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Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, 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

Other sources of funding will be maximized-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

A system is included for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services

Yes

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

Yes

Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.

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-4.0010, F.A.C.

Yes

Assisting a mental health services provider or a behavioral health provider as described ins. 1006.041, F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463, F.S. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined ins. 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 ins. 456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, the local mobile response team, or be a direct or contracted school district employee. Note: All initiated involuntary examinations located on school grounds, on school transportation or at a school sponsored activity must be documented in the Involuntary Examinations and Restraint and Seclusion (IERS) platform.

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

The Mental Health Assistance Allocation Plan must be focused on a multitiered 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. s. 1006.041, F.S.

Yes

District Program Implementation

Evidence-Based Program	School-Wide Positive Behavioral Interventions and Supports (PBIS)
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<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 support. 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, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</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. Increased student attendance 2. Increased sense of belonging 3. Increased 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	Handle with Care
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
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, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
<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)
Tier(s) of Implementation	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
<p>*Parent consent is required for mental health services.</p> <p>School counselor check-ins for newly enrolled students, transfer students, or students identified as chronically absent (10% or more of total school days).</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<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) have a weekly check-in with a Connection Coach. 3. Students who demonstrate exacerbation of mental or behavioral issues are referred to the school's mental health team for more intensive services. 	
<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>	
<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) Friendship Ambassador Program
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>A Buddy Bench is an identified sitting area a student can go to when they do not have someone to play with during recess. It also serves as a gathering place and symbolizes a welcoming and inclusive environment on campus.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<ul style="list-style-type: none"> • Friendship ambassadors are trained to look monitor the Buddy Bench to see if a classmate is using it and how to best invite or encourage him/her to play. • The ambassadors also help contribute to the school culture by modeling acceptance and empathy. 	
<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>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.</p>	

Evidence-Based Program	Resiliency Education (6-12): Civic and Character Education and Life Skills Education
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
<p>To meet the requirements of Rule 6A-1.094124, 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.</p> <p>(a) Civic and character education and life skills education that builds confidence and supports mental health, are combined to develop and prepare more resilient students.</p> <p>(b) School districts must annually provide a minimum of five (5) hours of data-driven instruction to students in grades 6-12 related to civic and character education and life skills education through resiliency education using the health education standards adopted in Rule 6A-1.09401, F.A.C., Student Performance Standards. The instruction will advance each year through developmentally appropriate instruction and skill building and must address, at a minimum, the following topics:</p> <ol style="list-style-type: none"> a. Empathy, perseverance, grit, gratitude and responsibility; b. Critical thinking, problem solving and responsible decision-making; c. Self-awareness and self-management; d. Mentorship and citizenship; and e. Honesty. <ol style="list-style-type: none"> 3. Recognition of signs and symptoms of mental health concerns; 4. Promotion of resiliency to empower youth to persevere and reverse the harmful stigma of mental health by reframing the approach from mental health education to resiliency education; 5. Strategies to support a peer, friend, or family member through adversity; 6. Prevention of suicide; 7. Prevention of the abuse of and addiction to alcohol, nicotine, and drugs; and 8. Awareness of local school and community resources and the process for accessing assistance. 	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>The District develops self-paced and self-directed online modules produced in collaboration with the curriculum and instruction department and the communications department. These modules are delivered via Canvas in grades 6-12 on an alternative bell schedule for a total of five hours over the course of the school year.</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>	
<p>Increased:</p> <ul style="list-style-type: none"> • Self-management, self-efficacy, and responsible decision making • Sense of belonging • Grit and resilience 	

- Ability to self-advocate for mental health assistance
- Identify mental health resources
- Coping Skills

Evidence-Based Program	We Dine Together (6 – 12)
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Tier(s) of Implementation	Tier 1
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Describe the key EBP components that will be implemented.

We Dine Together is a club with the goal of including students who may have social skill deficits and/or emotional issues that make it difficult to make friends. Consequently, these students often isolate themselves during lunchtime and are at risk of being bullied. Students in the club work collaboratively to invite students that are isolative to join them during lunch in a designated space where they can eat with peers or engage in other social activities.

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

- 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	Cognitive Behavioral Intervention for Trauma in Schools, 2nd Ed (CBITS2)
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>*Parent consent is required for mental health services.</p> <p>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.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and only proceed with parental consent.</p> <p>School-based mental health professionals implement the sessions for 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 comprises ten student group sessions, one to three individual student sessions, two caregiver meetings, and an optional school staff information session.</p> <p>Informational handouts and worksheets focus on three goals: decreasing current symptoms related to trauma exposure, building skills for handling stress and anxiety, and building peer and caregiver support.</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>	
<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>	

Evidence-Based Program	Bounce Back
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>*Parent consent is required for mental health services.</p> <p>Bounce Back is based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and 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>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and only proceed with parental consent.</p> <p>School-based mental health professionals implement the sessions for students ages 11–15 to assist students in identifying feelings and their link to thoughts and actions (both positive and negative). The clinician uses scenarios 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; introducing 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 in the same age range.</p> <p>Skills learned will be reviewed with the student's parent.</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>	
<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) self-esteem, depression, and substance abuse (as reported by student, parent, and school staff)</p>	

Evidence-Based Program	Crisis Prevention Institute De-escalation Training (CPI) (K-12)
Tier(s) of Implementation	Tier 1
Describe the key EBP components that will be implemented.	
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, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.	
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 in the total number of involuntary examinations 	

Evidence-Based Program	Talk-Based Behavior Therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Parental consent is required for mental health treatment.</p> <p>Talk-based behavioral therapy is a type of cognitive behavioral therapy that aids in identifying and changing negative thinking patterns to move toward positive behavioral changes.</p> <p>This therapeutic approach may be used to treat suicidal and other self-destructive behaviors.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and proceed with parental consent.</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>	
<p>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>	

Evidence-Based Program	Short-Term Solution Focused Therapy
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>*Parental consent is required for mental health services.</p> <p>Solution-Focused Brief Therapy (SFBT) is a short-term, goal-focused therapeutic approach that helps clients change by constructing solutions rather than focusing on problems. SFBT is a hope-friendly, positive emotion eliciting, future-oriented method for formulating, motivating, achieving, and sustaining desired behavioral change.</p>	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and proceed with parental consent. The clinician will meet with the student once or twice weekly to develop the skills necessary to achieve treatment goals and adjust as necessary.</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>	
<p>Decrease in symptoms associated with presenting problems such as depression, stress, anxiety, behavioral, psychosocial, and interpersonal.</p>	

Evidence-Based Program	Support for Students Exposed to Trauma (SSET)
Tier(s) of Implementation	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>*Parental consent is required for mental health services.</p> <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 	
<p>Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, or behavioral problems or substance use disorders, as well as the likelihood of at risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.</p>	
<p>School-based mental health professionals will provide services once to twice per week to students with parental consent. Student progress will be monitored for treatment effectiveness or need for adjustment.</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>	
<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 	

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

1:370

2023-2024 proposed Ratio by June 30, 2024

1:350

School Social Worker*Current Ratio as of August 1, 2023***NA below include LCSW***2023-2024 proposed Ratio by June 30, 2024***NA below include LCSW****School Psychologist***Current Ratio as of August 1, 2023***1:1490***2023-2024 proposed Ratio by June 30, 2024***1:1400****Other Licensed Mental Health Provider***Current Ratio as of August 1, 2023***1:2075***2023-2024 proposed Ratio by June 30, 2024***1:2000****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.

The District uses a collaborative model to provide a multidisciplinary mental health team for all District-run schools. This includes School Counselors (122), School Psychologists (34), Licensed Mental Health Professionals (21), School Intervention Therapists for Special Education (7), and District-employed behavior analysts/management (BCBA/BCaBA) specialists (24). This unique use of (24) ABA practitioners allows clinical staff (school counselors, school psychologists, and Licensed Mental Health professionals) to provide more direct and intensive therapeutic services for students who experiencing mental health concerns or symptoms of trauma. While ABA practitioners focus on externalizing behavioral issues by providing 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 make strided to increase mental health team personnel to further reduce staff-to-student ratios.

The school district collaborates, coordinates, and/or contracts with several community-based mental health service providers and navigators to supplement and support mental health services at high-need schools and for students with more complex mental health issues.

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 monthly (at a minimum) to review and revise, as needed, current staffing formulae to ensure staff allocations are fair, equitable, differentiated, and fiscally responsible. Data reviewed during these reviews 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, traumatic

event or 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, development, and mental wellness.

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 provided at Tier 1, Tier 2, and Tier 3 levels. Additionally, they ensure proper follow-up for students with more significant mental health concerns, self-harm or suicidal ideation, and those needing additional referrals or intensive service navigators 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 well-being. 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 was established in September 2014 and has expanded its organizational representation to over 80 members. This Mental Health workgroup meets monthly to address system integration, workflow efficacy, and service gaps to develop collaborative programs to meet student needs.

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.

1. David Lawrence Center: Mental Health Screening and Assessment; Counseling: Individual/Group/ Family; Psychiatric Services/Medication Management; Trauma Informed Care; Behavior Analysis and Treatment.
2. Southwest Florida Children's Network: Mental Health Screening and Assessment; Medication Management and general pediatrics; Counseling; Individual/Group/ Family; Psychiatric Services; Trauma Informed Care; Behavior Analysis and Treatment.
3. Golisano Children's Hospital Mental Health Navigators: Comprehensive referral and case management services and advocacy for students with intensive mental health needs, multiple providers, and/or multiple family members needing mental health treatment.
4. Catholic Charities: Individual and family therapy and case management services for underserved populations.

MHAA Planned Funds and Expenditures

Allocation Funding Summary

MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)
\$ 2,652,296.00

Unexpended MHAA funds from previous fiscal years
\$ 0.00

Grand Total MHAA Funds

\$ 2,652,296.00

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.) 1006.041 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_2023-2024_Final.pdf
<i>CCPS Expenditures Report Update</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 s. 1006.041(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

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

School Board Approval Date

Monday 7/31/2023