



Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	3
Part I. Mental Health Assistance Allocation Plan	4
Section A: MHAA Plan Assurances	4
Section B: Planned Outcomes	5
Section C: Charter Program Implementation	5
Section D: Direct Employment	10
Section E: MHAA Planned Funds and Expenditures	11
Section F: Charter Governing Board Approval	11

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 mentalhealth. This application is separated into two primary sections: Part II includes the YMHAT Plan and Part III includes the MHAA Plan.

Part I. 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: Mental Health Assistance Allocation Plan

s. 1011.62, F.S.

MHAA Plan Assurances

The Charter School Assurances

One hundred percent of the state funded proportionate share is used to 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

A Charter school board policy or procedures 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 Charter Assurance 1.a. directs that goal (refer to the Guidance Tab if needed).

Individuals served increased

The average number of clinical services per individual increased

The average number of support services per individual increased

Charter Program Implementation

Evidence-Based Program	Trauma-Focused Cognitive Behavioral Therapy and Brief Solution Focused Therapy
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>Both of these models are considered to be evidence-based and have been used successfully in school-based settings with children, adolescents and families.</p> <p>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models. This model was initially developed to address trauma associated with child sexual abuse and has more recently been adapted for use with children who have experienced a wide array of traumatic experiences, including multiple traumas.</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>SFBT is one of the few approaches in psychotherapy that began as “evidence-based,” vs. being “theory-driven.” SFBT is future-focused, goal- directed, and focuses on solutions, rather than on the problems that brought clients to seek therapy. The SFBT approach assumes that all clients have some knowledge of what would make their life better, even though they may need some help describing the details of their better life and that everyone who seeks help already possesses at least the minimal skills necessary to create solutions.</p> <p>The referrals for services can be made and submitted by anyone, to include, school administration and staff, parents, community agency personnel, as well as student self-referral. Referrals are to be completed using only the approved Referral for Services Form and can be submitted via hand delivery, fax, or email. In addition, referrals can be made by having a conversation directly with the school counselor or therapist. When this occurs either the therapist or the referring source would complete the Referral for Services Form based on the discussion. The school counselor and therapist have blank referral forms. The referral source will complete the referral form for each student they are referring by providing as much detailed information as possible. The referral source will forward the referral to the school counselor for data collection and processing. The school counselor will forward the referral to the therapist to obtain consent from parent for treatment. School counselor can also process the referrals for social services (e.g., clothing, eyeglasses, etc.)</p> <p>School counselor will give the referral to the therapist once it has been submitted and processed usually within 24 hours. Within 15 days the therapist will assess the student to determine the appropriate system of care. The therapist can assess the student once without parental consent. Once the parent consents for treatment, the biopsychosocial assessment and Children Functional Rating Scale is completed therapeutic services will begin within 15 days. Due to this direct contact, there is no question as to whether or not the therapist has received the referral, but there can still be challenges with follow through with actually receiving services (e.g. the family may refuse consent for services, the therapist may not hear back from the family about their willingness for the child to receive services.) Often, the therapist works with the referral source to learn more about the student’s classroom functioning and to provide</p>	

suggestions and coaching on strategies that may help support the increase of positive behaviors in the classroom. The therapist will disclose only pertinent information that will help students to be successful while abiding by the Health Insurance Portability and Accountability Act of 1996 (HIPAA, a US law designed to provide standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.) Referral reason may include but are not limited to: classroom conduct, behavior concerns, academic performance, personal/family/friend issues, suspected alcohol/drug use, and health/wellness.

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.

Improve:

Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported), and emotional/behavioral problems (parent reported).

In terms of risk and protective factors, improve on measures of social adjustment (child reported).

Evidence-Based Program	Collaborative Partnerships
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Collaborative partnerships with community providers and agencies that ensures the implementation of mental health services will be sought.	
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.	
Mental Health Providers – Mental health providers are selected based on a competitive RFP process. The mental health providers identify, consult, treat, triage and manage students with emotional/behavioral health needs to improve their ability to function in school.	
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.	
Improve: Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).	

Evidence-Based Program	Quarterly Mental Wellness Newsletter
Tiers of Implementation	Tier 2
Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.	
Quarterly Mental Wellness Newsletter	
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.	
In addition to the above collaborative partnerships, throughout the year a quarterly mental wellness newsletter will be shared with parents and staff to promote mental health literacy, as well as, throughout the month of May (Mental Health Awareness Month) additional providers and agencies are called upon to advocate and promote mental wellness.	
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.	
Promote mental health literacy and mental wellness.	

Evidence-Based Program	Behavior Intervention Monitoring Assessment System (BIMAS-2)
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>The Behavior Intervention Monitoring Assessment System (BIMAS-2) is a measure of social, emotional and behavioral functioning in children and adolescents ages 5 to 18 years. The BIMAS Standard Form includes 34 change-sensitive items that are used for universal screening of behavior concerns and for assessing and monitoring the progress of behavior and mental health related interventions. The BIMAS is a brief, repeatable multi-informant (teachers, parents, clinicians, self) measure that is useful for behavioral universal screening, progress monitoring, outcome assessment, and program evaluation. It offers an online Data Management System with dynamic analysis, graphing and reporting options. This allows assessors to manipulate data in a variety of ways in real time to assist in evidence-based decision-making within a Response to Intervention (RtI) or Multi-Tier System of Supports (MTSS) framework.</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>The BIMAS2 will be administered in the fall and spring of each academic year to all 3rd, 6th and 9th grade students, as well as any students that have been charged with a violent code of conduct violation. If a student's scores at-risk, he/she will be referred for mental health services.</p> <p>THE BIMAS MAIN OBJECTIVES/FUNCTIONS</p> <ul style="list-style-type: none"> • Universal Screening – By comparing each student's scores on the BIMAS to a nationally representative normative group, the BIMAS Standard can be employed as a brief screening device to detect students in need of further assessment and to identify their respective areas of need. • Student Monitoring – To provide feedback about the progress of the individual student or groups in intervention programs. • Program Evaluation – To assess changes in behavioral, emotional concerns and adaptive skills in a group of students receiving psychosocial interventions as well as monitoring the effectiveness of Tier I universal prevention efforts. <p>THE BIMAS SCALES</p> <ul style="list-style-type: none"> • Behavioral Concern Scales – Identify risks • Conduct – Anger management, bullying behaviors, substance abuse, deviance • Negative Affect – Anxiety, depression • Cognitive/Attention – Attention, focus, organization, planning, memory • Adaptive Scales – Identify strengths and areas of improvement • Social functioning – Friendship maintenance, communication • Academic Functioning – Academic performance, attendance, ability to follow directions 	
<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>	
<p>Improve:</p> <p>Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported), and emotional/behavioral problems (parent reported).</p>	

In terms of risk and protective factors, improve on measures of social adjustment (child reported).

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2022

1000 to 1

2022-2023 proposed Ratio by June 30, 2023

1000 to 1

School Social Worker

Current Ratio as of August 1, 2022

None

2022-2023 proposed Ratio by June 30, 2023

None

School Psychologist

Current Ratio as of August 1, 2022

1 to 1000

2022-2023 proposed Ratio by June 30, 2023

10% Part time to 1000

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2022

None

2022-2023 proposed Ratio by June 30, 2023

None

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.

We have hired a school counselor.

Describe your school'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 procedure, (6200-SOM-P) Staffing Procedure includes the following steps:

1. Assess Manpower Needs (based on expected student needs)
2. Recruit appropriate staff candidates
3. Select appropriate staff candidates

4. Place and orient appropriate staff
5. Train and develop appropriate staff.

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

The roles and responsibilities of the school counselor include, but are not limited to:

- Addressing mental health promotion, prevention, and intervention;
- Processing referrals;
- Processing parental consents;
- Tracking and reporting results.

The roles and responsibilities of the school based therapists include, but are not limited to:

- Promoting a full continuum of care across a multi-tiered system of mental health supports;
- Providing a broader array of services and to be part of school teams;
- Addressing mental health promotion, prevention, and intervention that is more intensive as part of their teaming and collaborative efforts in schools;
- Providing primary therapeutic modalities such as Cognitive Behavioral Therapy Trauma- Focused Cognitive Behavioral Therapy, Brief Solution Focused Therapy, and Play Therapy.

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.

Agency: Children's Advocacy Center

Services Provided: Local mental health provider

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2022-2023 Florida Education Finance Program (FEFP)

\$ 50,226.00

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

\$ 0.00

Grand Total MHAA Funds

\$ 50,226.00

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:

No files were uploaded

Charter Governing Board Approval

This application certifies that the **Collier County Public Schools** governing board has approved the 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.

Governing Board Approval date

Tuesday 7/19/2022