



2023-24 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan

Table of Contents

Introduction	
Part I. Mental Health Assistance Allocation Plan	3
Section A: MHAA Plan Assurances	3
Section B: Planned Outcomes	0
Section C: Charter Program Implementation	4
Section D: Direct Employment	7
Section E: MHAA Planned Funds and Expenditures	9
Section F: Charter Governing Board Approval	a

Introduction

Mental Health Assistance Allocation Plan

s. 1006.041, F.S.

MHAA Plan Assurances

The Charter School 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

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 charter governing 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, ora school resource officer or school safetyofficerwho 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 te lehealth, 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	Direct Behavioral Therapy	
Tier(s) of Implementation	Tier 2, Tier 3	
Describe the key EBP components that will be implemented.		

Help individuals cope with extreme emotions that may result in harmful behaviours and work towards reducing one's emotional distress that negatively impacts wellbeing and interactions with surroundings. More specifically, DBT focuses on skills training and includes mindfulness, emotion regulation, interpersonal effectiveness and distress tolerance. These four components are the key to successfully implementing this modality in one's day to day life.

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.

DBT will be provided to students on an as-needed basis both individually and in large group settings. Students will be identified using a 3-tier MTSS process to address incongruities with self/emotional regulation, interpersonal effectiveness, and distress tolerance that may lead to harmful or self-destructive behaviors, OR the determination of an immediate, urgent need such as evidence that harmful behaviors already exist.

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.

Mental health professionals who receive a student referral will contact the parent or caregiver to discuss treatment approach and only proceed if the parent provides consent.

Evidence-Based Program	PBIS- Positive Behavior Intervention and Supports	
Tier(s) of Implementation	Tier 1, Tier 2	
Describe the key EBP components that will be implemented.		

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health. When implemented with fidelity, PBIS improves social emotional competence, academic success, and school climate. It also improves teacher health and wellbeing. It is a way to create positive, predictable, equitable and safe learning environments where everyone thrives. PBIS emphasizes five inter-related elements: equity, systems, data, practices, and outcomes. (Center on PBIS, www. PBIS.org)

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.

Educators and practitioners provide a continuum of academic, behavioral, social, and emotional support matched to students' needs. We describe this continuum across three tiers of support.

Foundational systems across all three tiers include:

A shared vision for a positive school social culture

A representative leadership team that meets regularly and shares expertise in coaching, social, emotional, behavioral, academic, equity, mental health, physical health, wellness, and trauma Families are actively engaged

A supportive and involved school administration

On-going access to professional development for preparing all staff to implement each tier of PBIS Systematic collection of screening, progress-monitoring, outcome, and fidelity data

Ongoing use of data for decision making

Disaggregating data to examine equity among student subgroups

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.

Tier 2: Targeted, Secondary Prevention (Some)

In addition to your Tier 1 foundation, students receiving Tier 2 supports get an added layer of systems, data, and practices targeting their specific needs. On average, about 10-15% of your students will need some type of Tier 2 support. The support you provide at Tier 2 is more focused than at Tier 1 and less intensive than at Tier 3. Tier 2 practices include:

Providing additional instruction and practice for behavioral, social, emotional, and academic skills Increasing adult support and supervision

Providing additional opportunities for positive reinforcement

Increasing prompts or reminders

Increasing access to academic supports

Increasing school-family communication

Tier 3: Intensive and Individualized, Tertiary Prevention (Few)

At most schools and programs, there are a small number (1-5%) of students for whom Tier 1 and Tier 2 supports have not been sufficient to experience success. At Tier 3, students receive more intensive, individualized support to improve their outcomes. Tier 3 supports are available to any student with

intensive need, whether they receive special education services or not. Tier 3 practices include:

Engaging students, educators, and families in functional behavioral assessments and intervention planning

Coordinating support through wraparound and person-centered planning Implementing individualized, comprehensive, and function-based support

Evidence-Based Program	Youth Mental Health First Aid
Tier(s) of Implementation	
Describe the key EBP components that will be implemented.	

Recognize the signs and symptoms of mental health challenges that may impact youth. Explain the impact of traumatic experiences and the role of resilience on adolescent development. Apply the appropriate steps of the YMHFA Action Plan (ALGEE) to non-crisis situations. Apply the appropriate steps of the YMHFA Action Plan (ALGEE) to crisis situations. Choose appropriate methods for self-care following the application of Youth Mental Health First Aid in a crisis or non-crisis situation.

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.

Youth Mental Health First Aid teaches adults how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18. Adults are trained in the following areas-

Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).

Common signs and symptoms of substance use challenges.

How to interact with a child or adolescent in crisis.

How to connect the youth with help.

Expanded content on trauma, substance use, self-care and the impact of social media and bullying.

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.

Mental health professionals who receive a student referral will contact the parent or caregiver to discuss treatment approach and only proceed if the parent provides consent.

Direct Employment

MHAA Plan Direct Employment

School Counselor

Current Ratio as of August 1, 2023

0:300

2023-2024 proposed Ratio by June 30, 2024

0:300

School Social Worker

Current Ratio as of August 1, 2023

0:300

2023-2024 proposed Ratio by June 30, 2024

0:300

School Psychologist

Current Ratio as of August 1, 2023

0:300

2023-2024 proposed Ratio by June 30, 2024

0:300

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2023

0:300

2023-2024 proposed Ratio by June 30, 2024

0:300

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.

Employing a part-time or full-time school, or contract-based counselor will assist the school in meeting student mental health needs throughout the academic school year.

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).

Teachers will refer students using the counselor request form if the student is exhibiting high risk behaviors.

Counselors/practitioners on site will teach social and emotional lessons monthly as whole group lessons per class

Tier 2 and Tier 3 students will receive counseling services once a week for 30 mins.

Sessions will be aligned with the student's behavioral needs.

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 providers will provide training opportunities for school personnel, students, and parents to address mental health needs. In addition, when receiving a student referral for mental health support or counseling, practitioners will contact the parent or designated caregiver to discuss counseling and treatment plans and move forward only with consent of the parent/caregiver.

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.

not applicable

MHAA Planned Funds and Expenditures

Allocation Funding Summary

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

\$ 10,205.00

Unexpended MHAA funds from previous fiscal years

\$ 10,205.00

Grand Total MHAA Funds

\$ 20,410.00

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 Statues.

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:

BPA Collier MHAA Planned Expenditures Report Blank 2022-2023.pdf

2022-23 MHAA Planned Funds Expenditure Report

Document Link

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

Wednesday 7/26/2023