

October 19, 2026

M E M O R A N D U M

TO: Jim Murdaugh, Ph.D.
President

FROM: Calandra Stringer, Ph.D.
Vice President and Provost

SUBJECT: 2026-2027 Mental Health Assistance Allocation Plan

Item Description

This item requests Board approval of the 2026-2027 Mental Health Assistance Allocation (MHAA) Plan for the Tallahassee State College School District. The plan outlines the College's approach to providing evidence-based mental health services, supports, prevention activities, and partnerships that promote student well-being and academic success for the charter schools.

Overview and Background

Section 1006.042, Florida Statutes, requires eligible local education agencies receiving Mental Health Assistance Allocation funds to implement a school-based mental health assistance program that expands access to mental services, supports early identification of student needs, and provides intervention, treatment, and recovery services.

The 2026-2027 MHAA Plan details TSC's multi-tiered system of supports for mental health services and identifies the evidence-based Positive Action for School Climate program as the foundational framework for promoting social-emotional wellness, positive school climate, and student resilience. The plan includes procedures for mental health screening, crisis response, suicide prevention, referral services, family engagement, and coordination with community-based providers. TSC will continue partnering with Disc Village to provide behavioral health services and support for students and families for the charter schools.

Funding/ Financial Implications

There is no cost to the College. The plan includes \$124,564 to support the mental health services. Funding is included within the charter school funding from the Florida Education Finance Program.

Past Actions by the Board

None

Recommended Action

Approve the 2026-2027 Mental Health Assistance Allocation (MHAA) Plan.

2026-27 |

HOPE
COMMUNICATION
RESILIENCE
WELLNESS
KINDNESS



FAMILY
POSITIVITY
AWARENESS
WELLNESS
MENTAL
HEALTH

TSC

MENTAL HEALTH APPLICATION

Mental Health Assistance Allocation Plan



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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)

Positive Action for School Climate - This program focuses on promoting mental health and well being among students through a holistic approach.

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, Tier 2, Tier 3

Describe the key EBP components that will be implemented.

The Positive Action for School Climate program is a comprehensive, school-wide program designed to improve academic achievement, behavior, and mental health by fostering a positive school climate. The program operates on the belief that positive actions lead to positive feelings about oneself and others, which in turn foster an environment conducive to learning and personal growth. Positive Action for School Climate is recognized as an evidence-based program in the Suicide Prevention Resource Center (SPRC) Best Practices Registry, which identifies interventions that meet criteria for effectiveness and quality. The program promotes positive behaviors and school climate through structured lessons and school-wide strategies, supporting protective environments and coping skills development. In addition, Positive Action is listed by other national repositories such as What Works Clearinghouse and Blueprints for Healthy Youth Development, both of which cite randomized controlled trials demonstrating improvements in academic achievement and reductions in problem behaviors. While the program does not appear in SAMHSA's Evidence-Based Practices Resource Center, its inclusion in multiple registries confirms its status as an empirically supported intervention for school-based mental health and climate improvement.

What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/Intervention/208>)

Suicide Prevention Resource Center (<https://sprc.org/bpr-programs/positive-action/>)

Blueprints for Healthy Youth Development (<https://www.blueprintsprograms.org/programs/182999999/>)

1. School-Wide Implementation

- Universal Application: The program is designed for school-wide use, affecting all students, staff, and teachers to create a cohesive and consistent positive climate.
- All Stakeholders Involvement: The program encourages the involvement of administrators,

teachers, counselors, parents, and community members.

2. Positive School Culture Development

- Core Belief System: Reinforces the idea that positive actions lead to a positive self-concept, improved behavior, and academic success.
- Behavioral Expectations: Establishes and promotes clear, positive behavioral expectations throughout the school.
- Character Development: Focuses on building character traits such as honesty, respect, responsibility, and empathy.

3. Self-Management Skills

- Personal Responsibility: Lesson emphasize taking responsibility for one's actions, understanding how actions affect others, and developing self-control.
- Goal Setting: Students are taught to set personal goals for positive behavior and academic success.

4. Reinforcement of Positive Behavior

- Positive Reinforcement System: The program encourages the use of positive reinforcement to acknowledge and reward positive behavior.
- Recognition Programs: Schools can develop systems to celebrate student achievements in positive behavior and fostering a culture of recognition.

5. Professional Development

- Training for Staff: Ongoing professional development for teachers, staff, and administrators helps them effectively implement and model the principles of Positive Action.
- Sustainability Practices: Focuses on building long-term sustainability within the school by developing internal capacity for ongoing program delivery.

6. Data-Driven Decision Making

- Program Monitoring: Our school uses data to monitor the effectiveness of Positive Action in improving school climate and behavior.
- Outcome Evaluation: Regular evaluations and adjustments based on data help ensure that the program continues to meet the needs of the students and the school.

7. Mental Health and Social and Emotional Competency Building

- Emotional Regulation: The program includes components aimed at helping students understand and manage their emotions, leading to improved emotional well-being.
- Conflict Resolution: Students learn strategies for resolving conflicts peacefully and fostering positive peer relationships.
- Mindfulness and Coping Skills: Teaches student skills to cope with stress and challenges in a constructive manner.

8. Focus on Academic Achievement

- Holistic Development: Recognizes that a positive self-concept and positive actions lead to improved academic performance by fostering a focus on effort, perseverance, and positive attitudes toward learning.

These components work together to help schools foster a positive environment that promotes the holistic development of students, not only in terms of academic achievement but also in their emotional and social well-being.

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.

District Plan for Implementing Evidence-Based Mental Health Services

Our district is committed to the mental well-being of our students and recognizes the critical importance of addressing social, emotional, and behavioral challenges early. To improve early identification and intervention for issues such as social-emotional problems, behavioral disorders, substance use, depression, anxiety, and trauma, we have implemented a multi-tiered, evidence-based approach. This strategy not only supports students at risk but also fosters a positive and safe school environment for all.

1. Multi-Tiered System of Support (MTSS) for Mental Health

- Tier 1: Universal Prevention and Education: All students receive instruction in social-emotional learning (SEL) through evidence-based programs. The programs teach emotional regulation, healthy coping strategies, and positive decision-making, helping to build resilience and prevent the development of mental health problems.
- Tier 2: Targeted Interventions: For students identified as at-risk, we offer small group interventions that focus on reducing anxiety, improving emotional regulation, and preventing escalation of behavioral issues.
- Tier 3: Intensive, Individualized Services: Students requiring more intensive support receive individualized counseling and therapy sessions from licensed mental health professionals. We partner with community mental health agencies (Disc Village) who provide services for students affected by trauma and violence.

2. Safe and Supported Environments

- By creating environments that emphasize safety, trust, and empowerment, we foster an atmosphere where students feel supported in dealing with trauma and violence.

3. Crisis Intervention and Support for Suicidal Students

- **Suicide Prevention Programs:** We have implemented evidence-based programs and provide regular suicide prevention training for students, staff, and parents. This includes teaching students how to recognize signs of depression and suicidal thoughts in themselves and others and encouraging help-seeking behavior.
- **Crisis Response Teams:** Each school has a trained crisis response team equipped to handle mental health emergencies, including students exhibiting suicidal tendencies. Immediate support is provided by licensed mental health professionals through partnerships with local crisis intervention services.
- **Postvention:** In the unfortunate event of a suicide or traumatic event, our district employs a postvention plan to provide support for affected students and staff, preventing further emotional distress or contagion effects.

4. Ongoing Monitoring, Collaboration, and Family Support

- **Regular Monitoring and Evaluation:** We continuously monitor the effectiveness of our mental health services through data collection, feedback from stakeholders, and student progress reports. This allows us to adjust and improve services as needed.
- **Collaborative Partnerships:** Our district works closely with local mental health organizations, healthcare providers, and social services to ensure a comprehensive continuum of care for our students.
- **Family Engagement:** Recognizing the vital role of families in student mental health, we provide families with educational workshops, counseling support, and resources to help them understand and support their children's mental and emotional needs.

By implementing these evidence-based mental health services, our district aims to create a proactive, supportive, and responsive environment where students can thrive both academically and emotionally. This approach helps mitigate the risks of social, emotional, and behavioral problems, improve the early identification of mental health concerns, and provide targeted, trauma-informed interventions to address the unique needs of our students. Together, these efforts create a healthier, safer, and more supportive school climate that promotes the overall well-being of all students.

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.

Our district is committed to ensuring that students with mental health needs, including those with co-occurring substance abuse diagnoses, receive high-quality, evidence-based care across the continuum of mental health services. We have developed a multi-tiered approach that prioritizes early identification, accurate diagnosis, effective intervention, treatment, and recovery services tailored to meet the individual needs of students.

1. Comprehensive Mental Health Assessment and Diagnosis

- **School-Based Mental Health Professionals:** The district contracts with licensed mental health professionals and employs school counselors who conduct thorough assessments for students exhibiting signs of mental health issues or co-occurring substance use.
- **Collaboration with Healthcare Providers:** For more complex cases, the district uses additional mental health providers and pediatricians to ensure a comprehensive diagnostic process. This includes formal diagnoses of mental health disorders such as anxiety, depression, ADHD, and substance abuse disorders using validated diagnostic criteria, such as those in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders).
- **Regular Screening for At-Risk Students:** Students identified as high-risk for mental health or substance abuse issues undergo regular screenings and evaluations. This early detection strategy enables timely interventions before issues escalate.

2. Targeted, Evidence-Based Interventions

- **Individualized Support Plans (ISP):** Following diagnosis, students are provided with an Individualized Support Plan tailored to their specific needs. This plan outlines the evidence-based interventions and services required to address their mental health or co-occurring disorders.

3. Coordinated Treatment and Recovery Services

- **Collaboration with Community Mental Health Agencies:** Our district partners with local mental health and substance abuse treatment centers to ensure students have access to comprehensive care, including individual and group therapy, psychiatric care, and medication management when appropriate. These partnerships ensure a seamless connection between school-based services and community-based treatment options.
- **Telehealth Services:** We leverage telehealth platforms to provide students with access to licensed mental health professionals for assessment, counseling, and ongoing treatment, particularly in cases where transportation or geographic barriers exist.

4. Supporting High-Risk Students

- **Wraparound Services for At-Risk Students:** We implement wraparound services for students at high risk for mental health or substance abuse diagnoses. This approach provides holistic,

individualized care that encompasses academic, behavior, mental health, and social services support, creating a safety net for the student.

5. Monitoring and Evaluating Outcomes

- **Ongoing Progress Monitoring:** We use data-driven methods to continuously monitor student progress, including mental health assessments, behavioral tracking, and academic performance reviews. Students are evaluated regularly to determine the effectiveness of interventions and adjust treatment plans as needed.
- **Outcome Evaluation:** Our district evaluates the effectiveness of our mental health and substance abuse services through surveys, feedback from students and families, and analysis of key metrics such as reductions in disciplinary incidents, improvements in academic performance, and mental health recovery rates. This data informs ongoing improvements to our services and ensures that they remain aligned with best practices in mental health care.

Our district's comprehensive approach to evidence-based mental health care ensures that students with one or more mental health or co-occurring substance use diagnoses receive the appropriate level of support. Through early identification, individualized interventions, coordinated treatment, and ongoing recovery services, we address the full continuum of mental health needs. By creating a supportive, collaborative, and responsive system, we aim to promote the well-being, academic success, and long-term recovery of all students.

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.

To address the growing mental health needs of our students and improve overall well-being, our district is committed to the contracting of and direct employment school-based mental health services providers. By

increasing the number of guidance counselors, and contracting with other licensed mental health professionals on staff, we reduce the staff-to-student ratios, ensuring more individualized attention and timely intervention for students in need.

1. Increased Capacity for Mental Health Support

- **Lower Ratios for More Personalized Support:** By directly employing additional guidance counselors, we aim to lower the staff-to-student ratio. This increase in staffing ensures that each mental health provider is responsible for a smaller group of students, allowing them to focus more time and attention on each individual student's needs.
- **Proactive Mental Health Care:** Lower staff-to-student ratios allow for more proactive services such as regular check-ins, early intervention for emerging issues, and ongoing monitoring of students' mental health and academic performance. When providers have fewer students on their caseload, they can build stronger relationships with students and respond more effectively to early signs of distress.

2. More Comprehensive and Timely Interventions

- **Quicker Access to Services:** A reduction in the staff-to-student ratio means students will have quicker access to mental health services. Long wait times for counseling or psychological services can be detrimental to a student's mental health, particularly during crises. More staff means students can receive timely assessments, counseling, and intervention services when they need them most.
- **Increased Availability for High-Needs Students:** Some students require more frequent and intensive services, such as those with diagnosed mental health conditions, behavioral issues, or those recovering from trauma. By lowering the caseloads of mental health providers, we can ensure that these high-needs students receive the dedicated time and attention necessary for effective treatment and support.

3. Greater Collaboration and Preventative Efforts

- **Team-Based Approach:** When staff-to-student ratios are reduced, school-based mental health

professionals have more capacity to collaborate with teachers, administrators, and parents. This allows for a team-based approach to supporting student well-being, addressing issues early, and preventing more severe mental health problems from developing.

- **School-Wide Initiatives:** A higher number of mental health professionals also means more opportunities to implement and manage school-wide mental health initiatives, such as social emotional learning (SEL) programs, bullying prevention, and mental health awareness campaigns. These preventative efforts are more sustainable and effective when staff members are not overwhelmed with high caseloads.

4. Compliance with National Recommendations

- **Alignment with Best Practices:** Professional organizations such as the American School Counselor Association (ASCA) and the National Association of School Psychologists (NASP) recommend lower staff-to-student ratios to provide effective mental health care in schools. By employing an additional guidance counselor, we have lowered our student-staff ratio to 1:171.

- **Improved Student Outcomes:** Research shows that lower staff-to-student ratios are associated with improved student outcomes, including higher academic achievement, better attendance, reduced disciplinary incidents, and improved mental health. By lowering ratios, our district will be better positioned to positively impact these critical areas.

Direct employment of school-based guidance counselors and contracting with outside certified mental health providers is a strategic investment in the well-being and academic success of our students. By reducing staff-to-student ratios, we will provide more personalized, timely, and effective mental health services, allowing our students to thrive in a supportive, responsive environment. This approach will not only improve individual student outcomes but also contribute to a healthier and more positive school climate overall.

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).

Our district reviews staffing needs on a regular basis in order to determine additional needs for mental health assistance. We are committed to ensuring students have the needed mental health support.

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.

We rely on mental health-providers and community based partners to support our students' mental health needs. Our current charter high school is beginning its fourth year, and our charter middle

school is beginning its second year, and as the school grows, we will continue to partner with outside mental health providers to ensure we are meeting the mental health needs of the students in our district.

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.

Disc Village Partnerships - DISC Village, Inc. is a private, non-profit, 501c3 corporation providing child welfare, criminal justice and a full continuum of behavioral healthcare services. From prevention and intervention to residential treatment and recovery services our agency is dedicated to the needs of families and individuals adversely affected by alcohol and drugs.

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):	124,563
Unexpended MHAA funds from previous fiscal years:	0
Grand Total MHAA Funds:	124,563

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:

[TSC_26-27 MHAA Planned Funds and Expenditures .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

81-0100 Tallahassee Collegiate Academy

Charter School Number and Name

Innovation Academy of Excellence

Approval Date: