



FLORIDA DEPARTMENT OF
EDUCATION
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2022-23 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Part II: Mental Health Assistance Allocation Plan

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Introduction

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part II includes the YMHAT Plan and Part III includes the MHAA Plan.

Part II. Youth Mental Health Awareness Training Plan

In accordance with section (s.) 1012.584, Florida Statutes (F.S.), the YMHAT Plan allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Part III. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62, F.S., the MHAA Plan allocation is to assist districts with establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by August 1, 2022.

There are two submission options for charter schools (MHAA Plan Only):

- Option 1: District submission includes charter schools in their application.
- Option 2: Charter school(s) submit a separate application from the district.

Part I: Youth Mental Health Awareness Training Plan and Projected Budget

YMHAT Training Plan

YMHAT Objective: provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Currently Trained and Certified

In accordance with House Bill (HB) 1421 (2022), each school district shall submit a report to the Florida Department of Education (FDOE) confirming at least 80 percent of school personnel in elementary, middle, and high schools have received youth mental health awareness training. Additionally, as required in s. 1012.584, F.S., each school safety specialist shall ensure all school personnel within his or her school district receive youth mental health awareness and assistance training.

This report should include the total number and percentage of personnel trained district-wide, and those physically located at the elementary, middle and high schools. As a result, each district will report two sets of numbers:

- District-wide percentage and total number of personnel trained
- School-wide percentage and total number of personnel trained

District Staff

Total # of employees

1,227

Total # of employees trained

262

Total percentage trained

21%

Elementary Schools

Total # of employees

2,154

Total # of employees trained

1,145

Total percentage trained

53%

Middle Schools

Total # of employees

802

Total # of employees trained

329

Total percentage trained

41%

High Schools**Total # of employees**

1,095

Total # of employees trained

635

Total percentage trained

48%

Total Districtwide Personnel**Total # of employees**

5,218

Total # of employees trained

2,371

Total percentage trained

48%

As of what date

Monday 7/11/2022

Explain the training goal(s) for the upcoming 2022-2023 school year.

Provide high-quality and evidence-based training to a minimum of an additional 38.8% of instructional staff designed to improve skills in identifying, understanding, and responding to signs of mental health difficulties and substance use disorders in youth

Annual Goal

In addition to the percentage listed above, the annual goal for the 2022-2023 school year is to train what percentage of employees?

90%

As of what date

Thursday 12/15/2022

Explain the training goal(s) for the next 3-5 years.

Continue to provide high-quality and evidence-based YMHFA training to establish and maintain a minimum certification rate of 90% of all public school employees in order to improve their skills in identifying, understanding, and responding to signs of mental health difficulties and substance use disorders in youth.

What is the procedure for training new personnel to the district?

All new and returning staff are notified through an electronic notification system of upcoming YMHFA trainings available. Newly hired staff is required to attend training during the first year of the date of hire. Participants then register for YMHFA courses offered through the CCPS iLearn professional learning platform. Upon registering participants receive an automated email with pertinent information about the course time, date, location and any prerequisite requirements for virtual models. The District Coordinator for School Psychologists or their designee enters the participants into to the YMHFA on-line platform and assigns a YMHFA certified instructor to teach the course and reports the names of completed participants to the Professional Learning Department. Completion of the YMHFA requirement is

monitored via the CCPS YMHFA Online PD portal. School administrators and office managers will also be given access to this portal to monitor the training needs.

Explain the district's plan for recertifying staff or maintaining certification of school district personnel.

Initial YMHFA training is valid for three years. For SY 22-23, 829 staff members will require recertification. Each participant will be notified at least 60 days prior to their recertification due date via the CCPS YMHFA Online PD portal. School administrators and office managers will also be given access to this portal to monitor the training needs.

YMHAT Projected Budget

1	Stipends		\$0.00
	Budget Narrative	Per Employee	2022-23
	No stipends are requested and will be paid at District expense if required.	\$0.00	\$0.00
2	Employees		\$0.00
	Budget Narrative	Per Employee	2022-23
	No funds are requested and will be paid at District expense if required.	\$0.00	\$0.00
3	Materials		\$21.10
	Budget Narrative	Per Unit	2022-23
	Pencils, paper, and note paper. (10 Packs)	\$2.11	\$21.10
4	National Council (YMHFA) Training		\$67,586.90
	Budget Narrative	Per Employee	2022-23
	45 in-person or hybrid YMHFA trainings will be conducted from July 1, 2022, through June 30, 2023. Each training will have 50 participants and a minimum of two trainers for a total 2,190 staff trained in YMHFA. All YMHFA funds allocated to the District will be spent on individual licenses/materials. Each participant has a seat cost of \$23.95 for initial or re-certification in YMHFA, which includes access to the online self-guided portion (2,822 licenses).	\$23.95	\$67,586.90
Total:			\$67,608.00

Part II: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The District Assures

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.

Yes

Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.

Yes

Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).

Yes

Collaboration with FDOE to disseminate mental health information and resources to students and families.

Yes

Includes a system 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.

Yes

Review for compliance the Mental Health Assistance Allocation Plans submitted by Charter Schools who opt out of the District's MHAAP.

Yes

A school board policy or procedure has been established for

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.

Yes

School-based mental health services are initiated within 15 calendar days of identification and assessment.

Yes

Community-based mental health services are initiated within 30 calendar days of referral.

Yes

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.

Yes

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-40010, Florida Administrative Code.

Yes

Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, 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.

Yes

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, or 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.

Yes

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.

Yes

Planned Outcomes

Identify two specific and measurable goals that will be accomplished within the 2022-23 school year, and specify which component of District Assurance 1.a. directs that goal (refer to the Guidance Tab if needed).

Based on the provision of direct and indirect mental health services through an MTSS framework including both public school staff and community providers, Collier County Public Schools will:

1. Increase student sense of belonging as evidenced by student voice survey results.
2. Increase student attendance as evidenced by comparison data using the FOCUS SIS attendance panel.
3. Increase the number of direct mental health services provided to students as evidenced by comparison service provision data in the FOCUS SIS mental health panel.

District Program Implementation

Evidence-Based Program	PBIS (K-12)
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>PBIS is the framework for the implementation of the District's continuum of evidence-based interventions to achieve academically and behaviorally important outcomes for all students. The Multi-Tiered System of Supports (MTSS) is a tiered prevention system of supports. MTSS/PBIS provides a cross-system problem-solving team that utilizes data to select evidence-based practices to implement.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>Each school has an interconnected MTSS team which includes a school mental health professional (school counselor, school psychologist, school licensed mental health professional), contributing to an integrated plan, fidelity of data, as well as developing supporting and monitoring interventions at tier 1, 2 and 3.</p> <p>The District Coordinator and PBIS TSA conduct quarterly walkthroughs at each school using to evaluate implementation using the Benchmarks of Quality (BoQ) and Tiered Fidelity Interview (TFI). PBIS is implemented district-wide in all schools and in our Transportation Department. This framework integrates PBIS and school mental health implementation for all students including for students with, or at-risk, of mental health challenges.</p> <p>This multi-level system of supports (PBIS and school mental health) provides for active involvement by youth, families, school staff, and community mental health providers.</p>	
<p>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 to students at high risk of such diagnoses.</p>	
<ol style="list-style-type: none"> 1. Increase student attendance 2. Increase sense of belonging 3. Increase number of direct mental health services provided <p>Other Supported Outcomes:</p> <ul style="list-style-type: none"> • Student outcomes include academic performance, social-emotional competence, reduced bullying behaviors, and decreased rates of student-reported drug/alcohol abuse. • Reduced exclusionary discipline outcomes. • Improved school climate as reported by staff and students. 	

Evidence-Based Program	Crisis Prevention Institute Training (CPI) (K-12)
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
CPI training is a comprehensive crisis prevention and intervention that teaches participants how to defuse challenging and disruptive behavior before an incident escalates to a crisis.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
The Nonviolent Crisis Intervention® training program is taught in one of two ways: in a classroom setting or as a hybrid option where participants receive much of the content in a web-based format, followed by a classroom session	
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 to students at high risk of such diagnoses.	
<ul style="list-style-type: none"> • Decrease episodes of physical restraint • Decrease total number of involuntary examinations 	

Evidence-Based Program	Second Step (3-8)
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Teachers will teach targeted lessons on relationship building, cooperation, and conflict resolution with the most vulnerable group of middle school students assigned to Alternative Schools due to serious disciplinary infractions or threats to harm others. Each grade level (3-5 and 6-8) kit includes lessons, integrated academic activities, and assessments.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
Teachers will teach targeted lessons on relationship building, cooperation, and conflict resolution to the most vulnerable group of middle school students assigned to Alternative Schools due to serious disciplinary infractions or threats to harm others. Each grade level (3-5 and 6-8) kit includes lessons, integrated academic activities, and assessments.	
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 to students at high risk of such diagnoses.	
<ul style="list-style-type: none"> • Improved student outcomes including academic performance, social-emotional competence, reduced bullying behaviors, and decreased rates of (student reported) drug/alcohol abuse. • Reduced exclusionary discipline outcomes. • Improved school climate (as reported by staff and students). 	

Evidence-Based Program	Adolescents Coping with Depression (CWD-A)
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Adolescents Coping with Depression (CWD-A) is a cognitive-behavioral treatment (CBT) intervention that targets specific problems typically experienced by depressed adolescents. These problems include discomfort and anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
School-based mental health professionals will implement CBT model of change, mood monitoring, increasing pleasant activities (behavioral activation), social- skills training, relaxation training, identification of negative thoughts and cognitive restructuring, communication and problem-solving training, and relapse prevention. Each participant receives a workbook that provides structured learning tasks, short quizzes, and homework forms. To encourage the generalization of skills to everyday situations, adolescents are given homework assignments that are reviewed at the beginning of the subsequent session.	
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 to students at high risk of such diagnoses.	
Improved mental state as evidenced by increased utilization of effective coping strategies, personal growth and managing interpersonal skills and a reduction in symptoms (as reported by student, parent, and school staff) Improved social connectedness (based on results of rating scales).	

Evidence-Based Program	Cognitive Behavioral Intervention for Trauma in Schools, 2nd Ed (CBITS2)
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Cognitive Behavioral Intervention for Trauma in Schools, 2nd Ed (CBITS2) is designed for use with groups of students who have experienced significant traumatic experiences and are suffering from related emotional or behavioral problems.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<p>School-based mental health professionals will implement the sessions to students ages 11–15. Students begin with an agenda; review their progress through assigned activities; work through a series of interactive discussions, games, or exercises; and receive activities to practice before the next meeting.</p> <p>CBITS is composed of ten student group sessions, one to three individual student sessions, two care-giver meetings, and an optional school staff information session.</p> <p>Informational handouts and worksheets focus primarily on three goals: decreasing current symptoms related to trauma exposure, building skills for handling stress and anxiety, and building peer and caregiver support.</p>	
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 to students at high risk of such diagnoses.	
Reduction of post-traumatic stress symptoms (parent, teacher, and child report), anxiety symptoms (child reported), emotional regulation (parent and teacher report), and emotional/behavioral problems (parent and teacher reported)	

Evidence-Based Program	Bounce Back
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Bounce Back is based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is comprised of 10 one-hour group sessions, two to three individual sessions, and one to three parent education sessions that last over three months.</p> <p>The CBITS includes relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies, and emotional regulation and coping skills.</p>	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<p>School-based mental health professionals will implement the sessions to students ages 11–15. to assist students in identifying feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities, and create personal storybooks as an age-appropriate concrete trauma narrative. Games and activities specific to age groups and with "courage cards" tailored to each student.</p> <p>Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories, and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range.</p> <p>Skills learned will be reviewed with the student's parent.</p>	
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 to students at high risk of such diagnoses.	
<p>Reduction of post-traumatic stress symptoms (parent, teacher, and child report), anxiety symptoms (child reported), emotional regulation (parent and teacher report), and emotional/behavioral problems (parent and teacher reported)</p> <p>Self-esteem Depression Substance abuse</p> <p>(as reported by student, parent, and school staff)</p>	

Evidence-Based Program	Dialectical Behavior Therapy
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Dialectical behavioral therapy (DBT) is a type of cognitive behavioral therapy that aids in identifying and changing negative thinking patterns to move toward positive behavioral changes.</p> <p>DBT may be used to treat suicidal and other self-destructive behaviors.</p>	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and proceed with parental consent.	
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 to students at high risk of such diagnoses.	
Increased utilization of effective coping strategies, personal growth and managing interpersonal skills, and a reduction in symptoms (as reported by student, parent, and school staff)	

Evidence-Based Program	Short-Term Solution Focused Therapy
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Solution-Focused Brief Therapy (SFBT) is a short-term, goal-focused therapeutic approach, which helps clients change by constructing solutions rather than focusing on problems. SFBT is a hope-friendly, positive emotion eliciting, future-oriented vehicle for formulating, motivating, achieving, and sustaining desired behavioral change.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
School-based mental health professionals who receive a student referral will provide SFBT services with parental consent.	
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 to students at high risk of such diagnoses.	
Decrease in symptoms associated with presenting problems such as depression, stress, anxiety, behavioral, psychosocial, and interpersonal.	

Evidence-Based Program	Support for Students Exposed to Trauma (SSET)
Tiers of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Support for Students Exposed to Trauma (SSET) is a school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.</p> <p>The program consists of ten 45-minute lessons designed to be delivered in one session. These lessons focus on:</p> <ul style="list-style-type: none"> • common reactions to trauma • relaxation techniques • coping strategies • learning to approach difficult situations and developing a trauma narrative 	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
School-based mental health professionals will provide services to students with parental consent.	
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 to students at high risk of such diagnoses.	
<p>Improved mental state as evidenced by increased utilization of effective coping strategies, personal growth and managing interpersonal skills, and a reduction in symptoms as reported by student, parent, and school staff</p> <p>Students participating will increase skill-building techniques to reduce current problems with:</p> <ul style="list-style-type: none"> • anxiety or nervousness • withdrawal or isolation • depressed mood • acting out in school • impulsive or risky behavior 	

Evidence-Based Program	Sanford Harmony: (K-8)
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Sanford Harmony develops student competencies of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
Training will be provided during School Counselor professional learning communities during SY23 and are supported by District, TSA, and counselors. School counselors will facilitate lessons in classrooms with teacher support.	
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 to students at high risk of such diagnoses.	
<ul style="list-style-type: none"> • Increase student attendance • Increase sense of belonging • Improved school climate and increased positive student relationships and reduced peer conflicts including peer pressure and bullying. 	

Evidence-Based Program	Mental Health Education 6 – 12
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
In order to meet the requirements of Rule 6A-1.094121 lessons are developed using the health education standards adopted in Rule 6A-1.09401, F.A.C., and Student Performance Standards, to provide instruction for youth mental and emotional health that advances each year through developmentally appropriate instruction and skill-building.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
The District develops modules and presentations produced in collaboration with the curriculum and instruction department, the communications department, and third-party vendors that are taught in grades 6-12 in several content area subjects.	
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 to students at high risk of such diagnoses.	
<ul style="list-style-type: none"> • Understanding of mental health and mental health and substance abuse disorders • Ability to self-advocate for mental health assistance • Identify mental health resources • Self-management • Coping Skills 	

Evidence-Based Program	Connect For Success
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
<p>Connect for Success is a dedicated scheduled part of the school day in grades K-5 (15 Minutes) and 6-12 (35 minutes) focused on students developing meaningful and supportive relationships that foster:</p> <ul style="list-style-type: none"> • A sense of belonging and connection within the school community • A belief among students that they have at least one trusted adult at school • Self-management, self-efficacy, and responsible decision making 	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<p>Teachers will deliver District developed activities based on the Leader in Me program in grades K – 12.</p> <p>Leader in Me is an evidence-based program, developed in partnership with educators— that empowers students with the leadership and life skills they need to thrive in the 21st century. It is based on secular principles and practices of personal, interpersonal, and organizational effectiveness.</p>	
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 to students at high risk of such diagnoses.	
<p>1. Increase student attendance by 1%</p> <p>2. Increase sense of belonging 1%</p> <p>Other Supported Outcomes:</p> <ul style="list-style-type: none"> • Self-management, self- efficacy, and responsible decision making • Sense of belonging • Grit and resilience 	

Evidence-Based Program	Handle with Care (K-12)
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Handle with Care is an alert to staff regarding a student who has experienced a recent traumatic event. It is a just-in-time intervention that is situational to the student.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<ol style="list-style-type: none"> 1. School administrators or the school mental health team are notified concerning a student who has experienced a traumatic event, and they will notify teachers to look for any observable signs of student distress (without revealing confidential information). 2. Teachers will utilize trauma-sensitive interventions (e.g., predictable classroom routines and transitions, positive communication, anticipate challenging times, and providing additional support to the student), and look for observable signs of student distress (e.g., change in personality, disengagement) and contact the school psychologist or counselor for assistance and support. 	
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 to students at high risk of such diagnoses.	
<ul style="list-style-type: none"> • Reduction in Post-traumatic stress symptoms (parent, teacher, and child report), anxiety symptoms (child reported), emotional regulation (parent and teacher report), and emotional/behavioral problems (parent and teacher reported). • Improvement on measures of social adjustment (child reported). 	

Evidence-Based Program	New Student 30/60 Day Check-In (K-12)
Tiers of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
School counselor check-ins for newly enrolled students, transfer students, or students identified as chronically absent (10% or more of total school days).	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<ol style="list-style-type: none"> 1. The school counselor meets with a student new to the District upon enrollment or when transferring from one school to another within the school district and then interacts with the student at 30 and 60 days in a brief check-in. 2. Students with a pattern of chronic absences (10% or more), will have a weekly check-in with a Connection Coach. 	
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 to students at high risk of such diagnoses.	
<ul style="list-style-type: none"> • Increased sense of belonging for new or transfer students (per student report) • Students with chronic absences will have a greater sense of belonging and social connectedness (per student report). 	

Evidence-Based Program	Buddy Bench (K - 5)
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
A Buddy Bench is where a student can go when they feel lonely at recess. It can serve as a gathering place and symbolizes a welcoming and inclusive environment on campus.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<ul style="list-style-type: none"> • Friendship ambassadors will be trained to look around from time to time to see if a classmate is using the bench and invite him/her to play. • The ambassadors will also help contribute to the overall positive school culture by modeling inclusivity. 	
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 to students at high risk of such diagnoses.	
Improved school climate and increased positive student relationships and reduced peer conflicts including peer pressure and bullying.	

Evidence-Based Program	We Dine Together (6 – 12)
Tiers of Implementation	Tier 1
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
The purpose of We Dine Together is to have students go into the courtyard or other eating areas at lunchtime to make sure no one is sitting by themselves and engaging in related activities.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<ul style="list-style-type: none"> • We Dine Together operates as a school club. • The student club includes a faculty sponsor, four student leaders, and student club members. • Members of the club work collaboratively during school lunchtime to engage students that are sitting alone. 	
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 to students at high risk of such diagnoses.	
Increase in positive school climate and increased positive student relationships and reduced peer conflicts including peer pressure and bullying as evidenced by FOCUS discipline reports.	

Evidence-Based Program	
Tiers of Implementation	[none selected]
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.	
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 to students at high risk of such diagnoses.	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1:380*2022-2023 proposed Ratio by June 30, 2023***1:380****School Social Worker***Current Ratio as of August 1, 2022***NA***2022-2023 proposed Ratio by June 30, 2023***NA****School Psychologist***Current Ratio as of August 1, 2022***1:1500***2022-2023 proposed Ratio by June 30, 2023***1:1500****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2022***1:2081***2022-2023 proposed Ratio by June 30, 2023***1:2081****Direct employment 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.

In addition to the four main school mental health provider programs, School Counselors (122), School Psychologists (34), Licensed Mental Health Professionals (21), and School Intervention Therapists for Special Education (7), the District-employed behavior analysts/management specialists (24) provide behavior management services, functional behavioral assessments, positive behavior intervention plan development, staff training, monitoring, and intervention with students with emotional/behavioral disabilities and within the autism spectrum, including students with co-occurring mental health diagnoses. The district continues annually to try to increase mental health team personnel to reduce staff-to-student ratios.

The school district works in collaboration and coordination with several community-based mental health service providers and navigators to supplement and support mental health services at high-needs schools and for high-needs 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).

A CCPS Differentiated Staffing Workgroup (comprised of both district and school administrators) meets four (4) times per school year to review and revise, as needed, current staffing formulae to ensure staff allocations are fair, equitable, differentiated, and fiscally responsible. Data reviewed during these discussions include the number of behavioral and mental health services provided at the school level, relevant socioeconomic and demographic data, disciplinary referral rates, attendance rates, number of involuntary examinations, and other factors that may be unique to a particular

school, an event or a segment of the community. This workgroup supports the overarching consolidated planning process to leverage the District’s general and special revenue funds and human capital to support student achievement and development.

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 mental health teams meet regularly to review whether appropriate interventions are in at Tier 1, Tier 2, and Tier 3 levels. They ensure proper follow-up for students with suicidal ideation and those in need of additional referrals or intensive, navigator and wraparound services. Interagency, interdisciplinary staffing meetings with community partners further ensure best practice implementation for students with significant mental health and social service needs.

CCPS collaborates with a wide range of stakeholders invested in integrated approaches to reduce mental health care barriers to student learning. This diverse District and community leadership group of providers are committed to advancing mental health services to children and adolescents, promoting awareness/prevention, assessing current behavioral mental health resources, identifying gaps, making workflow improvements, and coordinating referrals and transition processes.

A collaborative Mental Health and Substance Abuse Workgroup which started in September 2014 expanded its organizational representation has over 80 members and meets monthly to address system integration, workflow efficacy, gaps in services, and to develop collaborative programs to meet student needs at Tier 1, Tier 2 and Tier 3 levels.

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.

David Lawrence Center: Mental Health Screening and Assessment; Counseling: Individual/Group/Family; Psychiatric Services; Trauma Informed Care; Behavior Modification

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)
\$ 2,257,133.00

Unexpended MHAA funds from previous fiscal years as stated in your 2021-2022 MHAA Plan
\$ 0.00

Grand Total MHAA Funds
\$ 2,257,133.00

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.) 1011.62 Florida Statutes.

The allocated funds may not supplant funds that are provided for this purpose from other operating funds and may not be used to increase salaries or provide bonuses. School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

The following documents were submitted as evidence for this section:

MHAA_Planned_Expenditures_Report_2022-2023.pdf
<i>Mental Health Expenditures Report 2022-2023</i>
Document Link

School District Certification

This application certifies that the **Collier County Public Schools** School Superintendent and School Board approved the district's Mental Health Assistance Allocation 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 mental health assistance allocation in accordance with section 1011.62(14), F.S.

Note: The charter schools listed below have **Opted Out** of the district's Mental Health Assistance Allocation Plan and are expected to submit their own MHAAP to the District for review.

Charter Schools Opting Out

9021 - Immokalee Community School
9018 - Marco Charter Middle School
9036 - Collier Charter Academy
9032 - Marco Island Academy School
9034 - Gulf Coast Academy
9035 - Mason Academy
9037 - Bridgeprep Academy
9039 - Naples Classical Academy
9040 - Optima Academy

School Board Approval Date

Thursday 7/28/2022