

2024-25 |

HOPE  
COMMUNICATION  
RESILIENCE  
WELLNESS  
KINDNESS



FAMILY  
POSITIVITY  
AWARENESS  
WELLNESS  
MENTAL  
HEALTH

# Collier

## MENTAL HEALTH APPLICATION

*Mental Health Assistance Allocation Plan*



FLORIDA DEPARTMENT OF  
EDUCATION  
fldoe.org

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# I. Introduction

## Plan Purpose

The purpose of the Mental Health Assistance Allocation (MHAA) is to provide funding to assist school districts in establishing or expanding school-based mental health care; train educators and other school staff in responding to mental health issues; and connect children, youth and families who may experience behavioral health issues with appropriate services.

These funds are allocated annually in the General Appropriations Act to each eligible school district. Each school district shall receive a minimum of \$100,000, with the remaining balance allocated based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment.

Charter schools that submit a plan separate from the school district are entitled to a proportionate share of district funding. A charter school plan must comply with all of the provisions of this section, must be approved by the charter school's governing body, and must be provided to the charter school's sponsor. *(Section [s.] 1006.041, Florida Statutes [F.S.]*

## Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by **August 1, 2024**.

### There are two submission options for charter schools:

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

## II. MHAA Plan

### A. MHAA Plan Assurances

#### 1. District Assurances

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.



Other sources of funding will be maximized to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).



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



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 providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.



Mental Health Assistance Allocation Plans for charter schools that opt out of the District's MHAA Plan are reviewed for compliance.



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.



The MHAA Plan must be focused on a multi-tiered 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. Section 1006.041, F.S.



## 2. School Board Policies

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.



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



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



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.



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, Florida Administrative Code.



Assisting a mental health services provider or a behavioral health provider as described in s. 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 in s. 393.063, F.S.



The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. 394.463, F.S. Such contact may be in person or using telehealth, as defined in s. 456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, 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.



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.



## B. District Program Implementation

### Evidence-Based Program (EBP) #1

#### Evidence-Based Program (EBP)

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.

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PBIS serves as the framework for implementing the District's continuum of evidence-based interventions, aimed at achieving important academic and behavioral outcomes for all students. The Multi-Tiered System of Supports (MTSS) is a tiered prevention system designed to provide support at various levels. MTSS/PBIS utilizes a cross-system problem-solving team that leverages data to select and implement evidence-based practices.

#### Early Identification

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.

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Each school has an interconnected MTSS team that includes a school mental health professional, such as a school counselor, school psychologist, or licensed mental health professional. This team contributes to an integrated plan, ensures data fidelity, and develops and monitors interventions at Tier 1, 2, and 3 levels.

The District Coordinator and PBIS TSA conduct quarterly walkthroughs at each school to evaluate implementation using the Benchmarks of Quality (BoQ) and Tiered Fidelity Interview (TFI).

PBIS is implemented district-wide in all schools and our Transportation Department. This framework integrates PBIS and school mental health implementation for all students, including those with or at risk of mental health challenges.

This multi-level system of supports (PBIS and school mental health) actively involves youth, families, school staff, and community mental health providers.

#### High Risk Students

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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 students at high risk of such diagnoses.

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**Primary Outcomes:**

- Increased student attendance
- Enhanced sense of belonging
- A greater number of direct mental health services provided

**Additional Supported Outcomes:**

- Improved academic performance
- Enhanced social-emotional competence
- Reduced bullying behaviors
- Decreased rates of student-reported drug and alcohol abuse
- Reduced exclusionary discipline incidents
- Improved school climate, as reported by staff and students

## **Evidence-Based Program (EBP) #2**

### **Evidence-Based Program (EBP)**

Handle with Care

#### **Tier(s) of Implementation**

Tier 1, Tier 2

#### **Describe the key EBP components that will be implemented.**

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**Handle with Care** is an alert to staff regarding a student who has recently experienced a traumatic event. It is a timely, situational intervention tailored to the student's immediate needs.

#### **Early Identification**

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.

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1. School administrators or the school mental health team are notified about a student who has experienced a traumatic event. They will then inform teachers to watch for any observable signs of student distress without disclosing confidential information.

2. Teachers will employ trauma-sensitive interventions, such as maintaining predictable classroom routines and transitions, using positive communication, anticipating challenging times, and providing additional support to the student. They will also monitor for observable signs of student distress, such as changes in personality or disengagement, and contact the school psychologist or counselor for assistance and support.

### High Risk Students

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 students at high risk of such diagnoses.

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This Evidence-Based Practice (EBP) is implemented to achieve the following outcomes:

- Reduction in post-traumatic stress symptoms, as reported by parents, teachers, and the child.
- Reduction in anxiety symptoms, as reported by the child.
- Improvement in emotional regulation, as reported by parents and teachers.
- Reduction in emotional and behavioral problems, as reported by parents and teachers.
- Improvement in measures of social adjustment, as reported by the child.

### Evidence-Based Program (EBP) #3

#### Evidence-Based Program (EBP)

New Student 30/60 Day Check-In

#### Tier(s) of Implementation

Tier 1, Tier 2

#### Describe the key EBP components that will be implemented.

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- ***Parent consent is required for mental health services.***
- School counselors will conduct check-ins for newly enrolled students, transfer students, or students identified as chronically absent (10% or more of total school days).

#### Early Identification

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.

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- **Parent consent is required for mental health services.**
1. Upon enrollment or transfer within the district, the school counselor meets with each new

student and follows up with brief check-ins at 30 and 60 days.

2. Students exhibiting worsening mental or behavioral issues are referred to the school's mental health team for more intensive services.

### High Risk Students

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 students at high risk of such diagnoses.

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This Evidence-Based Practice (EBP) is implemented to:

- Increase the sense of belonging for new or transfer students, as reported by the students.

## Evidence-Based Program (EBP) #4

### Evidence-Based Program (EBP)

Buddy Bench (K - 5) Friendship Ambassador Program

### Tier(s) of Implementation

Tier 1

### Describe the key EBP components that will be implemented.

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A **Buddy Bench** is a designated seating area where students can go when they don't have someone to play with during recess. It also serves as a gathering place and symbolizes a welcoming and inclusive environment on campus.

### Early Identification

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.

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- Friendship ambassadors are trained to monitor the Buddy Bench to see if a classmate is using it and to know how best to invite or encourage them to play.
- The ambassadors also contribute to the school culture by modeling acceptance and empathy.

### High Risk Students

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 students at high risk of such diagnoses.

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This Evidence-Based Practice (EBP) is implemented to achieve the following goals:

- Enhance the positive school climate
- Foster positive student relationships
- Reduce peer conflicts, including peer pressure and bullying

These outcomes will be evidenced by the FOCUS discipline reports.

## **Evidence-Based Program (EBP) #5**

### **Evidence-Based Program (EBP)**

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.**

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. These lessons provide youth mental and emotional health instruction that advances each year through developmentally appropriate teaching and skill-building.

(a) Civic and character education, combined with life skills education that builds confidence and supports mental health, are integrated to develop and prepare more resilient students.

(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., and Student Performance Standards. This instruction will advance each year through developmentally appropriate teaching and skill-building and must address, at a minimum, the following topics:

1. Empathy, perseverance, grit, gratitude, and responsibility
2. Critical thinking, problem-solving, and responsible decision-making
3. Self-awareness and self-management
4. Mentorship and citizenship
5. Honesty
6. Recognition of signs and symptoms of mental health concerns
7. Promotion of resiliency to empower youth to persevere and reduce the stigma of mental health by reframing the approach from mental health education to resiliency education
8. Strategies to support a peer, friend, or family member through adversity

9. Prevention of suicide
10. Prevention of the abuse of and addiction to alcohol, nicotine, and drugs
11. Awareness of local school and community resources and the process for accessing assist

### **Early Identification**

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.

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The District develops self-paced, self-directed online modules in collaboration with the Curriculum and Instruction Department and the Communications Department. These modules are delivered via Canvas to students in grades 6-12 on an alternative bell schedule, totaling five hours over the school year.

### **High Risk Students**

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 students at high risk of such diagnoses.

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This Evidence-Based Practice (EBP) is implemented to achieve the following objectives:

- Enhance self-management, self-efficacy, and responsible decision-making
- Foster a sense of belonging
- Build grit and resilience
- Improve the ability to self-advocate for mental health assistance
- Identify mental health resources
- Develop coping skills

## **Evidence-Based Program (EBP) #6**

### **Evidence-Based Program (EBP)**

We Dine Together (6 – 12)

### **Tier(s) of Implementation**

Tier 1

### **Describe the key EBP components that will be implemented.**

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"We Dine Together" is a club aimed at including students who may have social skill deficits and/or emotional issues that make it difficult for them to make friends. As a result, these students often isolate themselves during lunchtime and are at risk of being bullied. Club members work

collaboratively to invite these students to join them during lunch in a designated space, where they can eat with peers or engage in other social activities.

### **Early Identification**

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.

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- "We Dine Together" operates as a school club.
- The club includes a faculty sponsor, four student leaders, and student members.
- Members of the club work collaboratively during lunchtime to engage students who are sitting alone.

### **High Risk Students**

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 students at high risk of such diagnoses.

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The "We Dine Together" program is implemented to achieve the following goals:

- Enhance the positive school climate
- Foster positive student relationships
- Reduce peer conflicts, including peer pressure and bullying

These outcomes will be evidenced by FOCUS discipline reports.

## **Evidence-Based Program (EBP) #7**

### **Evidence-Based Program (EBP)**

Motivational Interviewing (MI)

### **Tier(s) of Implementation**

Tier 2, Tier 3

### **Describe the key EBP components that will be implemented.**

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**\*Parental consent is required for school-based mental health counseling.**

Motivational Interviewing (MI) is an evidence-based counseling style that helps individuals identify and strengthen their motivation to change behavior. It is a collaborative, person-centered approach that employs specific techniques to help people work through ambivalence and resistance to change.

MI is based on the idea that individuals can discover their own reasons for change when guided by relationship-based awareness and specific skills.

### **Early Identification**

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.

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### **School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and will only proceed with parental consent.**

They will use techniques such as reflective listening, shared decision-making, and eliciting change talk. Additionally, they will ask open-ended questions to help students explore their reasons for change and use affirmations to recognize strengths and acknowledge positive behaviors. These professionals will balance empathy with the need to create enough discrepancy between a student's current behaviors and desired goals to stimulate change.

### **High Risk Students**

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 students at high risk of such diagnoses.

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The purpose of this Evidence-Based Practice is to assist students in achieving improvements in treatment participation, lifestyle behaviors, self-confidence, self-reliance, communication, and stress management, as reported by students, parents, and school staff.

## **Evidence-Based Program (EBP) #8**

### **Evidence-Based Program (EBP)**

Talk-Based Behavior Therapy

### **Tier(s) of Implementation**

Tier 2, Tier 3

### **Describe the key EBP components that will be implemented.**

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Parental consent is required for school-based mental health counseling.

Talk-based behavioral therapy encompasses a variety of treatment approaches designed to help individuals identify and change troubling emotions, thoughts, and behaviors. The goal is to alleviate

symptoms, maintain or enhance daily functioning, and improve quality of life. These therapies may include cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and other evidence-based practices that focus on developing coping skills, problem-solving strategies, and emotional regulation techniques.

### **Early Identification**

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.

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**School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and will proceed only with parental consent.**

Elements of talk-based behavioral therapy can include the following:

- Identifying ways to cope with stress and developing problem-solving strategies
- Examining interactions with others and teaching social and communication skills
- Applying mindfulness and relaxation techniques, such as meditation and breathing exercises
- Tracking emotions and behaviors to raise awareness of their impact on each other
- Using supportive counseling to explore troubling issues and receive emotional support
- Creating a safety plan to help with thoughts of self-harm or suicide, recognizing warning signs, and using coping strategies, such as contacting friends, family, or emergency personnel

### **High Risk Students**

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 students at high risk of such diagnoses.

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The purpose of this Evidence-Based Practice is to assist students in improving emotional identification and regulation skills, increasing the use of effective coping strategies, and reducing symptoms associated with the presenting problem, as reported by students, parents, and school staff.

## **Evidence-Based Program (EBP) #9**

### **Evidence-Based Program (EBP)**

Cognitive Behavioral Therapy (CBT)

### **Tier(s) of Implementation**

Tier 2, Tier 3

## **Describe the key EBP components that will be implemented.**

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### **\*Parental consent is required for school-based mental health counseling.**

Cognitive behavioral therapy (CBT) is an evidence-based treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT significantly improves functioning and quality of life.

CBT is based on several core principles, including:

1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
2. Psychological problems are based, in part, on learned patterns of unhelpful behavior.
3. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

### **Early Identification**

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.

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### **School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and only proceed with parental consent.**

CBT treatment usually involves efforts to change thinking patterns. These strategies might include:

- Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.
- Gaining a better understanding of the behavior and motivation of others.
- Using problem-solving skills to cope with difficult situations.
- Learning to develop a greater sense of confidence in one's abilities.

### **High Risk Students**

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 students at high risk of such diagnoses.

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The purpose of this Evidence-Based Practice is to assist students to: increase self-awareness,

change negative thought patterns, and improve the ability to cope with stressful situations and manage symptoms of mental illness, as reported by students, parents, and school staff.

## **Evidence-Based Program (EBP) #10**

### **Evidence-Based Program (EBP)**

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

### **Tier(s) of Implementation**

Tier 2, Tier 3

### **Describe the key EBP components that will be implemented.**

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**\*Parental consent is required for school-based mental health counseling.**

TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives.

### **Early Identification**

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.

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**School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and only proceed with parental consent.**

Key components include establishing a therapeutic relationship with both the youth and parent, and utilizing gradual exposure throughout treatment.

Practice components include:

- Psychoeducation about child trauma and trauma reminders
- Parenting skills component
- Individualized relaxation skills for youth and parent
- Affective modulation skills tailored to youth, family, and culture
- Cognitive coping strategies: connecting thoughts, feelings, and behaviors
- Trauma narrative and processing

- In vivo mastery of trauma reminders
- Conjoint youth-parent sessions
- Enhancing safety and future developmental trajectory
- Traumatic grief components

### **High Risk Students**

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 students at high risk of such diagnoses.

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The purpose of this Evidence-Based Practice is to assist students in improving emotional regulation and reducing post-traumatic stress symptoms, anxiety symptoms, and emotional/behavioral problems, as reported by students, parents, and teachers.

### **Evidence-Based Program (EBP) #11**

#### **Evidence-Based Program (EBP)**

Short-Term Solution Focused Therapy

#### **Tier(s) of Implementation**

Tier 2, Tier 3

#### **Describe the key EBP components that will be implemented.**

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**\*Parental consent is required for school-based mental health counseling.**

Solution-Focused Brief Therapy (SFBT) is an evidence-based, short-term, goal-focused therapeutic approach that helps students 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.

#### **Early Identification**

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.

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**School-based mental health professionals will contact the parent/guardian to discuss the treatment approach and will proceed only with parental consent.**

These professionals will help students create a detailed vision of how their lives will be different when

the problem is resolved or their situation has improved. Together, they will explore the student's life experiences and behaviors to identify the necessary resources needed to co-construct a practical and sustainable solution that the student can readily implement.

### High Risk Students

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 students at high risk of such diagnoses.

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The purpose of this Evidence-Based Practice is to assist students in increasing the use of effective coping strategies and problem-solving skills and reducing symptoms associated with the presenting problem, as reported by students, parents, and school staff.

## Evidence-Based Program (EBP) #12

### Evidence-Based Program (EBP)

Youth Mental Health First Aid (YMHFA)

### Tier(s) of Implementation

Tier 1

### Describe the key EBP components that will be implemented.

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Youth Mental Health First Aid (YMHFA) training is designed to equip individuals who interact with young people—such as school administrators, teachers, school staff, and coaches—with the skills to recognize, understand, and respond to signs of mental illnesses and substance use disorders in youth. The key elements of this training include:

#### 1. Awareness and Understanding

- **Education on Common Mental Health Challenges:** The training provides comprehensive information about common mental health conditions affecting youth, such as depression, anxiety, psychosis, eating disorders, ADHD, and substance use disorders.
- **Myth Dispelling:** Part of the training involves correcting common misconceptions about mental health to reduce stigma and promote more accurate understanding.

#### 2. Recognizing Signs and Symptoms

- **Early Detection:** Participants learn to identify early signs of mental health issues based on changes in behavior, mood, and appearance, which might indicate an underlying problem.
- **Non-Crisis Situations:** Training includes recognizing signs that a young person might be developing a mental health issue or may be in distress but not actively in crisis.

#### 3. Communication Skills

- **Approaching Youth:** Techniques on how to approach and talk to a youth about their mental

health in a way that is non-confrontational and supportive.

- **Listening Skills:** Emphasizing the importance of active listening to provide nonjudgmental support and understanding.

#### 4. Intervention Strategies

- **5-Step Action Plan (ALGEE):**
  - **Assess for risk of suicide or harm**
  - **Listen nonjudgmentally**
  - **Give reassurance and information**
  - **Encourage appropriate professional help**
  - **Encourage self-help and other support strategies**
- **Crisis Intervention:** Handling crises such as suicidal behavior, acute stress reaction, and panic attacks.

#### 5. Referral to Professional Help

- **Navigating Resources:** Knowledge about local mental health resources, professional help, and how to effectively guide a young person towards appropriate care.
- **Encouragement of Professional Help:** Training emphasizes the importance of professional help and facilitates understanding of when and how to encourage a young person to seek professional advice.

#### 6. Self-Care for the First Aider

- **Managing Personal Stress:** Techniques to manage one's own feelings and stresses when dealing with others' mental health issues.
- **Boundaries Setting:** Understanding the importance of setting healthy boundaries to maintain one's own mental health while helping others.

#### 7. Cultural Competence

- **Culturally Responsive Approaches:** Emphasizes the importance of considering cultural, contextual, and individual differences in how mental health problems manifest and how help is sought.
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#### 8. Practical Applications

- **Role-Playing and Simulations:** To help solidify the learning, training often includes practical exercises where participants can practice what they've learned through role-playing and scenario-based activities.

These components work together to prepare individuals to effectively assist young people

experiencing mental health challenges, ensuring they receive the help they need promptly. This training aims not just to educate but also to build a community adept at fostering a supportive school environment for its youth.

### Early Identification

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.

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Youth Mental Health First Aid (YMHFA) training is designed to teach educators, school staff, and others who work with youth how to identify, understand, and respond to signs of mental illnesses and substance use disorders in children and adolescents. Implementing this training across all school staff who interact with students can significantly impact the early identification and intervention of mental health issues through:

#### 1. Early Identification

- **Recognizing Signs and Symptoms:** YMHFA training equips staff with the ability to recognize the early signs of mental health issues, including mood changes, withdrawal, decreased academic performance, and changes in behavior. This early detection is crucial for timely intervention.
- **Breaking Down Stigma:** By educating all staff, the training helps to reduce the stigma associated with mental health issues.

#### 2. Improving Intervention Outcomes

- **Appropriate Referrals:** Staff trained in YMHFA are better prepared to guide students to appropriate professional help, which can include counselors, mental health specialists, or healthcare providers.
- **Crisis Response:** Training includes specific actions to take in crises, such as how to approach a student who is experiencing severe depression or showing signs of suicidal ideation, ensuring immediate and appropriate responses.

### High Risk Students

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 students at high risk of such diagnoses.

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Youth Mental Health First Aid (YMHFA) is a crucial early intervention tool that assists non-mental health professionals in recognizing the signs of mental health issues or substance abuse in young people. It provides an actionable 5-step plan (ALGEE) to guide participants in offering initial support and referring young individuals to appropriate professional care. While YMHFA does not train

participants to perform clinical assessments or diagnoses, it does enable them to identify behaviors and symptoms indicative of potential mental health problems and intervene before these issues escalate.

Through YMHFA, school staff and other adults are equipped to provide initial help by listening nonjudgmentally, giving reassurance, and supporting students in seeking professional and self-help solutions. This approach facilitates earlier detection and intervention, which are key in preventing the development of more severe mental health conditions. By encouraging prompt referral to professional mental health services, YMHFA ensures that students receive evidence-based treatment tailored to their specific needs.

## **Evidence-Based Program (EBP) #13**

### **Evidence-Based Program (EBP)**

Nonviolent Crisis Intervention

#### **Tier(s) of Implementation**

Tier 1

#### **Describe the key EBP components that will be implemented.**

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The Crisis Prevention Institute's Nonviolent Crisis Intervention (NCI) training is designed to equip educators and school staff with skills to safely manage and de-escalate crisis situations in educational settings. The core components of the NCI training, particularly aimed at working with public school students who may be in crisis, include:

#### **1. Prevention**

- **Identifying Behavior Levels:** Training participants learn to recognize the stages of escalating behavior from anxiety to aggression. This allows for early intervention which can prevent a situation from becoming a crisis.
- **Environmental Safety:** Emphasizes the importance of maintaining a safe and supportive environment that minimizes stress triggers for students.

#### **2. De-escalation Techniques**

- **Verbal Intervention:** Focuses on communication skills that help in de-escalating a crisis. It teaches how to use a supportive and non-confrontational tone and language.
- **Nonverbal Communication:** Trains staff on the impact of body language and facial expressions in crisis situations and how to use these nonverbal cues to convey calm and support.

#### **3. Coping Strategies**

- **Self-regulation Techniques:** Educates staff on managing their own stress and emotional responses during a crisis to remain calm and effective in handling the situation.
- **Decision Making:** Provides strategies for making quick and effective decisions under pressure, which is critical in crisis situations

#### 4. Post-Crisis Approaches

- **Reflection:** After a crisis, strategies for personal and team reflection are discussed to review what happened, what was effective, and what could be improved upon.

#### Early Identification

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.

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The Crisis Prevention Institute's Nonviolent Crisis Intervention (NCI) training can play a crucial role in improving the early identification of students at risk of social, emotional, or behavioral issues, substance use disorders, and mental health challenges such as depression and anxiety. The training is provided to school-based teams including teachers, administrators, counselors, mental health professionals, school nurses, and other support staff who interact closely with students. This ensures that a wide range of personnel is equipped to recognize early warning signs of emotional distress and intervene appropriately.

#### High Risk Students

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 students at high risk of such diagnoses.

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By implementing this training, schools aim to create safer environments where staff are equipped to handle crises effectively and compassionately, thereby reducing the need for physical interventions and improving overall student outcomes.

## **C. Direct Employment**

### **1. MHAA Plan Direct Employment**

#### **School Counselor**

Current Ratio as of August 1, 2024: **1:370**

#### **School Counselor**

2024-2025 proposed Ratio by June 30, 2025 **1:350**

#### **School Social Worker**

Current Ratio as of August 1, 2024: **NA below include LMHP**

#### **School Social Worker**

2024-2025 proposed Ratio by June 30, 2025 **NA below include LMHP**

#### **School Psychologist**

Current Ratio as of August 1, 2024: **1:1200**

#### **School Psychologist**

2024-2025 proposed Ratio by June 30, 2025 **1:1150**

#### **Other Licensed Mental Health Provider**

Current Ratio as of August 1, 2024: **1:2475**

#### **Other Licensed Mental Health Provider**

2024-2025 proposed Ratio by June 30, 2025: **1:2400**

## 2. 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.

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The District employs a collaborative model to provide a multidisciplinary mental health team for all District-run schools. This team includes:

- 112 School Counselors
- 35.4 School Psychologists
- 16 Licensed Mental Health Professionals
- 7 School Intervention Therapists for Special Education
- 30 District-employed behavior analysts/management (BCBA/BCaBA) specialists

This unique utilization of ABA practitioners enables clinical staff (school counselors, school psychologists, and licensed mental health professionals) to offer more direct and intensive therapeutic services for students experiencing mental health concerns or symptoms of trauma. While ABA practitioners focus on externalizing behavioral issues, they provide behavior management services, conduct functional behavioral assessments, develop positive behavior intervention plans, and offer staff training, monitoring, and interventions for students with emotional/behavioral disabilities and those on the autism spectrum, including students with co-occurring mental health diagnoses.

The district is committed to annually increasing mental health team personnel to further reduce staff-to-student ratios.

Additionally, 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).

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A CCPS Differentiated Staffing Workgroup, consisting of district and school administrators, meets monthly (at a minimum) to review and revise current staffing formulas. This ensures that staff allocations are fair, equitable, differentiated, and fiscally responsible. During these meetings, the workgroup reviews data such as the number of behavioral and mental health services provided at the school level, relevant socioeconomic and demographic data, disciplinary referral rates, attendance rates, and the number of involuntary examinations. Additionally, they consider other factors unique to a particular school, traumatic events, or segments of the community.

This workgroup supports the overarching consolidated planning process by leveraging the District's general and special revenue funds and human capital to promote 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.

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School-based mental health teams meet regularly to review the appropriateness of interventions provided at Tier 1, Tier 2, and Tier 3 levels. They ensure proper follow-up for students with 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 practices for students with significant mental health and social service needs.

CCPS collaborates with a wide range of stakeholders committed to integrated approaches that reduce barriers to mental health care for students. This diverse group, consisting of District and community leaders, is dedicated to advancing mental health services for children and adolescents, promoting awareness and prevention, assessing current behavioral health resources, identifying gaps, improving workflows, and coordinating referrals and transitions.

A collaborative Mental Health and Substance Abuse Workgroup was established in September 2014 and has since expanded to over 80 members. This workgroup meets monthly to address system integration, workflow efficiency, and service gaps, aiming to develop collaborative programs that meet student needs.

### **3. 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.

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#### **1. David Lawrence Center**

- Mental Health Screening and Assessment
- Counseling: Individual, Group, and Family
- Psychiatric Services and 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, and Family
- Psychiatric Services
- Trauma-Informed Care
- Behavior Analysis and Treatment

**3. Golisano Children's Hospital Mental Health Navigators**

- Comprehensive referral and case management services
- Advocacy for students with intensive mental health needs
- Support for multiple providers and family members requiring mental health treatment

**4. Catholic Charities**

- Individual and family therapy
- Case management services for underserved populations

## D. MHAA Planned Funds and Expenditures

### 1. Allocation Funding Summary

|                                                                                |             |
|--------------------------------------------------------------------------------|-------------|
| MHAA funds provided in the 2024-2025 Florida Education Finance Program (FEFP): | \$3,028,956 |
| Unexpended MHAA funds from previous fiscal years:                              | 0.00        |
| Grand Total MHAA Funds:                                                        | \$3,028,956 |

### 2. 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, F.S.

School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

**Uploaded Document:**

[Collier MHAA Planned Funds and Expenditures 2024-2025.xlsx](#) 

## E. School District Certification

This application certifies that the School Superintendent and School Board approved the district's MHAA 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 MHAA in accordance with s. 1006.041(14), F.S.

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

**Charter School Number and Name**

**9018** Marco Island Charter Middle

**Charter School Number and Name**

**9021** RCMA Immokalee Community Academy (ICS) School

**Charter School Number and Name**

**9032** Marco Island Academy

**Charter School Number and Name**

**9034** Gulf Coast Academy

**Charter School Number and Name**

**9035** Mason Classical Academy

**Charter School Number and Name**

**9036** Collier Charter Academy

**Charter School Number and Name**

**9037** Bridge-Prep Academy

**Charter School Number and Name**

**9039** Naples Classical Academy

**Charter School Number and Name**

**9040** Optima Classical Academy

**Certification Date:**

07/31/2024