2026-27

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS

FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL HEALTH

Clay

MENTAL HEALTH APPLICATION

Mental Health Assistance Allocation Plan

FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

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I. Introduction

Plan Purpose

The Mental Health Assistance Allocation (MHAA) is created to provide funding to assist local education agencies (LEA) in implementing their school-based mental health assistance program pursuant to section (s.) 1006.041, Florida Statutes (F.S.).

Each LEA must implement a school-based mental health assistance program that includes training classroom teachers and other school staff to detect and respond to mental health concerns and connect children, youth and families experiencing behavioral health needs with appropriate services. The program must also implement a multi-tiered system of supports to expand access to evidence-based mental health services, including assessment, diagnosis, intervention, treatment and recovery, for students with mental health or co-occurring substance use needs and those at high risk.

These funds are allocated annually in the General Appropriations Act to each eligible LEA.

Each LEA 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 LEA are entitled to a proportionate share of LEA 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, 2026.**

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. LEA 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:

- targeted mental health screenings or assessments;
- the number of students referred to school-based mental health services providers;
- the number of referrals made to school-based mental health services providers;
- the number of students referred to community-based mental health services providers;
- the number of referrals made 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.

MHAA Plans for charter schools that opt out of the LEA MHAA plan have been reviewed by the LEA charter school sponsor.

Curriculum and materials purchased using MHAA funds have reviewed by the LEA and all content is in compliance with State Board of Education Rules and Florida Statutes.

The MHAA Plan is 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. LEA School Board Policies and Procedures

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.

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 services providers.

Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems 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.

LEA-adopted assessment procedures, at a minimum, include the use of a Department-approved functional assessment tool as required in Rule 6A-4.0013, Florida Administrative Code (F.A.C.) (effective February 24, 2026).

LEA schools and local mobile response teams use the same suicide screening instrument approved by FDOE pursuant to s. 1012.583, F.S., and Rule 6A-4.0010, F.A.C.

Procedures to assist 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.

Procedures 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 LEA 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 LEA 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.

B. LEA Program Implementation

1. MHAA-Funded Evidence-Based Program (EBP)

#1

Evidence-Based Program (EBP)
Solution Focused Brief Therapy

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, 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 program strategies will reduce 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 multitiered system of supports will deliver evidence-based mental health 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 through the BRAVE platform. BRAVE will ensure that the student and family are assessed and connected to services within statute stated time frames. Services may be provided 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.

#2

Evidence-Based Program (EBP)
Cognitive Behavioral Therapy

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, Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Cognitive Behavioral Therapy (CBT) is an evidenced based practice that involves several key components that work together to help individuals change negative thought patterns and behaviors. These include cognitive restructuring, behavioral activation, exposure therapy, and psychoeducation. CBT also emphasizes the therapeutic relationship, collaboration, and active participation from the client.

Early Identification
Explain how your program strategies will reduce 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 CBT 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 multitiered system of supports will deliver evidence-based mental health 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 CBT 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 through the BRAVE platform. BRAVE will ensure that the student and family are assessed and connected to services within statute stated time frames. Services may be provided 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.

#3

Evidence-Based Program (EBP)
Trauma Informed Care

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, Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Trauma-informed care (TIC) is a system-wide approach that prioritizes safety, trustworthiness, and empowerment for individuals who have experienced trauma. Key components include recognizing the prevalence of trauma, understanding its impact, and integrating this knowledge into policies, practices, and procedures to avoid re-traumatization. Essential principles include safety, trustworthiness and transparency, peer support, collaboration, empowerment, and cultural and historical considerations.

Early Identification
Explain how your program strategies will reduce 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.

TIC will be integrated into district wide training on Tier 1, 2, and 3 interventions for students. The components of TIC will implemented in classrooms and in other school settings with guidance from the Climate and Culture department. Guidance will come through ongoing training offered in throughout the year, school walkthroughs with the district team, and individualized feedback from the climate and culture team upon school requests. TIC has been shown to decrease social, emotional, and behavioral problems by preventing interactions that escalate student behaviors and negative emotional states. The environment fostered by TIC practices will reduce the likelihood that at-risk

students will develop social emotional and/or behavioral problems.

High Risk Students

Explain how the multitiered system of supports will deliver evidence-based mental health 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.

TIC 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 through the BRAVE platform. BRAVE will ensure that the student and family are assessed and connected to services within statute stated time frames. Services may be provided 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.

2. Additional Programs (optional)

#1

Program Name
No Additional Programs Funded my MHAAP

Tier(s) of Implementation

Program Description
Provide a brief description of the program and its purpose.

No Answer Entered

3. Policy, Roles, and Responsibilities

Direct Employment

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.

Policies and Procedures

Describe your LEA'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.

Providers and Partners

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.

4. Community Contracts/Interagency Agreements

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.

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.
• 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.

5. Employment Verification

#1

No Document Uploaded

C. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2025-2026 Florida Education Finance Program (FEFP):	**2,470,037.00**
Unexpended MHAA funds from previous fiscal years:	**0**
Grand Total MHAA Funds:	**2,470,037.00**

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.

LEA's are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

Uploaded Document:
26_27 MHAA Plan - Planned Funds and Expenditures form 2026-2027 (1).xlsx

D. LEA 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 LEA's MHAA Plan and are expected to submit their own MHAA Plan to the LEA for review.

Charter School Number and Name
0664 Clay Charter Academy

Charter School Number and Name
0667 St. Johns Classical Academy

Charter School Number and Name
0677 St. Johns Classical Academy - Orange Park

Approval Date: