2026-27

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS

FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL HEALTH

Jefferson

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)
Reduce Ratios of Students to Mental Health Providers

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
What Works Clearinghouse (WWC) (https://bit.ly/3HpjPzg)

Tier(s) of Implementation
Tier 1

Describe the key EBP components that will be implemented.

Improvements in JCSD Staff-to-student ratios and the number of students receiving direct school based mental health services.

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.

Increase student-to-staff ratios and increase sessions provided to students to include:
• Support for staffing of 2 Community school personnel to support with the distribution of school and community resources as well as a parent specialist to provide guidance & resources to families and the community.
• Staffing of part-time guidance personnel to increase ratios of students to mental health trained staff as well as increase students receiving one-on-one or small group school-based counseling.
• District Mental Health Coordinator collaborates and coordinates with community partners and related mental health service providers to increase ratios of students to mental health trained staff available on campus, as well as increase students receiving one-on-one or small group school-based counseling. Partnerships include those with Disc Village, FSU MDC, and FSU School of Psychology, PAEC CHAAMPS (Collaborative Holistic Alliance to Advance Mental-Health Professionals in Schools), and the Children's Home Society Community Partnership Schools Mental Health and Wellness staff, and more.

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.

This outcome will be measured by tracking the number of students who receive direct interventions/ support from school-based personnel. Jefferson will document all services provided in the CCPS FOCUS database and/or student Individualized Education Plan. Service reports & schedules can be generated to track progress on this measure

#2

Evidence-Based Program (EBP)
Cognitive Behavior Therapy (CBT)

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
Substance Abuse and Mental Health Services Administration (SAMHSA) Clearinghouse (https://bit.ly/440WtbS)

Tier(s) of Implementation
Tier 2, Tier 3

Describe the key EBP components that will be implemented.

CBT Centers on identifying and changing inaccurate or distorted thinking patterns, emotional responses, and behaviors

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.

- Trained, certified, and/or licensed clinicians and/or school personnel will administer individual and group therapies to students on a regular schedule. (weekly, bi-weekly, consult, etc.) basis.

• Student sessions vary in duration but focus on the mastery of individualized treatment goals and/or the improvement of the clinical presentation of symptoms.
• Mental health providers are able to use a single or combination of treatment modalities based on individualized student needs and treatment responses.

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.

This outcome will be measured by overall self-reporting of decreased symptoms by students as well

as through a pre-post survey administered to students participating in mental health services to determine treatment efficacy and behavior improvements. Additionally, JCSD will review the impacts of increased services against discipline referral data as well as student attendance data (against pre service referral & attendance for the same student).

#3

Evidence-Based Program (EBP)
Dialectical Behavioral Therapy (DBT)

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.
Substance Abuse and Mental Health Services Administration (SAMHSA) Clearinghouse (https://bit.ly/440WtbS)

Tier(s) of Implementation
Tier 2, Tier 3

Describe the key EBP components that will be implemented.

DBT addresses thoughts and behaviors while incorporating strategies such as emotional regulation and mindfulness.

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.

- Trained, certified, and/or licensed clinicians and/or school personnel will administer individual and group therapies to students on a regularly scheduled (weekly, bi-weekly, consult, etc.) basis.
- Student sessions vary in duration but focus on the mastery of individualized treatment goals and/or the improvement of the clinical presentation of symptoms.
- Mental health providers are able to use a single or combination of treatment modalities based on individualized student needs and treatment responses.

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.

This outcome will be measured by overall self-reporting of decreased symptoms by students as well

as through a pre-post survey administered to students participating in mental health services to determine treatment efficacy and behavior improvements. Additionally, JCSD will review the impacts of increased services against discipline referral data as well as student attendance data (against pre service referral & attendance for the same student)

2. Additional Programs (optional)

#1

Program Name

Tier(s) of Implementation
No options checked

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.

Jefferson County School District currently employs (1) full-time school guidance counselor and helps to fund the salary of the District Mental Health Coordinator who coordinates all mental health and behavioral support/counseling provided to students in need in Jefferson County. In addition, Jefferson County K-12 is currently partnering with the FSU School of Psychology, DISC Village, and the Panhandle Area Educational Consortium (PAEC) School Transformation Grant to offer licensed/ certified counseling services to referred students, in person, weekly by a licensed clinician. JCSD also employs the following personnel, all trained in the tiered support for students facing mental health challenges and reduce the ratio of students to staff available for support: • One (1) Student Services and Guidance Director • One (1) Exceptional Student Education Administrator • One (1) Dean of Discipline • One (1) School & One (1) District Safety Specialist • Three (3) full-time School Resource Officers • Three (3) School Nurses

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.

Jefferson County School District continues to grows it's collaborative relationships with surrounding providers to increase service availability and options for all Jefferson County Students and families in order to ensure that all needs are met.

Jefferson has a single resource referral form and collaborative process of referral review to ensure that all students and families requesting or being referred for mental health, counseling, or any other related need are connected with the most appropriate service provider available, in a timely, respectful, and empathetic approach.

In addition to the reduction of staff-to-student ratios, Jefferson County School District plans to utilize the Resiliency Florida website (Home | Resiliency Florida) and the provided instructional resources in grades K-12. Jefferson to will be embedding Resiliency Education elements into all grades throughout the school year along with the existing PBIS program, encouraging students to exhibit positive behaviors.

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.

Jefferson has a single resource referral form and a collaborative process of referral review to ensure that all students and families requesting or being referred for mental health, counseling, or any other related need are connected with the most appropriate service provider available, in a timely, respectful, and empathetic manner.

This referral system and process is continually monitored by the District Mental Health Coordinator, school and district Student Services Director, and related school/district personnel tasked with supporting students' access to counseling and other related services designed to promote student health and well-being. Students' mental health provider contacts, support plans, service delivery schedules, and impacts of these services are regularly reviewed and discussed by school and district MTSS/Problem Solving Teams, IEP Teams, and other related school teams when conducting problem solving and monitoring the effectiveness of current interventions.

School and District personnel are trained annually on the referral process and direct contacts for mental health-related services for students, families, and staff in Jefferson County.

Jefferson's Mental Health Coordinator has and will continue to actively participate in local Health Department CHIP initiatives/teams focused on behavioral and mental health services for the county.

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.

The following community agencies have a no-cost agreement to provide mental health services & support to Jefferson County School District:

- DISC Village: Mental Health Counseling & Substance Use Resources
- Community Action Team: Social Work & Mental Health Counseling (LCSW, MSW)
- Apalachee Center Mobile Response Team (MRT)
- Apalachee Center Juvenile Mental Health Outpatient Services & Counseling
- Apalachee Center: Jefferson
- Additional on-site mental health counselors are provided by:
    1. Camelot Community
    2. Community Wellness
    3. Florida Therapy

4. FSU School of Psychology
5. PAEC CHAAMPS Project (Collaborative Holistic Alliance to Advance Mental-Health Professionals in Schools)
6. NWF Tele-Counseling with Holistic Plan of Care

Parent & Community Services Specialist supported by Children's Homes Society Community Schools.

5. Employment Verification

#1

No Document Uploaded

C. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2026-2027 Florida Education Finance Program (FEFP):	**142,340.00**
Unexpended MHAA funds from previous fiscal years:	**0.00**
Grand Total MHAA Funds:	**142,340.00**

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 Planned Funds and Expenditures form (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.

No charter schools opting out.

Approval Date: