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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

<b>Evidence-Based Program</b>	Building Resiliency and Supporting Emotional Wellness
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
District schools employ evidence-based practices in the foundational instruction of students with a focus on building resiliency, promoting physical and emotional wellness, overall health, social development, overcoming adversity, critical thinking and problem solving, prevention of substance use and other topics.	
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.	
District and school-selected evidence-based practices are employed to increase students' school success and decrease problem behaviors by promoting student competence in personal growth areas, as aligned with health standards. School counselors provide small group and individual support for students that need additional support in these areas.	
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 overall school culture as reported by school staff, parents and student using a district survey (with consent from parents).	

<b>Evidence-Based Program</b>	Bounce Back
<b>Tier(s) of Implementation</b>	Tier 2
Describe the key EBP components that will be implemented.	
<p>Bounce Back, based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), is comprised of ten, one-hour group sessions, two to three individual sessions, and one to three parent education sessions over a three-month period. Sessions cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies and emotional regulation and coping skills. These methods derive from established successful interventions for children with PTSD, including gradual approach of anxiety -provoking situations and a modified trauma narrative approach.</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 counselor, school social worker, school psychologist, or licensed mental health professional will administer the sessions to students ages 5-11. Students will learn to identify feelings that then link through actions using published story books to relate concepts and connect engagement activities and create personal story books as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with "courage cards" tailored to each student. 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 in the same age range.</p> <p>The school-based mental health professional will review the skills the children are learning in Bounce Back with the student's parent/guardian so they can support at home.</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>Improve post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measure of social adjustment (child reported).</p>	

<b>Evidence-Based Program</b>	Cognitive Behavioral Interventions in School (CBITS)
<b>Tier(s) of Implementation</b>	Tier 2
Describe the key EBP components that will be implemented.	
<p>Cognitive Behavioral Interventions in Schools (CBITS) is designed for use with groups of students who have experienced significant traumatic experiences and are suffering from related emotional or behavioral problems, particularly symptoms of PTSD. The program uses a skills-building, early intervention approach and is most appropriate for students with moderate levels of symptoms. The manual is especially focused on the reduction of symptoms of PTSD. Since depression and anxiety often accompany symptoms of PTSD, many of the CBITS techniques are targeted toward depressive and general anxiety symptoms.</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>The school counselor, school social worker, school psychologist, or licensed mental health professional will administer the sessions for students ages 11-17. CBITS is composed of ten student sessions, one to three individual student sessions, two caregiver meetings, and an optional school staff information session. Each session has similar structure. 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>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 post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>	

<b>Evidence-Based Program</b>	Solution Focused Brief Therapy (SFBT)
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Solution-Focused Brief Therapy (SFBT) places focus on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted. SFBT interventions may be delivered in several modalities including individual, group, family, and organizational level interventions and has the potential to serve as universal, secondary, and tertiary prevention purposes.</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>The school counselor, school social worker, school psychologist, or licensed mental health professional will utilize Solution-Focused Brief Therapy with students 5-17 to review students' strengths and solutions to undesired patterns of behavior. Clients are encouraged to increase the frequency of current useful behaviors.</p> <p>School-based mental health professional help clients find alternatives to current undesired patterns of behavior. Small increments of change lead to larger increments of change, which may lead to a permanent solution. Clients' solutions are not necessarily directly related to any problem, but are created through goal-setting and deciding on specific ways to achieve those goals. The major techniques of the SFBT include the search for strengths or solutions, the use of the miracle questions, the use of scaling questions, goal-setting, the search for exceptions to the problem, the consulting break and set of compliments offered to the client, and the homework tasks.</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>Improve anxiety symptoms (child reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>	

<b>Evidence-Based Program</b>	Cognitive Behavioral Therapy (CBT)
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
Cognitive Behavioral Therapy is a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.	
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 school counselor, school social worker, school psychologist, or licensed mental health professional will utilize cognitive behavioral therapy with student ages 7-17. Cognitive Behavioral Therapy (CBT), is a short-term therapy technique that can help people find new ways to behave by changing their thought patterns. Engaging with CBT can help students reduce stress, cope with complicated relationships, deal with grief, and face many other common life challenges.	
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 anxiety symptoms (child reported), and emotional/behavioral problems (parent-reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).	

<b>Evidence-Based Program</b>	Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC)
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) is an evidence-based treatment designed for children ages 6-15. Unlike most treatment approaches that focus on single disorders, MATCH is designed to treat four common behavioral health concerns among children, including anxiety, depression, post-traumatic stress, and behavior problems.</p> <p>MATCH-ADTC is comprised of 33 modules representing treatment components that are frequently included in cognitive behavioral therapy (CBT) protocols for depression, anxiety, including post-traumatic stress, and behavioral parent training for disruptive behavior. Based on the child's primary concern, treatment is sequentially organized and flexible in order to tailor treatment to each child's specific characteristics and needs.</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>The school counselor, school social worker, school psychologist, or licensed mental health professional will administer the MATCH-ADTC sessions for students ages 8-13. MATCH-ADTC is a collection of 33 therapeutic components which are designed for use in day-to-day practice. These components/modules form a "menu" of options for therapists to select from. A decision flowchart helps to guide therapists' selection and sequencing of modules, all dependent on the needs of the youth. MATCH-ADTC addresses not only anxiety, depression, trauma-related issues, or conduct problems, but also related issues or challenges that may emerge during therapy.</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>Improve post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>	

<b>Evidence-Based Program</b>	Motivational Interviewing
<b>Tier(s) of Implementation</b>	Tier 2, Tier 3
Describe the key EBP components that will be implemented.	
<p>Motivational Interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes. Motivational Interviewing can be used to treat children who may have substance abuse disorders as well as behavioral difficulties.</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>Motivational Interviewing is used in individual sessions with students. This modality focuses on four steps, engage, focus, evoke, and plan. School-based mental health professionals will utilize Motivational Interviewing with students ages 7-17. Motivational Interviewing is a short-term therapy technique that can help people find motivation for positive behavior change. The core principles of Motivational Interviewing include expressing empathy, rolling with resistance, developing discrepancy, and supporting self-efficacy.</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>The use of Motivational Interviewing will assist students in wanting to change (student reported). The modality will also help students improve emotional and behavioral problems (parent-reported). Improve or eliminate the use of substances (student reported).</p>	

<b>Evidence-Based Program</b>	Dialectical Behavioral Therapy (DBT)
<b>Tier(s) of Implementation</b>	Tier 3
Describe the key EBP components that will be implemented.	
<p>Dialectical Behavioral Therapy (DBT) is a type of cognitive behavioral therapy. Cognitive Behavioral Therapy tries to identify and change negative thinking patterns and pushes for positive behavioral changes. DBT may be used to treat suicidal and other self-destructive behaviors. It teaches clients skills to cope with, and change, unhealthy behaviors. DBT focuses on the acceptance of a patient's experience as a way for therapists to reassure them and balance the work needed to change negative behaviors. DBT involves weekly individual sessions that focus on the client's ability to be safe by reducing suicidal and self-harm behaviors. DBT includes individual and group therapy. School-based mental health professionals will utilize DBT with student ages 7-17.</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>The school district will utilize school-based mental health professionals who are trained in the modality to implement services. These services will include both individual and group work. This will assist the students with the identification of negative thinking patterns. The sessions will be structured to include the four main components of DBT which are distress tolerance, interpersonal effectiveness, mindfulness, and emotional regulation. The school-based mental health professional will review the skills the students are learning during individual and group sessions with the parent or guardian to continue to support the student at home.</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>The use of this modality will improve students' abilities to cope with day-to-day stressors (child reported) and will lessen thoughts of self-harm (parent and child reported).</p>	

<b>Evidence-Based Program</b>	Eye Movement Desensitization and Reprocessing (EMDR)
<b>Tier(s) of Implementation</b>	Tier 3
Describe the key EBP components that will be implemented.	
<p>Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. EMDR Therapy facilitates the accessing and processing of traumatic memories and other adverse life experience to bring these to an adaptive resolution. After successful treatment with EMDR Therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR Therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Therapist directed lateral eye movements are the most commonly used external stimulus, but other stimuli including hand-tapping are often used.</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>Licensed Mental Health Professionals specifically trained EMDR will utilize EMDR with individual students ages 4-17 who exhibit a high level of need for therapeutic intervention.</p> <p>EMDR Therapy involves attention to three time periods: the past, present, and future. Focus is given to past disturbing memories and related events, Also, it is given to current situations that cause distress and to developing the skills and attitudes needed for positive future actions. With EMDR Therapy, these items are addressed using an eight-phase treatment approach.</p> <p>A student can see positive results from EMDR in as few as three sessions; the entire EMDR process is an eight-step process.</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>Improve traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), and emotional/behavioral problems (parent reported). In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>	

<b>Evidence-Based Program</b>	Trust-Based Relational Intervention (TBRI)
<b>Tier(s) of Implementation</b>	Tier 1, Tier 2
Describe the key EBP components that will be implemented.	
Trust Based Relational Intervention (TBRI) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI is connections.	
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.	
School counselors, school social workers, school psychologists, and licensed mental health professionals will be trained in TBRI principles. These school-based mental health professionals will then utilize these principles to support school personnel. TBRI training is also available to schools.	
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 overall school culture as reported by school staff, parents, and students.	

**Direct Employment**

**MHAA Plan Direct Employment**

**School Counselor**

*Current Ratio as of August 1, 2023*  
**1:575**

*2023-2024 proposed Ratio by June 30, 2024*  
**1:550**

**School Social Worker**

*Current Ratio as of August 1, 2023*  
**1:1490**

*2023-2024 proposed Ratio by June 30, 2024*  
**1:1490**

**School Psychologist**

*Current Ratio as of August 1, 2023*  
**1:2400**

*2023-2024 proposed Ratio by June 30, 2024*  
**1:2400**

**Other Licensed Mental Health Provider***Current Ratio as of August 1, 2023***1:2160***2023-2024 proposed Ratio by June 30, 2024***1:1900****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.**

Each school has a team of school mental health professionals funded through a combination of district general fund, grant funds, and the mental health assistance allocation. Staffing in each area through these funding sources reduces staff-to-student ratios.

**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).**

The needs of students, individually and by school, are reviewed regularly and staffing placement and resource allocations are determined based on the level and intensity of the mental health needs at each school. District and school leaders work to maximize time spent on direct mental health services by adhering to the essential functions defined in each school-based mental health professional's role.

The role of school-based mental health providers (school counselor, social worker, psychologist, licensed mental health professional) is to ensure that the requirements and protocols for school-based mental health services are implemented with fidelity. The school-based mental health provider works directly with the school, student, and family to ensure the student's needs are appropriately identified via approved screeners with parental consent. Upon administration of screeners, school-based mental health providers determine level of intervention and appropriate evidence-based practice based on screen results and parental consent for services. These results may indicate a need for therapeutic intervention due to anxiety, depression, trauma, etc.

The School District of Lee County developed, implemented, and trained multi-disciplinary school mental health teams (SMHT). These teams are comprised of the school counselor(s), school social worker, school psychologist, licensed mental health professional (LMHP), and school nurse at each school. The District developed a District School Mental Health Team Implementation Guide, based on an evidence-based problem-solving model, to be used within a tiered system of supports by the SMHT. The implementation guide also contains a decision tree, approved mental health screeners, parental consent, referral and other related forms for service.

The multi-disciplinary SMHT reviews each student's presenting factors, screening results, and other relevant data to determine appropriate evidence-based interventions (refer to table of EBP's) to be implemented by school-based mental health providers within 15 calendar days from the date of referral. When deemed appropriate for the SMHT to refer to an outside provider, the outside provider is responsible for a psychosocial assessment to diagnose, identify treatment needs and appropriate evidence-based interventions to endure a recovery-based model of care. Services must be initiated within 30 calendar days of the school/district making a referral.

School mental health teams meet weekly to discuss students' needs, services, and effectiveness of interventions. Additional team members may include parents, teachers, administrators, behavior specialist, ELL specialist, ESE specialist, and others as determined appropriate for student. SMHT

members coordinate the provision of mental health services with a student's primary care provider and with other mental health providers to include case manager, psychiatrist, therapist, and other mental health professionals when appropriate. To facilitate this collaboration, the school will ensure that they offer the parent/guardian the opportunity to sign the parental consent for release of information form. Furthermore, community mental health providers are encouraged to have a release signed for the School District of Lee County (SDLC) students as part of their intake process. This allows for communication that meets HIPAA and FERPA guidelines related to confidentiality. Coordination efforts includes case consultation, additional needs assessment, recommendations for school or home supports, and referral for additional services.

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

The role of school-based mental health providers (school counselor, social worker, psychologist, licensed mental health professional) is to ensure that the statutory requirements and protocols for school-based mental health services are implemented with fidelity. The school-based mental health provider works directly with the school, student, and family to ensure the student's needs are appropriately identified via approved screeners with parent consent. Upon administration of screeners and analysis of presenting factors, school-based mental health providers determine level of intervention and the appropriate evidence-based practice based on this information.

The school district developed, implemented, and trained multi-disciplinary school mental health teams. These teams are composed of the school counselor(s), school social worker, school psychologist, licensed mental health professional, and school nurse at each school. The school district developed a District School Mental Health Team Implementation Guide, based on an evidence-based problem solving model, to be used within tiered system of supports by the school mental health teams. This implementation guide also contains a decision tree, district-approved mental health screeners, parental consent, referral and other related forms for services.

The multidisciplinary school mental health team reviews each student's presenting factors, screening results, and other relevant data to determine appropriate evidence-based tier 2 and 3 interventions to be implemented by school-based mental health providers with 15 calendar days from the date of the screening, which is required to be completed with 15 calendar days from the date of referral. Evidence-based practices include, but are not limited to, Solution Focused Counseling; Cognitive Behavioral Therapy (CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS); Psycho-educational groups (e.g. coping strategies); Zones of Regulation and Trust Based Relational Intervention. When deemed appropriate for school-based mental health professionals to refer to an outside provider, the outside provider is responsible for a psychosocial assessment to diagnose, identify treatment needs, and appropriate evidence-based interventions to ensure a recovery-based model of care. Services must be initiated within 30 calendar days of the school or district making a referral.

As members of the school-based multi-disciplinary mental health team, school counselors, social workers, school nurses, school psychologists, and licensed mental health professionals meet weekly to discuss students' needs, services, and effectiveness of interventions. Additional team members may include parents, teachers, administrators, behavior specialist, ELL specialist, ESE specialist, and others as determined appropriate for each student. School social workers coordinate the provisions of mental health services with a student's primary care provider and with other mental health providers to include case manager, psychiatrist, therapist, and other mental health professionals when appropriate. To facilitate this collaboration, the school will ensure that they offer the parent/guardian the opportunity to sign the parental permission for release of information form. Furthermore, community mental health partners will be encouraged to have a release signed for the School District of Lee County (SDLC) students as part of their intake process. This allows for communication that

meets HIPAA and FERPA guidelines related to confidentiality. Coordination efforts include case consultation, additional needs assessments, recommendations for school/home supports, and referral for additional services.

### 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: SalusCare

Services Provided: Mental health and substance abuse counseling by masters and licensed mental health clinicians, psychiatrists, case managers.

Funding source: MHAA

Agency: Center for Progress and Excellence

Services Provided: Mobile Crisis Team (Circuit 20). Masters and licensed mental health clinicians, peer specialists, case managers.

Funding source: Provided by agency at no charge.

Agency: Catholic Charities

Services Provided: Mental health counseling by licensed mental health clinicians.

Funding source: Provided by agency at no charge.

Agency: Lee Health/Kids' Minds Matter

Services Provided: Peer navigator (minimum bachelor's degree) to families with complex mental health needs.

Funding source: Provided by agency at no charge.

Agency: Valerie's House

Services Provided: Student support groups on school campuses, co-led with a trained Valerie's House employee and a school mental health professional from the school. Our parents and children can attend peer grief support groups at Valerie's House locations. Limited referrals for families in need of mental health counseling as determined by the agency when working with families in peer support groups.

Funding source: Provided by agency at no charge.

### MHAA Planned Funds and Expenditures

#### Allocation Funding Summary

**MHAA funds provided in the 2023-2024 Florida Education Finance Program (FEFP)**

\$ 5,407,928.00

**Unexpended MHAA funds from previous fiscal years**

\$ 2,500,000.00

**Grand Total MHAA Funds**

\$ 7,907,928.00

### **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:

*No files were uploaded*

### **School District Certification**

This application certifies that the **The School District of Lee County** 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**

4305 - Athenian Charter Academy School
4102 - Bonita Springs Charter School
4111 - Mid-Cape Global Academy
4212 - City of Palms Charter School
4251 - Coronado High School
4302 - Donna J. Beasley Technical Academy
4155 - Florida SouthWestern Collegiate High School - Lee
4103 - Gateway Charter Elementary
4261 - Gateway Charter Intermediate School
4121 - Gateway Charter High School
4304 - Harlem Heights Community Charter School
4231 - Heritage Charter Academy of Cape Coral
4274 - Island Park High School
4242 - North Nicholas High School
4303 - Northern Palms Charter High School
4281 - Oak Creek Charter School of Bonita Springs
4151 - Oasis Charter Elementary School North
4143 - Oasis Charter Elementary School South
4171 - Oasis Charter Middle School
4181 - Oasis Charter High School
4223 - Palm Acres Charter High School
4141 - Six Mile Charter Academy
4100 - The Island School

**School Board Approval Date**

Monday 7/31/2023