



2025-26 |

HOPE  
COMMUNICATION  
RESILIENCE  
WELLNESS  
KINDNESS



FAMILY  
POSITIVITY  
AWARENESS  
WELLNESS  
MENTAL  
HEALTH

# FAU Lab School

## MENTAL HEALTH APPLICATION

*Mental Health Assistance Allocation Plan*



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# I. Introduction

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## 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

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### 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)

Monique Burr Foundation

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

Practice Wise (<https://bit.ly/4dM66i9>)

#### Tier(s) of Implementation

Tier 1, Tier 2

#### Describe the key EBP components that will be implemented.

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Informs children and teens of all types of bullying, abuse and victimization through a progression of 3 grade level components: MBF Child Safety Matters (K-5), MBF Teen Safety Matters (6-8), Mental Health Matters (K-12). Students will learn strategies to cope with real-life stressors and increase levels of peer and parent support by asking for help.

#### 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.

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Implementation of the MBF curriculum will concentrated in grades K-5: Child Safety Matters. Each component is presented in comprehensive lessons in scripted, interactive PowerPoint lessons ranging from 35-55 minutes or in four shorter lessons by trained facilitators (teachers/school counselors/support facilitators). Lessons include lecture, group discussions, skill-practice activities, videos and games. Pre and post-tests are given to measure student learning and skill 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.

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Improve learning and skill building to effectively prepare students in dealing with real-life problems and stressors while increasing their ability to ask for help and support as measured by the pre and post tests for student learning.



## Evidence-Based Program (EBP) #2

### Evidence-Based Program (EBP)

Navigate 360/Compass Curriculum Resiliency

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

Practice Wise (<https://bit.ly/4dM66i9>)

### Tier(s) of Implementation

Tier 1, Tier 2

### Describe the key EBP components that will be implemented.

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Educates students in grades 6-12 through series of scaffolding curriculum covering the state required Resiliency Standards of character, personal responsibility, mentorship and citizenship, and critical thinking and problem solving. Additional prevention lessons cover teen safety, bullying, substance abuse, victimization and human trafficking. Students will learn coping skills and strategies to build resilience, seek support from a trusted adult/parent, and contribute positively to the school and community culture.

### 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.

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Each lesson build on students' prior knowledge with a pre-test, includes a teacher companion guide, videos for engaging discussion on the topic and a post-test to check for understanding. Lessons will be taught in partnership by teachers, school counselors and support facilitators. Additional school counseling activities to differentiate instruction and apply to real life situations will be implemented as part of the in-depth companion guides. The Family Resource Guides will be broaden the lessons by informing parents of the same key concepts building a community of caring support and positive character culture.

### 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.

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Fostering a positive school environment and helping students develop strategies to succeed academically through personal growth and consistent digitally monitoring of lessons. Continual needs

assessment based upon student responses will improve school climate and students' sense of belonging. Tier 3 supports will be put in place for individual students/families in need of additional support. Effective communication, growth mindset, relationship skills, responsible decision-making, and self-management are key components to resilient character traits.

## **Evidence-Based Program (EBP) #3**

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

D.A.R.E.

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

Practice Wise (<https://bit.ly/4dM66i9>)

### **Tier(s) of Implementation**

Tier 1

### **Describe the key EBP components that will be implemented.**

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DARE promotes teaching students responsible decision making for safe and healthy living. Students will gain the knowledge and tools they need to resist drugs, alcohol and other high risk behaviors.

### **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.

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A series of 12 officer-led classroom activities will be taught during the first two weeks of school through Personal, Career and School Development Skills classes in grade 6. The curriculum covers critical risks that teens face today including drugs and opioids, teen suicide, social media safety and vaping. Officers will build relationships with students while educating, and as a result, build a trusted environment for students become peer leaders, mentors and seek assistance from adults on campus when needed.

### **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.

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Pre and Post Test will demonstrate increased student engagement for variables like positive decision making, intentions to avoid drug use, and beliefs about peer norm use. Students will develop a

greater sense of self and confidence in seeking the proper supports with trusted adults on campus, including school counseling and mental health counseling for individualized coping strategies as needed.

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

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

Cognitive Behavior 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 2, Tier 3

### **Describe the key EBP components that will be implemented.**

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Cognitive Behavior Therapy (CBT) is a therapeutic approach that helps the individual explore the links between thoughts, emotions, and behaviors. CBT is a structured and time-limited approach that works well in school settings and involves mutually agreed upon goal setting. CBT is considered an Evidence Based Practice for a variety of mental health conditions, including anxiety and depression.

### **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.

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School-based mental health providers (school psychologist and school-based mental health counselor) have been trained to provide CBT. These school-based mental health providers will implement CBT in their individual and group counseling with students who are referred to them. School Counselors will work collaboratively with teachers and families to structure holistic system of support.

### **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.

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CBT is an evidence-based treatment methodology that can be used for a multitude of mental health and FAU Lab School 2024-25 MHA co-occurring substance abuse diagnoses or for those at risk of

such diagnoses. CBT is provided in individual or group counseling sessions by school-based mental health professionals. Referrals for further medical care will be made to support family systems for the student to be successful both at home and at school.

## **Evidence-Based Program (EBP) #5**

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

Question, Persuade, Refer Enhanced Professional Development

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

Other

### **Tier(s) of Implementation**

Tier 1

### **Describe the key EBP components that will be implemented.**

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The QPR Enhanced is a 3-hour online or face-to-face is an evidence-based suicide prevention professional development program for K-12 instructional staff. Staff will learn the early warning signs of suicide and how to get help for students in crisis using the question, persuade and refer techniques. Staff will also increase their understanding of the flow of the school based student crisis plan and community resource options.

### **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.

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100% of instructional personnel will taken the 2-hour online Jason Foundation Suicide Prevention Training: Module 2 course in school year 24-25 and/or the newly implemented 3-hour online QPR Enhanced course and earn certification. Certification will be uploaded for tracking and the school-based student crisis plan will be reviewed at all level meetings. Building instructor confidence in recognizing early warning signs of changes in student behavior will increase wrap around services during the MTSS process to increase student well-being and success. Certification will be renewed every three years for application to the FDOE to become a suicide prevention school and district.

### **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.

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The QPR Enhanced Suicide Prevention Training, an evidence based suicide prevention program, encourages follow up with students who may need additional intervention. These follow up meetings with students allow for further assessment and intervention with students who either have a mental health or co-occurring at-risk diagnosis.

## C. Direct Employment

### 1. Plan Direct Employment

*Total student population as of August 1, 2025* **1351**

#### **School Counselor**

Current Ratio as of August 1, 2025: **1:225**

#### **School Counselor**

2025-2026 proposed Ratio by June 30, 2026: **1:225**

#### **School Social Worker**

Current Ratio as of August 1, 2025: **1:1351**

#### **School Social Worker**

2025-2026 proposed Ratio by June 30, 2026: **1:1351**

#### **School Psychologist**

Current Ratio as of August 1, 2025: **1:680**

#### **School Psychologist**

2025-2026 proposed Ratio by June 30, 2026: **1:680**

#### **Other Licensed Mental Health Provider**

Current Ratio as of August 1, 2025: **1:671**

#### **Other Licensed Mental Health Provider**

2025-2026 proposed Ratio by June 30, 2026: **1:671**

## 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.

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The direct employment of school-based mental health service providers reduces staff-to-student ratios by allowing more counselors to see more students and provide more direct services, such as classroom Tier 1 instruction, individual and group counseling, and consultation. With the increase in direct services, school counselors can focus on proactive school counseling practices meaningful Tier 2 and Tier 3 interventions. Additionally, the comprehensive counseling program has been designed to prioritize 80% of the school-based mental health professionals' time on delivering direct and indirect services to students.

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).

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FAU Lab Schools-Palm Beach Comprehensive School Counseling Program is an integral component of the district's mental health plan. The FAUS School Counseling Program is aligned with the American School Counselor Association Model to provide counseling that is preventative, data-driven, and developmental in nature. FAUS employs three school counselors to serve grades 9-12, one school counselor to serve grades 6-8, and one school counselor to serve grades K-5. The FAUS comprehensive school counseling program prioritizes direct and indirect services to students 80% of the time. All students receive Tier 1 school counseling interventions and instruction that align with ASCA's academic, social-emotional/resilience, and college-career readiness domains. Students in need of Tier 2 and Tier 3 services, as identified through universal screening tools, are provided in collaboration with the FAUS mental health professional or referred to community-based resources. Other Tier 2 and 3 supports provided by school counselors include small group counseling, intervention collaboration with teachers and parents, the individual brief counseling model, and school support wrap-around services.

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

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FAU Lab Schools- Palm Beach employs one full-time mental health counselor (MHC) to provide therapeutic services to targeted/identified and referred students grades 9-12 and consultation to students in grades K-8. The school-based MHC provides therapeutic Tier 2 and Tier 3 services including mental health assessment, diagnosis, and individual and group counseling to treat students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk

of such diagnoses. Also, the MHC provides psychoeducational therapy aimed at the prevention of mental and emotional disorders. FAU Lab Schools continues to focus on expanding collaborative partnerships to improve the referral based system between the provider, family, and student. All referrals to community partners include informing parents of the collaborative approach to addressing students' needs and parents are asked to complete a signed release form for 2-way communication between the school and care provider (with respect to all FERPA and HIPPA regulations).

### **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.

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#### **1) Florida Atlantic University: Counseling and Psychological Services**

Provides ongoing therapeutic services to FAUS 9-12 grade students through the application of principles of psychotherapy, human development, learning theory, group dynamics, and the etiology mental illness and dysfunctional behavior of individuals with the purposes of promoting optimal mental health. Services include individual and group therapy. All services are provided based on parent authorization.

#### **2) Faulk Center for Counseling**

Provides free and low cost counseling services to people of all ages. Group, individual and family therapy is provided using a variety of treatment modalities. FAUS counselors work collaboratively with the Faulk Center to connect students and families in need of mental health support to the appropriate services.

#### **3) Henderson Behavioral Health**

Provides free and sliding scale comprehensive behavioral health therapeutic services to students and families, including in-home therapy, 24-hour mobile crisis response, community support and housing assistance. The crisis stabilization unit includes short term, intensive, inpatient treatment, and stabilization. The FAU Lab Schools' counselors work with case managers to assist families with immediate and longer term therapeutic care.

#### **4) South County Mental Health Center**

Provides a network of services and programs for children and adolescents. Services include crisis and emergency response and evaluation (Mobile Crisis Team available), case management and an on-site therapeutic program that serves children ages 3-18 who have been victims of abuse and neglect or are otherwise in need on in-home support services.



**5) The Chrysalis Center**

Provides free and sliding scale mental health services to children, adolescents, adults and families. Services include a thorough assessment to determine treatment needs that are delivered at center sites, in schools and in homes. FAU Lab Schools' counselors work collaboratively with the Chrysalis Center to connect students and families in need of mental health support to the appropriate services.

**4. Employment Verification****#1**

[Mental Health Support Staff Statement for 25-26 MHAAP.docx](#) 

## D. MHAA Planned Funds and Expenditures

### 1. Allocation Funding Summary

MHAA funds provided in the 2024-2025 Florida Education Finance Program (FEFP):	\$181,285
Unexpended MHAA funds from previous fiscal years:	0
Grand Total MHAA Funds:	\$181,285

### 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:**

[FAU Lab School MHAAP 25-26 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:**

07/16/2025