guide their peers towards what it takes to be successful in their new school. 24-25 is the fourth year of program planning. To date, all of our 13 secondary schools have received training and are currently implementing the programs in the 25-26 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.

The transition between elementary and junior high often presents a unique set of challenges as students are faced with increased demands on social, academic, and environmental levels. Rising 7th graders often lack both the skills and the support to manage these demands which can lead to increased mental health challenges. Similarly, the transition to high school often brings a period of emotional stress to adolescents as they learn to cope with new and increased social and academic

expectations. Freshmen students can find themselves at high risk for mental health challenges such as anxiety and depression. Link Crew and WEB Crew provide a Tier 1 approach towards preventing such mental health challenges, that current literature indicates are ever increasing in adolescents.

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.

Due to the ongoing nature of these programs, 7th and 9th grade students have the opportunity to engage with their peer leaders on a regular basis throughout the school year which naturally provides increased opportunities for the identification of concerns or problems that may need to be addressed. These programs reduce the risk of isolation which so often exacerbates a student's mental health challenges. Students will be provided with mental health resources and supports if such needs are identified. These supports will include, but are not limited to referrals to district mental health clinicians or to the BRAVE program for resource connection.

Evidence-Based Program (EBP) #2

Evidence-Based Program (EBP)

Solution Focused Brief Therapy (SFBT)

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.

American Psychological Association APA (<https://bit.ly/3ZeBYpv>)

Tier(s) of Implementation

Tier 2

Describe the key EBP components that will be implemented.

Solution Focused Brief Therapy (SFBT) is an evidenced based modality that is effective within the school setting to improve academic achievement, goal achievement, truancy, classroom disruptions, and substance use and can be implemented in an individual or group setting. SFBT is a strengths based intervention that aligns well with the newly adopted focus on resiliency to empower students to persevere and reverse the adverse stigma often associated with mental health through reframing and focusing on the positive aspects of students' behaviors and situations.

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.

Upon parent consent, district mental health clinicians will employ SFBT for use on a Tier 2 basis to serve students indicating the need for a more intensive intervention to address individual challenges. Clinicians will provide services to identify an immediate issue and resolve concerns in 4-6 sessions either in individual or group format. Individual sessions and groups topics will focus on positive core values and increasing resiliency, such as self-esteem, anxiety, conflict management, relationships, problem solving, and anger management.

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.

The Tier 2 SFBT intervention will provide opportunities to screen student needs for more intensive interventions. Students indicating the need for Tier 3 mental health services will be referred for direct mental health services to the BRAVE program through our partnership with Flagler Health. BRAVE will ensure that the student and family are assessed and connected to services within statute stated time frames. Services may be provided on site at the school by community mental health partners or beyond the school day on site at an agency or office of the provider. These services are covered by third-party providers for payment, including insurance companies, Medicaid, or other alternate funding sources. In the event that no such funding exists, BRAVE covers the cost and invoices Clay County District Schools. This expense is included within our MHAA Budget.

Evidence-Based Program (EBP) #3

Evidence-Based Program (EBP)

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.

Tier(s) of Implementation

No options checked

Describe the key EBP components that will be implemented.

No Answer Entered

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.

No Answer Entered

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

C. Direct Employment

1. Plan Direct Employment

Total student population as of August 1, 2025 **33376**

School Counselor

Current Ratio as of August 1, 2025: **79**

School Counselor

2025-2026 proposed Ratio by June 30, 2026: **79**

School Social Worker

Current Ratio as of August 1, 2025: **16**

School Social Worker

2025-2026 proposed Ratio by June 30, 2026: **16**

School Psychologist

Current Ratio as of August 1, 2025: **10**

School Psychologist

2025-2026 proposed Ratio by June 30, 2026: **10**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2025: **13**

Other Licensed Mental Health Provider

2025-2026 proposed Ratio by June 30, 2026: **13**

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.

Direct employment of district mental health service providers enables students to be served through individual and group services, case management, and referral resources. These services improve student outcomes in the school setting by reducing problematic behaviors that disrupt the classroom; improving student learning by teaching students how to better regulate emotions, problem solve and increase focus in the classroom; identify students who are need of ESE accommodations; and connecting families to resources. This suite of services improves school staffs' ability to focus on student learning instead of student mental health needs.

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).

To ensure student needs are met, data is reviewed quarterly by district staff. Data reviewed includes, but is not limited to: number of Columbia-Suicide Severity Assessments conducted, Mobile Response Team Referrals, mental health referrals to school based and community based providers, Climate and Culture student surveys, and Climate and Culture staff surveys from all Clay County schools. The data is reviewed to look for county trends and to indicate specific needs at a school or needs in a geographic area. Once needs are identified, adjustments are made to increase staffing, contracted services, or implement lessons on mental health topics.

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 and community based mental health clinicians provide Tier 2 and Tier 3 interventions for students in need of additional support through a variety of evidenced-based interventions including solution focused brief therapy, cognitive behavioral therapy, and trauma informed care. School based mental health staff provide crisis response services in the event of a student or staff death and/or tragedy.

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.

Community Based Partners

Agreement MOUs and contracts are in process with listed community partners to provide district mental health services to students on school site on an as needed basis in a delivery format that is most appropriate for the given situation (group, individual). A shared funding model between the agencies and the district will capitalize on Medicaid funding options. These agencies all employ staff who are qualified under Chapter 491 and the Florida Department of Health to provide clinical, counseling, and psychotherapy services. CCDS utilizes UF/Flagler Health's Care Connect+ which uses the B.R.A.V.E. platform as a referral hub that links all district mental health referrals with the appropriate community provider depending on geography, insurance status, and overall need. Significant funds are being allocated to Clay Behavioral Health Center(CBHC) to continue to provide in school services to CCDS schools that do not have a district mental health clinician. CBHC primarily bills Medicaid for services. The increased allocation provides funding for direct services to students that do not have Medicaid.

Community Partners include:

- Clay Behavioral Health Center will provide clinicians at multiples schools, as well as continue to provide CAT team services, the Student Assistance Program to address substance abuse prevention, and the community Mobile Response Team, MRT.
- Youth Crisis Center will provide clinicians at multiple schools and the Stop Now and Plan (SNAP) in schools services to students ages 6-11.
- Right Path Behavioral, Rivers Edge Counseling Services, Children's Home Society, and Chrysalis Health have MOU agreements for onsite services as needed per referrals and may provide additional contracted services as needed.

4. Employment Verification

#1

No Document Uploaded

D. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2025-2026 Florida Education Finance Program (FEFP):	2,444,841.00
Unexpended MHAA funds from previous fiscal years:	538,942.21
Grand Total MHAA Funds:	2,983,783.21

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 Plan - Planned Funds and Expenditures form 2025-2026.xlsx - MHAA Plan.pdf](#) 

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: