Mental Health Assistance Allocation Plan
2019-2020
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Section I: Awareness and Prevention Efforts

The awareness/prevention efforts of Collier County Public Schools (CCPS) collaboration with community agencies and coordinated efforts focused on children and adolescents are described below. These efforts will continue as we move forward.

**We Care video series**
CCPS collaborated with the National Alliance on Mental Illness (NAMI) of Collier County, David Lawrence Mental Health Center, and the Collier County Sheriff’s Office (CCSO) to launch a student mental health awareness campaign called “We Care”. This video series on mental health was created to assist with prevention, early intervention, treatment, and improved care coordination for children with mental health concerns.

In Spring 2018, the District focused efforts on increasing access to, utilization of, and engagement and retention in prevention and referral support services. We are accomplishing the goal by continuing to:
- Develop and disseminate educational materials and messaging to educate students and parents about threats and vaping – Public Service Announcements (PSAs) in both areas were developed and released to secondary-level students and parents, and community
- Develop and disseminate communication materials and other resources to increase understanding of families and caregivers on facts around vaping

**Anti-Vaping Messages at Secondary Level**
E-cigarettes are causing spikes in tobacco and drug-related offenses in Collier County Public Schools. The District released a Vaping Public Service Announcement (PSA) to all secondary students and parents. Although this particular PSA focused on Vaping, the District also released this Spring a PSA focused on Threats. Tobacco and drug-related offenses began to increase following the 2016-17 school year. From the 2016-17 school year to the 2017-18 school year, tobacco-related offenses increased nearly 300%, from 76 to 333 offenses in Collier schools. In 2018-19, 443 tobacco-related offenses were reported. Drug offenses increased to 182 from 155 in 2017-18. The District will provide Vapors Beware / Vaping Prevention posters for each school, a school toolkit on anti-vaping that includes campaign posters, vaping fact clings for walls, handouts and resources targeting youths with messaging on harms of e-cigarettes. Additionally, each school toolkit will include parent resources and communiques. Students in grades 6-12 will receive information during grade-level orientation meetings at start of the 2019-20 school year.

**Student-Family-School Connections**
A symposium titled, “Building Grit and Strengthening Resilience in Children” composed of panelists from CCPS, David Lawrence Mental Health Center, Florida State University (FSU) College of Medicine, Immokalee Health Education Site and director of the FSU Center for Child Stress & Health, and the Collier County Sheriff’s Office/Mental Health Bureau was held on April 1, 2019. The Symposium was virtually connected with six school sites within the
District, and recorded for on demand access. Topics centered on how parents could support and strengthen the social-emotional development of their children based on the five SEL competencies of Collaborative for Academic, Social, and Emotional Learning (CASEL). A parent resource guide and an activities book focused on building resilience in children was distributed at the Symposium. This was the District’s second annual symposium for parents focused on Social Emotional Learning (SEL).

**Sanford Harmony: Social Emotional Learning**
CCPS collaborated with Nova Southeastern University to bring Sanford Harmony, an evidence-based social emotional learning (SEL) program, to its elementary and middle schools. CCPS is just getting started with this Tier 1 SEL program; all school counselors K-8 participated in a Spring 2018 training and received a Sanford Harmony toolbox. Sanford Harmony SEL involves developing student competencies of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Sanford Harmony compliments classroom instruction, as the everyday practices of “Meet Up” and “Buddy Up” easily fit into daily schedules and can be integrated throughout instruction. Sanford Harmony strategies also create a positive environment to help reduce personal conflicts, like peer pressure and bullying.

**Can Do U**
Can Do U provides engaging, relevant videos aligned to CASEL’s 5 Competencies of Social and Emotional Learning (SEL) for students. This program was designed by school counselors and educators for high school students. Each real-life video topic includes a quiz, reflective questions, ready-made discussion and activity guides. Topics for example, include: Decision Making and Peer Pressure, Friends and Relationships, Prioritizing and Balancing Stress, and Avoiding Drama. This SEL curriculum will be implemented as a Tier 2 intervention in 2019-20 with the most vulnerable group of students assigned to Alternative Schools due to serious disciplinary infractions or threats to harm others.

**Second Step**
Second Step is a program rooted in Social and Emotional Learning (SEL). Second Step is a comprehensive program that will be used as a Tier 2 intervention to support improving student safety, readiness to learn, school culture, and academic success. Teachers will teach targeted lessons on relationship building, cooperation, and conflict resolution with the most vulnerable group of middle school students assigned to Alternative Schools due to serious disciplinary infractions or threats to harm others. Each grade level (3-5 and 6-8) kit includes lessons, integrated academic activities, and assessments.

**Supporting Social Emotional Learning in Schools**
Five Social Emotional Learning (SEL) priorities, Tier 1 interventions, will continue to be in place for the 2019-2020 school year. Two of these priorities will be further enhanced* to support social emotional and mental health wellbeing.  
1. Student Check-In*  
2. Handle with Care  
3. Buddy Bench (elementary level) or We Dine Together (secondary level)
4. SEL Videos (during morning announcements) and cooperative learning group Activities*
5. Panorama Student Voice survey (grades 3-12)

The development of social emotional skills has shown overall positive results in numerous research reports including better academic performance, improved attitudes, behaviors and relationships with peers, as well as a deeper connection to school, fewer delinquent acts and reduced emotional distress (student depression, anxiety, stress and social withdrawal). Research supports that combining SEL with academic development creates high-quality learning experiences and environments that empower students to be more effective contributors in their classrooms today and in their workplaces and communities tomorrow.

The Student Check-in priority focuses on a sense of belonging and building positive relationships. New in 2019-2020, students with a pattern of chronic absences (10% or more) will have a weekly check-in with a Connection Coach. Individualized supports to students with chronic absences will ensure a greater sense of belonging and build resilience to improve consistent school attendance. This strategy also reduces the likelihood of at-risk students developing social, emotional, or behavioral health problems.

The enhancement to Priority 4, SEL Videos and Activities focuses on the five CASEL SEL competencies. The District is moving from principal-led introduction and conclusion of the video to a staff member or student leader who will lead an opening and SEL video component and/or activity with closing comments on SEL. This school-wide approach fosters conversation around strategies to strengthen community and individual student resiliency.

The District and schools seek to understand the factors influencing positive behavior, such as school climate, students’ mindsets, and teacher training. We continue to strengthen Positive Behavioral Interventions and Supports (PBIS) and Response to Intervention (RtI) processes by measuring and better understanding the students’ social emotional learning (SEL). CCPS uses PBIS, RtI strategies, and disciplinary data to prevent behavior issues by addressing root causes. New in 2018-2019, Panorama Education helps students to find and use their voice to make change in both the promotion of students’ social and emotional competence as well as promotion of a safe and caring learning environment where adults are listening to and valuing what students have to say. Student voice is our practice of intentionally, purposefully, and systematically eliciting student viewpoints on a specific topic for improvement purposes.

David Lawrence Mental Health Center
In collaboration with CCPS, David Lawrence Mental Health Center offers prevention education programs that focus on a variety of mental health and substance abuse topics. Children’s prevention programs are targeted towards children, adolescents, parents, and preschool educators. These programs provide alternatives, information dissemination and problem identification on substance abuse, suicide, life skills, conflict resolution, anger management, behavioral problems, and depression.
SEDNET
The Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET-8B) serves Collier County through technical assistance, and provision and dissemination of information of training, resources, and staff development which facilitate improvement in the lives of school age children with, or at-risk of, emotional disabilities or severe emotional disorders.

SEDNET sponsored two (2) Youth Mental Health First Aid (YMHFA) Train-the-Trainer events in Collier County which allowed community agencies, charter schools, and CCPS to send staff to become certified trainers. Additionally, SEDNET provided CCPS nearly 500 manuals for the YMHFA face-to-face 6-hour trainings.

Healthcare Network of Southwest Florida
Healthcare Network (HCN) serves approximately 70% of the children living in Collier County. HCN includes board certified pediatricians and pediatric nurse practitioners providing comprehensive care through all stages of child and adolescent development. Annual screenings for depression are conducted by HCN pediatricians beginning at age 12. Psychologists are housed on-site with each pediatrician to provide behavioral health services.

Children in Foster Care
The coordination of services and supports across agencies is also critical to positive educational and meaningful life outcomes for children in foster care. The District entered into an interagency agreement on March 12, 2018 with the Department of Children and Families and the Children’s Network of Southwest Florida to ensure the best interest of the student when addressing school stability and availability and quality of services in the school to meet the child’s educational and social emotional needs. In February 2019, all parties agreed to continue their collaborative and coordinated partnership and the agreement executed in March 2018 with no revisions.

Crisis Intervention Team
In addition to school administrators, school counselors, and Youth Relations Bureau Deputies, school psychologists comprise the District Crisis Intervention Team. The psychologists’ primary purpose is to offer assistance to schools and students when a crisis occurs. The team provides both direct and indirect intervention services, and offers factual information, explains normal reactions, enhances students’ mental health, and offers advice that is not value laden. The purpose of the crisis team is to assist schools to return to normal routines as quickly and calmly as possible following a major disruption of the educational process.

Crisis Prevention Institute Training
Multiple trainings are offered to CCPS staff each school year using the Nonviolent Crisis Intervention training through the Crisis Prevention Institute (CPI). This training is part of a comprehensive crisis prevention and intervention plan and teaches participants how to defuse challenging and disruptive behavior before an incident escalates to a crisis situation.
Health Under Guided Systems (H.U.G.S.)
Health Under Guided Systems (H.U.G.S.), a free community-based children’s behavioral health program supported by the Naples Children Education Foundation, offers an Ending the Silence educational program that helps members learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of a mental illness. This 50-minute presentation is specifically customized for students, families, and teachers to help fight the misconceptions, fear and discrimination that too often keeps children and adolescents from seeking the early identification and treatment they need to recover. H.U.G.S. also provides universal screenings to all preschoolers, and system navigation support to facilitate access to mental health care to mitigate the effects of untreated problems later in life. A collaborative and cooperative agreement exists between the District Early Learning Program and H.U.G.S. with NAMI.

Youth Mental Health First Aid
The Youth Mental Health First Aid course, a readiness training to professionals, introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. The course is offered free of cost through collaborative and coordinated efforts with community partners, and introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders. All school principals, assistant principals, school nursing staff, school psychologists, school counselors, licensed mental health professionals, behavior analysts/management specialists, and school intervention therapists earned YMHFA certificates in school year 2018-2019. Additionally, select District administrators participated and are also now “first aiders”.

CCPS now has 10 YMHFA Trainers in place. Seven (7) YMHFA trainings are scheduled for Summer 2019 and 10 during the school year 2019-2020 for CCPS instructional staff. The District plans to provide YMHFA training to all instructional staff but realizes this is a multi-year endeavor. In the interim, CCPS will require all instructional staff to participate in a 60-minute Kognito At-Risk (for elementary, middle, and high) online simulation course on October 17, 2019, followed by a 50-minute facilitated discussion at each school.

PREPaRE Curriculum
The PREPaRE Curriculum is part of the National Association of School Psychologists (NASP) evidence-based resources and consultation related to school crisis prevention and response. Workshop 2 was provided to each school psychologist and school intervention therapist to improve and strengthen knowledge and understanding of school safety, crisis management and emergency response. Twelve (12) of these individuals went on to complete the Training of Trainers program. In 2018-2019, school counselors and school nurses will receive PREPaRE training. Principals, assistant principals and high school activity coordinators participated in a modified PREPaRE Workshop on June 4, 2018.
Youth Suicide: Awareness, Prevention and Postvention

The SafeSchools Youth Suicide: Awareness, Prevention and Postvention training module authored by Dr. Scott Poland and approved by the Florida Department of Education was implemented in school year 2018-2019. All school administrators and instructional staff participated individually in the 2-hour online learning module, a review of related articles, and a 30-minute facilitated discussion led by a school psychologist. This course, completed one time, while employed with the District, was completed by all required members between September – December 2018. This training is aligned to the “Suicide Prevention Certified School” requirements pursuant to s.1012.583, F.A.C. and School Board Policy 5350. Relevant articles were disseminated, and school psychologists facilitated discussions (at each school) on issues surrounding youth suicide, district policy, and procedures regarding the articles and training module.

Trauma Informed Care

Trauma Informed Care training was provided in February 2018 to all school psychologists and school intervention therapists. This training resource was designed for school staff and provides educators with steps in creating a trauma-informed school. Trauma informed practices are emphasized at schools when a student has been identified as Handle with Care.

Multi-Tiered System of Supports/Positive Behavioral Intervention and Supports (PBIS)

PBIS is the framework for implementation of the District’s continuum of evidence-based interventions to achieve academically and behaviorally important outcomes for all students. PBIS is implemented district-wide in all schools and in our Transportation Department. This framework integrates PBIS and school mental health implementation for all students including for students with, or at-risk, of mental health challenges.

The Multi-Tiered System of Supports (MTSS) is a tiered prevention system of supports. MTSS/PBIS provides a cross-system problem-solving team that utilizes data to select evidence-based practices to implement. This multi-level system of supports (PBIS and school mental health) provides for active involvement by youth, families, school staff, and community mental health providers. This interconnected team includes a school mental health professional (school counselor, school psychologist, school licensed mental health professional) on the MTSS team at all tiers, contributing to an integrated plan and to fidelity and data.

The school Behavioral Threat Assessment Team (BTAT) is an integrated team with identified membership (pursuant to statute) with similar members of the MTSS/PBIS problem solving team.
Section II: Mental Health Assistance Allocation Plan

Evidence-Based Mental Health Services

Collier County Public Schools works to improve the quality of mental health care for children by identifying evidence-based treatments and providing effective strategies for implementing and supporting their delivery. School-based mental health services will be delivered within a multi-tiered tiered system of supports – universal/prevention, targeted intervention, and intensive intervention. Each tier of support represents a mental and behavioral health service which may be provided for students in both general and special education. Universal preventions (Tier I) are provided for all students and address the needs of 80-90% of the student population. Secondary or targeted (Tier II) interventions are provided for students at-risk of developing mental health challenges. These efforts address the needs of 5-15% of the students. Tertiary or intensive interventions (Tier III) address the needs of 1-5% of the student population, reducing the effects of symptoms that may already be problematic.

Tier II and Tier III interventions are anchored in Tier I interventions and are natural extensions or intensified extensions of Tier I. For example, students who do not sufficiently respond to school-wide positive behavior interventions and supports (Tier I), receive targeted interventions at Tier II, and students whose problem behavior persists despite Tier I and Tier II intervention, receive intensive intervention at Tier III. Interventions include, but are not limited to, prevention programs, social skills training, a functional behavioral assessment and positive behavior intervention plan, group and individual counseling, traumatic stress intervention, special education services, and referral to mental health treatment.

Appendix A includes a comprehensive list of evidence-based mental health interventions provided in Collier County Public Schools.

Supports that Addresses Mental Health Needs (Assessment, Diagnosis, Intervention, Treatment, Recovery)

Early identification has increased in Collier County, and screening and assessment goals have been involving more partners and providing additional outreach. For example, the mental health initiative, called Beautiful Minds, involving David Lawrence Mental Health Center, Healthcare Network (HCN) of SW Florida, NAMI of Collier County, and Florida State University’s College of Medicine in Immokalee involves mental health screening of children at risk for behavioral health problems and getting children referred to mental health services. What’s key is the integrated approach where licensed clinical psychologists are available in HCN’s primary care clinics.

While CCPS does not conduct universal mental health screening with school-age students K-12, early identification and intervention are addressed through teacher recommendations to
the school’s problem-solving team. CCPS educators and school administrators identify problems early and provide students intervention and support through the problem-solving team. CCPS’ Student Success Platform (“early warning system”) considers several at-risk indicators (e.g., attendance, grades, office discipline referrals, suspensions). Mental health awareness training will be a focus in 2018-2019.

CCPS does conduct universal mental health screening with children ages 3-5 enrolled in a District operated prekindergarten program. Screening outcomes are shared with parents and referrals to school mental health professionals and/or community mental health providers are made.

**Multi-tiered System of Supports Problem Solving Team**

For school-age students, behavioral and emotional health needs are identified by school administrators, teachers, school nurses, school counselors, school psychologists, and other school staff. A school-based problem solving team supports the at-risk student by identifying and resolving the academic, behavioral, and/or social problem. Early warning system indicators (screening) including but not limited to, attendance, discipline, course performance, and state assessment data are considered in making decisions. In collaboration with the parent, a Student Success Plan is developed, implemented, and progress monitored. Adjustments to the interventions are data driven decisions. Individual student assessments are conducted when written parental consent is obtained.

Various levels of intervention (universal, targeted, intensive) are available in the schools for all students. Individual and/or group intervention is provided to address the student’s mental health needs identified through assessment procedures with interventions sensitive to the student and family culture. Interventions will be implemented for students at different levels of risk (e.g. immediate, crisis referral, referral to a school-based or community mental health provider, referral to early intervention/prevention group). Services are available for students with an emerging need and students experiencing a serious mental health problem. Any students endorsing risk of harm to self or others will receive immediate intervention. Appendix A includes a comprehensive list of evidence-based mental health interventions provided in Collier County Public Schools.

School procedures ensure that students who are referred to a school-based mental health service provider for mental health screening occurs within 15 days of referral. School-based mental health services are initiated within 15 days after identification and assessment after a referral is made.

**Threat Assessment**

CCPS has established district-wide procedures for dealing with student threats in place and all threats of violence are taken seriously and investigated. An interdisciplinary Behavioral Threat Assessment Team includes representatives from administration, school employed mental health professionals, instructional, and law enforcement. In unusually complex cases, the team might draw upon professionals in the local community. An individualized assessment of each threat is conducted. An assessment of suicide risk is included in all threat
assessments. Additionally, the team determines what tiered level of behavioral mental health supports are needed and mental health community referrals are made as appropriate. A threat assessment provides school professionals with useful information about a student’s risks and personal resources. Among the other potential student risks that can be identified and prevented are suicide, alcohol and drug use, physical abuse, drop out risk, and criminal activity. The assessment process incorporates referrals to appropriate mental health and social services, as well as a system for following up on the effectiveness of the intervention. Threat assessments rely upon the District’s ongoing collaboration and partnerships with Collier County Sheriff’s Office and David Lawrence Mental Health Center.

School procedures ensure that students who are referred to a school-based mental health service provider for mental health screening occurs within 15 days of referral. School-based mental health services are initiated within 15 days after identification and assessment after a referral is made.

Assessment of Social-Emotional Functioning
School psychologists are part of the school-based problem-solving team. Part of their role is to complete assessments of a student’s social-emotional functioning and how it affects educational performance. This assessment administered individually requires informed parent consent. The school psychologist does not give a medical/psychiatric diagnosis within the school system. Based on data, the school-based team determines the level of student support/intervention needed, and monitors their progress. If necessary, the team at each school determines if a student meets eligibility criteria for an exceptionality under the Individuals with Disabilities Education Act (IDEA).

Handle with Care
Children do not learn at their optimum when experiencing mental illness or when overwhelmed by life’s stressful events. Research demonstrates that trauma affects a child’s ability to learn and is associated with long-term physical and emotional difficulties. In response to this, CCPS created a safety net for a child who was present during a traumatizing incident (e.g. death, murder, arrest, assault, violence, removal, eviction).

Participating agencies identify what school the child attends and files a “Handle with Care” alert with the school. The notice does not provide extensive details about what happened, however, informs the school principal that the student may need extra attention. A school does not need to know exactly what occurred, just to be aware that something happened that can potentially impact the child’s ability to learn. In some cases, a student may disclose what happened but not always, or a parent/caregiver might alert the school that something traumatic occurred. After being alerted, the school-based support team convenes and determines what extra support the child may need at school. This could range from a space to change clothes to reduced homework to recurring trauma-focused sessions with a school-based mental health professional. This priority focuses on decreasing both the short-term and long-term effects of trauma, especially its impact on children’s ability to learn. Law enforcement personnel and key school personnel (e.g. student’s teachers, service providers)
are notified when a student requires special care and trauma informed practices are reviewed during a brief stand-up meeting with staff supporting the student.

**David Lawrence Mental Health Center Release, Referral, and Re-Entry**
The center’s access-to-services model allows children and youth (ages 3 and older) to be evaluated by a highly skilled behavioral health professionals on the same day services are requested. This initial screening with a non-prescribing clinician is available on a walk-in-basis and evening assessments are available upon request. Staff carefully explain treatment options and schedule any necessary follow up appointments. David Lawrence Mental Health Center provides clinical assessment, psychotherapy or counseling, psychiatric evaluation, medication management, and case management. David Lawrence Mental Health Center provides prevention, intervention, diagnoses, and treatment for a variety of problems, including substance abuse and recovery.

The school system, in collaboration with David Lawrence Mental Health Center, is using a universal release and consistent forms to more efficiently process referrals to mental health care, and to assist a student with re-entry into public school from the crisis stabilization unit or partial hospitalization program. Through these protocols, David Lawrence Mental Health Center is able to confer with teachers and parents, and provide therapeutic services, case management, and recovery services to children and adolescents.

Two (2) school liaisons employed by David Lawrence Mental Health Center collaborate with CCPS to support a student’s access to the mental health center's triage, assessment and treatment services. Liaison services ensure coordination of care with a student’s treating providers in order to promote mental wellness and improve student achievement. The school liaison assists with informing and educating school staff about its programs and services; provide seamless coordination of care to link individuals with services between programs; communicating the psychiatrist’s recommendations for care coordination, discharge, and after care planning; and supporting access and communication of an individual’s progress and concerns with treating providers. This communication is made possible through its universal release when signed by the parent. Support by community-Community-based mental health services providers for students who are referred for community based mental health services are initiated within 30 days after the school or District makes a referral.

**Integrated Health Care Network of SW Florida**
In the integrated health care network setting, screening measures for depression have been selected and are in place and patients are screened at well-child visits to increase prevention and early identification. Pediatricians make referrals for mental health care to their on-site licensed mental health professionals for assessment and intervention.

**NAMI of Collier County H.U.G.S. Program**
Universal prevention strategies (approaches designed to address risk factors in the early learning program population) are utilized through the NAMI of Collier County H.U.G.S. Program. The H.U.G.S. team provides universal screenings and system navigation to facilitate
early identification with District-enrolled prekindergarten children and access to care, in order to mitigate the effects of untreated social, emotional, behavioral, and mental health challenges later in life. Community-based mental health services providers for students who are referred for community-based mental health services are initiated within 30 days after the school or District makes a referral.

Valerie’s House Opioid Family Grief Support Group
The opioid crisis is having a significant impact on families in Southwest Florida. To better help children who have lost someone because of opioids, Valerie’s House conducts a support group with focus on helping children cope with the death of a loved one. The group aims to help grieving children impacted by drug abuse.

Evidence-Based Mental Health Services for Students with Co-Occurring Mental Health, Substance Abuse Diagnoses, and Students At-Risk of Such Diagnoses
While commonly used to refer to the combination of substance-use and mental disorders, the term co-occurring disorder also refers to other combinations such as mental disorders and intellectual disability. Individuals with co-occurring disorders are best served through integrated treatment. This treatment requires collaboration across disciplines (e.g. psychiatrist, pediatrician, clinical therapist, and educator). The treatment planning addresses both mental health and substance abuse, each in the context of the other disorder.

School District
In the school district, students with serious emotional disorders and at-risk of co-occurring substance abuse are provided a specialized Individual Educational Plan (IEP) and related services. Related services may include intervention by a school mental health therapist and a behavior analyst who provides highly structured, individualized behavioral intervention during the school day. The therapist provides intensive intervention (individual and/or group counseling) and case management. David Lawrence Mental Health Center is involved with the majority of these students also providing additional therapeutic counseling and psychiatric services (e.g. crisis intervention) during after-school hours.

At the secondary-level, students with serious emotional disorders (mental health diagnoses) and at-risk of or diagnosed with co-occurring substance abuse may be considered for placement by the IEP team in the Educational Day Treatment program, where therapeutic treatment and behavioral services are infused throughout the educational program. David Lawrence Mental Health Center is involved with the majority of these students also providing therapeutic treatment, case management, and access to Telepsychiatry, along with wrap-around services.

Students with autism spectrum disorders and co-occurring mental health disorders requiring intensive educational intervention receive specialized support services from a school-based speech-language pathologist, behavior analyst, and school psychologist. Wrap-around services are accessed by families through community mental health programs and medical/psychiatric physicians. An autism navigator employed by the Golisano Children’s
Hospital assists families with following the doctor’s care plan for their child. This may include applied behavior analysis to help reduce or replace problem behaviors, increase communication skills and develop socially acceptable behaviors.

David Lawrence Mental Health Center
Some of the evidence-based prevention, treatment, and recovery services provided by Collier’s community mental health program include: behavioral therapy, counseling, crisis intervention, evaluation, cognitive behavioral therapy, applied behavior analysis (ABA), medication-assisted treatment, psychotherapy, outpatient therapy, stabilization, partial hospitalization, recovery support, treatment, home-community based services, drug testing, and anger management. Community-based mental health services providers for students who are referred for community-based mental health services are initiated within 30 days after the school or District makes a referral.

The Collier County Sheriff’s Office (CCSO) works in collaboration with David Lawrence Mental Health Center to provide coordinated services, e.g. Diversion. A licensed mental health professional employed by David Lawrence Mental Health Center works within CCSO’s Mental Health Unit.

Collaborative Partnerships with Community Providers and Agencies
CCPS collaborates with a wide range of stakeholders invested in integrated approaches to reduce mental health care barriers to student learning. This diverse District and community leadership group of providers are committed to advancing mental health services to children and adolescents, promoting awareness/prevention, assessing current behavioral mental health resources, identifying gaps, making workflow improvements, and coordinating referrals and transition processes.

A collaborative Mental Health and Substance Abuse Workgroup which started in September 2014 expanded its organizational representation in July 2018; members include:

- Collier County Public Schools – leaders are represented from the departments of Student Relations, Psychological Services, School Counseling, Exceptional Student Education, School Health, Homeless, and School Safety
- Collier County Sheriff’s Office – Mental Health Unit and Youth Relations Bureau
- David Lawrence Mental Health Center (local mental health provider)
- NAMI of Collier County (local mental health provider)
- Children’s Advocacy Center (local mental health provider)
- Catholic Charities (local mental health provider)
- Department of Children and Families
- Healthcare Network of SW Florida - children’s care, behavioral health
- Department of Juvenile Justice (DJJ)
- Child Welfare Agencies - system of care foster care case management
- Central Florida Behavioral Health Network – management entity
- Center for Progress and Excellence – mobile crisis intervention team for Circuit 20
SEDNET

The Workgroup expanded in 2018 to ensure that agencies included in the Governor’s Executive Order participate in Collier’s collaborative Mental Health Workgroup meetings.

The Mental Health Workgroup focuses on problem solving organizational barriers and efficiency of processes needed to interconnect educational, behavioral and mental health supports. The Workgroup is taking an inventory of evidence-based therapeutic interventions and examining effectiveness before investing in new interventions or programs.

Collier County Sheriff’s Office (CCSO) Mental Health Unit

The CCSO’s Mental Health Unit recently expanded its Mental Health Intervention Team (MHIT). The MHIT includes CCSO deputies along with a licensed clinician contracted through the David Lawrence Center. The team focuses on responses to persons considered ‘high risk, high utilizers’ of services, often conducting wellness checks in the community to ensure the person has the resources and supports they need so adults (many of whom are parents or relatives of CCPS students) do not re-enter jail or hospitals.

Collier County Commissioners’ Mental Health Committee

After a series of workshops during the last two years, Collier County Commissioners established a Mental Health and Addiction Ad Hoc Advisory Committee that meets twice monthly. The county strives to better serve residents who are relying on the jail, hospital emergency rooms and the David Lawrence Center, a nonprofit mental health center, as they struggle with mental health and substance abuse issues.

The committee, which includes mental health professionals, advocates and key stakeholders, held its first full-scale meeting on February 19, 2019 to discuss the challenges the county faces and steps to alleviate the burgeoning crisis. Among the group’s top priorities is developing the scope and design of the new treatment center, which is intended to serve as a single-point access for residents battling mental health or addiction-related issues. The center would increase Collier's capacity to deal with Baker Act or Marchman Act referrals, which would relieve pressure on Collier’s jail and provide those residents with an environment better equipped to handle their behavioral mental health and substance abuse needs.

CCPS has been a part of the workshops and conversations from the beginning. In January 2019, the Ad Hoc Advisory Committee nominated CCPS’ Supervisor of Mental Health Supports and Social Emotional Learning to be a member.

Coordinating Mental Health Services for Students with a Primary Care Provider and Other Mental Health Providers

The collaborative Mental Health Workgroup continues to advance evidence-based mental health care for children and adolescents. We collaborate at the local level to review evidence-
based interventions, training, policy, and practice in school mental health. Local providers include:

**NCH Healthcare Systems**
School nurses serve a vital role in promoting positive behavioral health (mental/emotional well-being and/or actions that affect wellness) outcomes in students through evidence-based programs in schools, critical to academic success as physical well-being. CCPS contracts with NCH Healthcare Systems to provide school nurses. These nurses collaborate with school personnel, community healthcare professionals, students, and families in the assessment, identification, intervention, referral, and follow-up of children in need of behavioral health services. School nurses because of their regular access to students are uniquely qualified to identify early warning signs and provide support to students with potential behavioral health concerns.

**Healthcare Network (HCN) of SW Florida**
HCN includes board certified pediatricians and pediatric nurse practitioners providing comprehensive care through all stages of child and adolescent development. Primary care is often the default entry point for many in need of mental health care, but generally does not provide the specialty care (e.g. case management, long-term mental health services). Psychologists are housed in each pediatrician’s office to provide behavioral health services. Annual screenings for depression are conducted by pediatricians beginning at age 12. HCN of SW Florida focuses on strengthening health practitioner training and education on behavioral mental health including Adverse Childhood Experiences (ACEs).

**Florida State University (FSU) College of Medicine, Center for Child Stress and Health**
Free behavioral health services are available through the Immokalee FSU/Healthcare Network of SW Florida partnership. Services are provided by a mental health professional in training who is supervised by a licensed provider. Additionally, services provided take place within an integrated care model, meaning that the mental health provider works together with the primary care provider (pediatrician). HCN Immokalee patients needing mental health services may discuss their concerns with a pediatrician who would then make a referral to Behavioral Health frequently on the same day of the office visit. FSU also has a Promotora (community health worker) that focuses on children’s mental health.

Dr. Javier Rosado, Clinical Director of the Center for Child Stress and Health, provided professional development in assessment of signs and symptoms of mental illness, Adverse Childhood Experiences (ACES), to school nurses, principals, and assistant principals in Fall 2018. As a result, professionals now have a deeper awareness of types of trauma and its triggers, how to prevent secondary traumas, received tips to prevent a crisis, and better understand how to help students feel safe and be safe.

**David Lawrence Mental Health Center**
The center’s access-to-services model allows children and youth (ages 3 and older) to be evaluated by a highly skilled behavioral health professionals on the same day services are requested. This initial screening with a non-prescribing clinician is available on a walk-in-
basis and evening assessments are available upon request. Staff carefully explain treatment options and schedule any necessary follow up appointments. David Lawrence Mental Health Center provides clinical assessment, psychotherapy or counseling, psychiatric evaluation, medication management, and case management. David Lawrence Mental Health Center provides prevention, intervention, diagnoses, and treatment for a variety of problems, including substance abuse and recovery.

Procedures for Information Sharing
The school system, in collaboration with David Lawrence Mental Health Center, is utilizing a universal release and consistent forms to more efficiently process referrals to mental health care, and to assist a student with re-entry into public school from the crisis stabilization unit or partial hospitalization program. Through these protocols, David Lawrence Mental Health Center is able to confer with teachers and parents, and provide therapeutic services, case management, and recovery services to children and adolescents. HCN and FSU obtain a signed parent consent for their agency to receive and share information with the school district.

School mental health professionals, acting on behalf of the District and with signed parent consent authorizing the sharing of information, regularly collaborate and coordinate mental health services with a student’s private mental health provider or other providers involved in student’s care.

Contracts or Interagency Agreements

<table>
<thead>
<tr>
<th>Provider</th>
<th>Mental Health Screening and Assessment</th>
<th>Counseling: individual, group, family</th>
<th>Psychiatric Services</th>
<th>Psychological Services</th>
<th>Trauma Informed Care</th>
<th>Crisis Mobile Unit</th>
<th>Behavior Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Lawrence Center</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI of Collier</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Child Advocacy Center</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Progress and Excellence*</td>
<td>X</td>
<td>X</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*in process

Mental Health Referral Procedures

Mental Health referrals may be initiated by individuals (teachers, school administrators, school mental health professionals, parents, students, and healthcare professionals), or multi-disciplinary problem-solving teams (e.g. MTSS/PBIS, Behavioral Threat Assessment Team, Individual Educational Plan/Educational Plan/504 Team). School procedures ensure
that students who are referred to a school-based mental health service provider (school counselor, school psychologist, or school licensed mental health provider) for mental health screening occurs within 15 days of referral. School-based mental health services are initiated within 15 days after identification and assessment after a referral is made.

School-Based Mental Health Interventions
The referral process is user friendly and quick. Referrals can be initiated by a school administrator, school mental health professional, or instructional staff member to the Multi-Tiered System of Supports Problem-Solving Team. Additionally, referrals can be made through the Crisis Intervention or Behavioral Threat Assessment Team. CCPS staff work with parents through the Student Success Plan process.

School and Community-Based Mental Health Providers for Treatment
A broad spectrum of mental health services, including: mental health promotion; prevention; early identification of mental health problems; and referrals for treatment of children and families will be expanded upon or strengthened as a result of receiving approval for this Mental Health Assistance Plan.

Strategies/Programs
Evidence-based practices are defined as treatments that have been researched academically or scientifically, been proven effective, and been replicated by more than one investigation or study. Evidence-based treatment practices are meant to make treatment more effective for more people by using scientifically proven methods and research. The following evidence-based therapies are utilized in the District:

- Short-term Solution Focused Therapy
- Task Centered Therapy (TCP)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Cognitive Behavioral Therapy (CBT)
- Trauma Informed Cognitive Behavioral Therapy (TF-CBT)
- Holistic, Complementary and Integrated Therapies
- Psycho-educational groups (e.g. coping strategies)
- Dialectal Behavioral Therapy (DBT)
- Zones of Regulation
- Conflict Resolution Therapy

One of the many responsibilities of the licensed mental health school professional is to make referrals for outside services in partnership with families. The referral process includes strategies to help address economic, logistic, and cultural barriers to accessing mental health care.

In the school district’s Head Start program, a mental health professional facilitates mental health services to children and families including, but not limited to, providing mental health
consultation; designing program practices to promote social emotional development and effectively address challenging behavior; and providing education on mental health issues.

In the school district’s school-age educational program, a mental health professional (school counselor, school psychologist, school intervention therapist, or licensed mental health school professional), facilitates mental health services to students including, but limited to, providing mental health consultation; designing treatment plans; providing evidence-based intervention, providing case management; providing education on mental health issues; and making referrals to community-based mental health providers for treatment and recovery services.

Community-based mental health referral agencies for accessing treatment and recovery services include, David Lawrence Mental Health Center; FSU Center for Child Stress and Health; NAMI of Collier County; Catholic Charities; Lutheran Services; Valerie’s House; Youth Haven; and Healthcare Network of Southwest Florida. In an effort to improve the social emotional and mental health of children, parents may also access information on prevention and intervention from the Children’s Advocacy Center; Mental Health Association of Southwest Florida; and Collier Resource Center.

Section III: Program Implementation and Outcomes

*Students Screened/Assessed, Referred, Services Received*

An assessment is provided to students and families who are beginning treatment with a school-based or community mental health provider. Parent consent is required. Typically, the assessment entails understanding the formative aspects of a student’s life (e.g., social, emotional, mental, and physical histories; substance abuse; school performance; relationships with peers and family; values and beliefs; coping strategies). The student and school mental health provider (school psychologist, licensed mental health school professional, and school intervention therapist) determine goals and objectives for a treatment plan. A diagnosis is neither required, nor assigned by a mental health professional employed by the school district in order for a student to access school mental health services.

A mental health diagnosis may, however, be assigned by a clinical therapist or psychiatrist within community mental health care through the referral process. The treatment team discusses the diagnosis with the student and parents and proposes a plan of services and supports to be provided at school and in the community.

*Number of Students Screened/Assessed*

A Mental Health Assistance Plan Outcomes Report will be submitted to the Department of Education, annually, by September 30th each year, pursuant to requirements of the District’s receipt of funds for the expansion of school mental health services. Systems are in place to report only the number of students who received screening/assessments, services/assistance, and referrals to community mental health agencies. These numbers will
be disaggregated by whether services were provided by a district-employed or contracted mental health service provider.

The numbers of students to be reported will be accessed through a variety of District systems, including:

- Number of Teacher and Peer Nominations
- Number of students who participated in Student Voice survey, grades 3-12, asking our students how school staff can best support them socially and emotionally (a measure of pro-social skills promoting mental wellness)
- Number of students identified through the early warning system, academic and behavioral indicators including attendance, office discipline referrals, suspensions, grades resulting in a school problem solving team assessment and development of a Student Success Plan
- Number of students assessed, referred, and provided treatment as documented in the District-purchased 504/IEP system

Program Outcomes 2018-2019

<table>
<thead>
<tr>
<th>Section A. Services Provided by District-employed mental health service providers (school counselors, school psychologists, licensed mental health professionals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of students who received school-based mental health screenings or assessments</td>
</tr>
<tr>
<td>Number of students referred to school-based mental health services providers</td>
</tr>
<tr>
<td>Number of students who received mental health services or assistance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B. Services provided by contracted or collaborative mental health service providers (Children’s Advocacy Center, Youth Haven, Catholic Charities, David Lawrence Mental Health Center)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of students who received mental health screenings or assessments</td>
</tr>
<tr>
<td>Number of students referred to contracted school-based mental health services providers</td>
</tr>
<tr>
<td>Number of students referred to community mental health programs, agencies, or providers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C: TOTAL of Sections A and B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL number of students who received mental health screenings or assessments</td>
</tr>
<tr>
<td>TOTAL number of students referred for services or assistance</td>
</tr>
<tr>
<td>TOTAL number of students who received services or assistance</td>
</tr>
</tbody>
</table>

Exceptional Education and Student Support Services and MIS have worked together to develop an automated mental health referral, services, and monitoring system in the District’s student information system.
School-Based Mental Health Services Providers

School mental health services within Collier County Public Schools are described in greater detail in the plan below. School counselors, school psychologists, licensed mental health school professionals, and school intervention therapists are essential to positive school outcomes.

School Counselors
School Counselors are critical to recognizing warning signs: changes in school performance (changes in grades, attendance), mood changes, complaining of illness before school, increased disciplinary problems at school, experiencing problems at home or family situation (stress, trauma, divorce, substance abuse, exposure to poverty conditions domestic violence), communication from teachers about problems at school, and dealing with existing mental health concerns. Collier is fortunate to have a full-time school counselor employed in every elementary school and more than one in all secondary schools; several schools have three. School Counselors will continue to deliver the school counseling core curriculum that proactively enhances awareness of mental health; promotes positive, healthy behaviors; provide responsive services including internal and external referral procedures, short-term counseling or crisis intervention focused on mental health or situational (e.g. grief, difficult transitions) concerns with the intent of helping the student return to the classroom and removing barriers to learning; provide school-based prevention and universal and targeted interventions for students with mental health and behavioral health concerns; and direct students and parents to school and/or community resources for additional assistance. Credentials of these mental health services providers will meet Florida School Counselor Certification requirements.

School Psychologists
School psychologists provide a range of preventative, early intervention, and acute mental health assessments and treatments. They are uniquely qualified to perform psycho-educational assessments for learning, behavior and mental health problems; provide evidence-based mental health interventions, and group and individual counseling; risk assessments (threats of suicide/homicide); crisis counseling and intervention services, and recovery (postvention) services dedicated to restoring and maintaining a safe and healthy learning environment for students and staff after critical incidents on or near a school campus. In 2017-2018, 24 school psychologists were employed by the District. In addition to these 24 current positions, seven (7) new positions were allocated in 2018-2019. A total of six (6) school psychologists were employed or contracted and funded through Mental Health Assistance categorical funds.

With these new positions, a school psychologist was assigned full-time at each comprehensive high school and the selected middle schools to support school mental health services. Credentials of these mental health service providers meet one or more of the following requirements: Florida Department of Education Certificate in School Psychology,
and/or Florida’s Department of Health license. Licensure is not a requirement for an individual who is hired by the school district, although the district finds it advantageous for individuals to meet the definition in s. 490.003(7).

**Licensed Mental Health School Professional**

In Spring 2018, the school district employed a licensed mental health school professional to provide counseling services (Tier 2 and Tier 3) to students who were considered at risk of threat to harm others and alternatively placed in an Alternative School, New Beginnings or Phoenix. A second licensed mental health professional was allocated in Fall 2019. Credentials of these mental health service providers meet Florida’s Department of Health licensure under chapter 491.

A total of nine (9) Licensed Mental Health Professionals were employed or contracted by the District and funded through Mental Health Assistance categorical funds. These positions provide a range of preventive, early intervention, and acute mental health assessments and treatments in group, individual, or family modalities. They mobilize family, school, and community resources to enable a child to learn as effectively as possible in his or her educational program; provide staff with essential information to better understand factors (cultural, societal, economic, familial, health, etc.) affecting a student's performance and behavior; obtain and coordinate community resources to meet students’ mental health needs and provide counseling and case management for students and families requiring multiple resources; and provide school mental health services by: developing intervention strategies to increase academic success; assisting with conflict resolution and anger management; helping the student develop appropriate social interaction skills; and assisting the student in understanding and accepting self and others.

Credentials of these mental health service providers meet one or more of the following requirements: Florida Department of Education Certificate in School Social Work, and/or Florida’s Department of Health license. Licensure is not a requirement for an individual who hired by the school district although the district prefers and finds it advantageous for individuals to be licensed under chapter 491.

**Special Education Counseling**

School mental health renders special education services to identified students utilizing a tiered service approach. Tier 1 includes counseling as a related service designated by an Individualized Education Program (IEP) for a student whose behavioral and emotional needs affect his/her ability to benefit and progress from his/her educational program. This counseling service is provided by the school counselor or school psychologist, or a combination of the both. Tier 2 includes educationally related targeted counseling services as a related service designated by an IEP for a student with behavioral and emotional needs manifested in the school, home, and/or community settings. This therapeutic counseling is provided by an Exceptional Student Education (ESE) School Intervention Therapist (social
worker). Tier 3 includes intensive counseling services designated by an IEP for a student with behavioral and emotional needs and provided individually by the Therapist. Case management for these students is continuously provided at Tier 2 and Tier 3.

Seven (7) School Intervention Therapists were employed in 2017-2018. This allocation increased by a 1.0 full time position in 2018-19. Credentials of these mental health services providers meet one or more of the following requirements: Florida Department of Education Certificate in School Social Work, and/or Florida’s Department of Health license. Licensure is not a requirement for an individual who is hired by the school district although the district finds it advantageous for individuals to be licensed.

Other Services and Programs
In addition to the four main school mental health provider programs mentioned above, District-employed behavior analysts/management specialists (24) provide behavior management services, functional behavioral assessments, positive behavior intervention plan development, staff training, monitoring, and intervention with students with emotional-behavioral disabilities and within the autism spectrum, including students with co-occurring mental health diagnoses.

Moreover, the school district works in collaboration and coordination with several community-based mental health services providers. Procedures ensure students who are referred to a community-based mental health service provider for mental health screening for the identification of mental health concerns and ensure that the assessment of students at-risk for mental health disorders occurs within 15 days of referral. Community-based mental health services must be initiated within 30 days after the school or District makes a referral. These timelines have been discussed with community mental health providers and will be included in all agreements.

<table>
<thead>
<tr>
<th>Number Contracted</th>
<th>Agency</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>.4 FTE</td>
<td>David Lawrence Mental Health Center</td>
<td>Assessment, treatment, individual therapy, and case management services are provided within the context of their local mental health system, providing wraparound mental health, to students within the District’s Educational Day Treatment program.</td>
</tr>
<tr>
<td>1.6 FTE</td>
<td>Licensed Mental Health Professionals</td>
<td>Case management services (including sharing confidential information given a signed parent release) to students returning to school after a Baker Act, admission into the crisis stabilization unit, or partial hospitalization program.</td>
</tr>
<tr>
<td>1.0 FTE</td>
<td>Catholic Charity Services</td>
<td>Mental health services— assessment, intervention, counseling, case management</td>
</tr>
<tr>
<td>1.0 FTE</td>
<td>Catholic Charity Services</td>
<td>Individual and group counseling are provided for students at-risk of or identified as having a mental health diagnoses and provided educational services in a school's regular education classroom.</td>
</tr>
</tbody>
</table>
Section III: Expenditures

Allocated to Direct Mental Health Services
In 2018-2019, 100% of the Mental Health Assistance Allocation funds were allocated to employ or contract licensed mental health professionals – school psychologists and licensed mental health professionals. The District employs or contracts for seven (7) school psychologists and nine (9) licensed mental health professionals. A school psychologist is assigned full-time to five comprehensive high schools and two middle schools.

Seven (7) licensed mental health professionals are assigned to high school feeder patterns, and two (2) are assigned at the Immokalee and Naples alternative school sites (one of which was funded through these funds). Additionally, one (1) serves as the Supervisor of Mental Health Supports and Social Emotional Health and is funded through Mental Health Assistance dollars.

The Mental Health Assistance Allocation will sustain the licensed mental health professionals and school psychologists hired in 2018-19. Additionally, funds will support the employment of an additional licensed mental health professional to support students and families in Immokalee.

In 2019-20, the District is purchasing Can Do U, a program that includes Social Emotional Learning (SEL) videos for high school students. This program will be implemented in Alternative Schools during SEL Advisory Homeroom (new), and purchased with funds from the Mental Health Assistance Allocation. Each Can Do U video focuses on real life topics for students, e.g. Creating a Vision, and Decision Making and Peer Pressure. Each video is 100% aligned with CASEL’s 5 Social and Emotional Learning Competencies, and includes self-grading quizzes, discussion guides, questions, and collaborative student activities. Additional activities during SEL Advisory homeroom time include career planning, free choice reading of selected SEL themed literature, and discussion with staff facilitator and peers.

Mental Health Assistance Allocation Funds
The allocated funds provide personnel for tiered level school mental health supports in all traditional public schools. Additionally, funds will be used in 2019-20 to purchase two evidence-based social emotional learning (SEL) programs for students alternatively placed at Phoenix and New Beginnings. Funds will support the costs associated with, including professional development, Second Step (grades 3-8) and Can Do U (grades 9-12).

Charter schools within Collier’s jurisdiction submitted a plan independently from the school district. The District provided a proportionate share of the Mental Health Assistance
Allocation funds were given to each charter school. The District will continue this practice in 2019-20.

Nationally Recommended Ratio Models

Collier County Public Schools (CCPS) strives to improve staffing ratios for school counselors and school psychologists. Direct employment of school-based mental health service providers is utilized to expand and enhance school-based student services and to reduce the ratio of students to staff. In addition, our partnerships with community mental health providers helps expand our school-based mental health service providers for students in need of care.

Florida defines a mental health professional to include a school counselor, school psychologist, social worker, or licensed mental health professional. CCPS has 123 mental health professionals providing supports and services to 44,446 students in grades Pre-K – 12. These professionals include 106.5 school counselors, 31 school psychologists, and 19 school social workers or licensed mental health professionals providing indirect and direct services to students in Collier County Public Schools. When combining all of the school mental health professionals the District has a student to staff ratio of 284:1.

The disaggregated ratio of the District’s student-to- school psychologist, school counselor, and social worker ratios exceed the recommended ratios of the National Association of School Psychologists (500 to 700:1), American School Counselor Association (250:1), and the National Association of Social Workers (250:1). A CCPS Differentiated Staffing Workgroup (comprised of both district and school administrators) meets four (4) times per school year to review and revise, as needed, current staffing formulae to ensure staff allocations are allocated in a fair, equitable, differentiated and fiscally responsible manner. This workgroup supports the overarching consolidated planning process to leverage the District’s general and special revenue funds and human capital to support student achievement and development.

The Differentiated Staffing Committee recommended an additional .5 school counselor allocation to four of the largest elementary schools in CCPS. This recommendation was approved for school year 2019-2020; operational funds will support this need. The District exceeds the Mental Health Assistance Allocation funds to provide additional staff and training in this area.

Strategies to Increase Direct Mental Health Services

The District engaged school mental health professionals in conversation in which they communicated their concerns openly. District administrators provided guidance to school administrators in identifying strategies to increase the amount of time student services personnel spend providing mental health services emphasizing our commitment to delivering evidence-based interventions. In addition to a comprehensive review of the tiered system of supports specified in Appendix A, strategies emphasized included:
• limiting program management and school support activities (e.g. scheduling vision screenings, student duty time) to account for 20 percent of time to increase indirect and direct service time
• training a team of professionals on the administration of the Woodcock Johnson Test of Achievement (previously, the sole responsibility of the school psychologist)

Assurances
Collier County Public Schools assures the State that it will use the Mental Health Assistance Allocation to supplement, and not supplant other funding sources, or increase salaries, or provide staff bonuses.

Other Funding Sources
The school district will continue to identify systems to establish funding streams for its expansion of school mental health services. The District will continue to utilize operating funds to offset the salary and benefits of the mental health professionals allocated to schools to support school mental health.

Medicaid Claiming
In addition to the Mental Health Assistance Allocation, the school district will continue to maximize its Medicaid claiming (reimbursements), specific to assessment, diagnosis, and intervention provided by school psychologists, school intervention therapists, and its new licensed mental health professionals. We work with an outside vendor to ensure our system's focus on ensuring a fully IDEA compliant special education program allows us to maximize reimbursement for our eligible students.

Additionally, to maximize funding, it is our intent to bill for services rendered to all Medicaid-eligible students the following district-employees:

- Licensed school psychologist under Chapter 490
- FDOE certified school psychologist
- Licensed clinical social worker under Chapter 491
- Licensed mental health counselor under Chapter 491
- Licensed family and marriage therapist under Chapter 491
- FDOE certified social worker
- FDOE certified school counselor
- Certified Behavior Analyst

Title IV Grant Funds
To build its capacity for school safety and crisis response, all current school psychologist employees and school intervention therapist employees participated in the 3-day PREPaRE Workshops. Additionally, eight (8) from this group participated in the Training of Trainers (TOT) PREPaRE Workshop 2 and can now offer workshops to train other staff and crisis team members to prepare for, respond to, and recover from a variety of crises in the school setting. This TOT program was made available through Title IV grant funds in March 2018.
Community Partnerships
The school district continues to collaborate with community partners to provide Youth Mental Health First Aid training opportunities to administrators, teachers, and school staff on how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Cost of the required course booklet is funded through District operating dollars or obtained through SEDNET.

School District Facilitates Access to Quality Care Through Services Outreach
To facilitate access to quality care through services expansion and outreach, the District:
- Focused on increasing professional learning by expanding the quality of the school mental health workforce through outreach and partnerships with community agencies/organizations; university programs; provider training and technical assistance.
- Increased the mental health literacy of the District by training school administrators and other school personnel, and law enforcement, and members of school Behavioral Threat Assessment Teams to understand and be able to detect the signs and symptoms of mental illness and engage and connect individuals to care.

Effectiveness of Services
According to a research review in the September/October 2017 issue of the Harvard Review of Psychiatry published by Wolters Kluwer, there is evidence that large-scale, school-based programs can be implemented in a variety of diverse cultures and educational models as well as preliminary evidence that such programs have significant, measurable positive effects on students’ emotional, behavioral, and academic outcomes.

CCPS will show the effectiveness of school mental health services through outcome data evidenced by students having earlier access to evidence-based mental health practices implemented within its tiered framework. Outcome data that will be used to evaluate effectiveness of service will include, but not be limited to:
- Positive Behavior Interventions and Supports (PBIS) model school status
- Reduced inappropriate referrals into special education
- Improved learning and behavioral outcomes
- Number of students accessing tiered social, emotional, and behavioral supports
- Students who participate in SEL will demonstrate through Student Voice (surveys administered in September and again in April) that they show better teacher-student relationships and sense of belonging
- School climate data
# Multi-tiered Prevention and Intervention

## Improving Student Social Emotional and Behavioral Wellbeing

<table>
<thead>
<tr>
<th>Tier 1 Universal (promotion of mental and behavioral wellness and prevention of mental and behavioral health problems)</th>
<th>School Counselor</th>
<th>School Psychologist</th>
<th>Licensed Mental Health Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consults to create orderly and nurturing school environment</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Engaging School Climate</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Positive relationships with students and families</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Chronic absence mentor and data monitoring</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Positive and improved attendance recognized</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Participates in multidisciplinary, data-based decision making team for regular review of student data (both behavioral and academic)</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Assists school-wide social emotional learning (SEL) priority through principal-led weekly video presentations and existing school curriculum and daily activities to decrease impulsive and aggressive behavior and increase social competence</td>
<td>☒</td>
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<td></td>
</tr>
<tr>
<td>Collaborates with administrators and teachers on Tier 1 universal strategies to promote social emotional well-being of all students, e.g. bullying, school connectedness, structured SEL curricula in general education, parent education</td>
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<td>☒</td>
<td></td>
</tr>
<tr>
<td>Promotes positive/secure relationships (e.g. Sanford Harmony K-6, Buddy Bench K-5, We Dine Together 6-12)</td>
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<td>☒</td>
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</tr>
<tr>
<td>Promotes student voice activities (grades 3-12 annual student survey in September and April) to measure student perceptions about the school’s teaching and learning giving feedback on what SEL area needs strengthening (e.g. school teacher-student relationships, sense of belonging)</td>
<td>☒</td>
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<td></td>
</tr>
<tr>
<td>Assists with implementing school-wide positive behavior interventions and supports with a focus on creating a positive school climate</td>
<td>☒</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Provides school-wide mental wellness training to increase awareness and reduce stigma (e.g. suicide and mental health awareness and prevention, and trauma-informed practices)</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Collaborates with educators, parents, and students in provision of mental health supports: SEL, mental health wellbeing, resilience, and positive student connections with peers, family, school, and community</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Integrates SEL with comprehensive school counseling program (e.g. promote general social skills, self-management, self-regulation, cooperation)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Consults on evidence-based decision making and intervention planning (academic, and social emotional, behavioral issues)</td>
<td></td>
<td>x</td>
<td>Supportive role</td>
</tr>
<tr>
<td>Conducts New Student 30/60 Day Check-Ins</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Consults with teachers, staff, and families about strategies to facilitate social and emotional development and behavioral health wellbeing</td>
<td></td>
<td>x</td>
<td>Supportive role</td>
</tr>
<tr>
<td>Consults with staff regarding classroom and/or school-wide approaches to behavior and develop positive behavior supports and interventions</td>
<td></td>
<td>x</td>
<td>Supportive role</td>
</tr>
<tr>
<td>Assists with identification of students with mental health and/or social emotional behavioral issues</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Mentoring programs</td>
<td></td>
<td>x</td>
<td>Supportive role</td>
</tr>
<tr>
<td>Provides trauma informed training for school staff</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Provides mental health first aid training for school threat assessment/crisis intervention teams</td>
<td></td>
<td>x</td>
<td>Supportive role</td>
</tr>
<tr>
<td>Participates in the school-based initial response behavioral threat assessment team</td>
<td></td>
<td>x</td>
<td>(if school counselor not available)</td>
</tr>
<tr>
<td>Tier 2 Supplemental/At-Risk</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>----------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(direct and indirect services to address emerging mental and behavioral health problems and prevent risky behaviors):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School Counselor</strong></td>
<td><strong>School Psychologist</strong></td>
<td><strong>Licensed Mental Health Professional</strong></td>
<td></td>
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<tr>
<td>------------------------</td>
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<td></td>
</tr>
<tr>
<td>Consults with administrators, school counselors, school psychologists, and teachers on decision rules for early identification and access to Tier 2 interventions for some students exposed to trauma and at-risk for further impact, and to support students at-risk of or with mild mental health challenges</td>
<td>Supportive role</td>
<td>X</td>
<td>Supportive role</td>
</tr>
<tr>
<td>Student Success Plan addresses barriers and interventions needed to support emotional, behavioral and academic needs</td>
<td>X</td>
<td>X</td>
<td>Supportive Role</td>
</tr>
<tr>
<td>Connection Coaches for students at-risk (e.g. students who are, or at-risk of chronic absences)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Facilitates Handle with Care support to students for the purpose of creating smooth transitions to and from school after a traumatic or stressful event (including evaluating the degree to which individual suffered psychological trauma, providing crisis intervention, and making mental health referrals when appropriate)</td>
<td>Supportive role</td>
<td>X (responsibility of AP when not on school campus)</td>
<td></td>
</tr>
<tr>
<td>Conducts behavioral threat assessments/screenings and shares information with team to assist in the school’s action (e.g. discipline, mental health referral)</td>
<td>Supportive role</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Provides evidence-based group social, emotional, and behavioral interventions based on need</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Monitors intervention fidelity and student progress</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conducts skills group counseling (e.g., social skills, anger management)</td>
<td>X</td>
<td>Supportive role</td>
<td>Supportive role</td>
</tr>
<tr>
<td>Helps to assess and interpret behavioral data to monitor response to interventions</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Develops and monitors individual student behavior intervention plans</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mentors individual students at-risk or identified having social emotional and behavioral problems</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Facilitates collaboration among family, school, and community to address behavioral mental health problems and impact of cultural issues</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Facilitates school–family collaboration to address mental and behavioral health problems</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Conducts brief short-term solution-focused group and individual counseling to help deal with various behavioral, learning, social-emotional concerns</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Collaborates and coordinates services with MTSS staff and parents</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Maintains contact with and acts as a liaison between home, school, community mental health agencies to enhance social emotional wellness</td>
<td>Supportive role</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Follows protocols for responding to bullying and makes appropriate referrals to ESE Program Specialist for 504/IEP consideration</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Conducts functional behavior assessments, and develops and monitors behavior intervention plans</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborates with community agencies to connect school and community resources to address barriers to learning and mental wellness</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Provides counseling as a related service designated by an IEP for a student whose behavioral and emotional needs affect his/her ability to benefit and progress</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3 Individualized Intensive</strong> (direct and indirect services to address identified mental and behavioral health problems)</td>
<td>School Counselor</td>
<td>School Psychologist</td>
<td>Licensed Mental Health Professional</td>
</tr>
<tr>
<td>Provides Tier 3 intensive, evidence-based individualized interventions to address trauma and mental health factors and support students with mental health challenges and progress monitoring</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Coordinate school and interagency response</td>
<td>Supportive role</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Conducts threat assessments and shares information with team to assist in the school’s action (e.g. discipline, mental health referral)</td>
<td>Supportive role</td>
<td>X</td>
<td></td>
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<tr>
<td>Activity</td>
<td>Role</td>
<td>Supportive Role</td>
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<tr>
<td>Conducts suicide risk assessments and shares information with relevant</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>individuals to ensure safety of students</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Provides brief solution-focused therapy to students in need, including</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>individual and group counseling, even in the absence of a clinical</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>diagnosis or identified educational disability</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Conducts psychological assessments of social, emotional, and behavioral</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>problems with students</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Provides school-based crisis intervention/crisis response services</td>
<td>Supportive role</td>
<td>Supportive role</td>
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<tr>
<td>Facilitates collaboration among school providers with community agencies</td>
<td>Supportive role</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>and other outside mental and behavioral health providers</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Develops treatment plans and provides care based on clinical experience,</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>knowledge, and information obtained about student through interviews,</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>assessments, observations, and private or community mental health</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>reports</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Collaborates with community agencies connecting school and community</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
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<tr>
<td>resources to improve communication and processes including mental</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>health referral and follow-up procedures</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Conducts functional behavior assessments, and develops and monitors</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>behavior intervention plans</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Provides supports that facilitate a return to normalcy in an aftermath of</td>
<td>Supportive Role</td>
<td>Supportive role</td>
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<tr>
<td>a disaster or traumatic event, and assists to identify and work with</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>students with more intense or ongoing needs</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Intervenes with problems in a child's living situation that impact</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>adjustment in school/home/community and facilitates family partnership</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>and communication</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Maintains an ongoing positive communications with community agencies and</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>other resources to meet student needs; refers parents and student to</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>agencies when appropriate</td>
<td>X</td>
<td>Supportive role</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Meets with families, law enforcement, child advocacy, mental health counselors, and other relevant parties to exchange information during the treatment process <em>(information sharing with provider permissible only with signed release)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborates with administrators and other school personnel in crisis prevention and intervention response in the advent of a student or staff member’s sudden illness, injury or death (including engaging in activities to reaffirm physical health &amp; student perceptions of safety and security, evaluating the degree to which individuals have suffered psychological trauma, providing crisis intervention and response to the needs of students, and examining effectiveness of crisis intervention and recovery efforts)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Refers students for intensive mental health care / interventions <em>(information sharing with provider permissible only with signed release)</em></td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Provides resources and information to school staff and/or parents regarding characteristics, intervention, and treatment of mental disorders</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Identifies resources and connects families with other mental health professionals and/or agencies to address students’ behavioral and social emotional needs interfering with students’ ability to learn and adjust in school</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Provides case management for students and families requiring multiple social and/or mental health care resources</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Provides counseling as a related service designated by an IEP for a student whose behavioral and emotional needs affect his/her ability to benefit and progress from his/her educational program <em>(services are part of the student’s emotional behavioral disability placement in an Intensive Behavioral Intervention (IBI) special class)</em></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Data and strategy sharing between school and agency staff</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Resources: [www.nasponline.org](http://www.nasponline.org); [www.schoolcounselor.org](http://www.schoolcounselor.org); [www.socialworkers.org](http://www.socialworkers.org)
Appendix B
School Mental Health/Substance Abuse Services Decision Tree

Identification & Referral
School Administrator
School Staff

Problem Solving Team Data Review
(e.g. attendance, behavior, health, academics, parent/student report)

No mental health (MH) or substance abuse (SA) risks identified
Tier 1 interventions continue and are monitored by Tier 1 Providers:
Teachers
School Counselor
School Administrators

Need additional assessment by a mental health professional administered with parent consent within 15 days of referral

Mental health and/or substance abuse concern identification - initiation of school-based mental health services shall begin within 15 days after identification and assessment and 30 days if referred for community-based mental health services

Minimal to Moderate risk of MH and/or SA

Tier 2 Services
Skills/Solution-Focused group counseling
Family Consultation
Referral Services

Providers:
School Counselor
School Psychologist

Moderate risk of MH and/or SA

Tier 2 Services
Mentoring
Group Counseling
Family Consultation
Referral Services

Providers:
School Counselor
School Psychologist

High risk of MH and/or SA

Tier 3 Services Individual Counseling FBAPBP
Family Consultation Referral Services

Providers:
School Psychologist
Licensed Mental Health Professional

Tier 3 Services Family-Based Services

Community Resources

* Mental Health Professionals: School Counselor, School Psychologist, LMHP
**LMHP referral initiated by school psychologist
School Mental Health Services Referral for Alternative School Placement

Alternative School Placements/New Beginnings/Phoenix

Results in School Mental Health Services Referral*

School Mental Health (SMH) Professional meets with student and parent upon enrollment at New Beginnings or Phoenix to determine need for school mental health services

Parent consent obtained to provide services by a SMH professional to begin within 15 days after identification and assessment

If parent consent is denied, community Mental Health Provider referral information is shared with parent. Initiation of community services shall begin within 30 days after the school/district makes a referral

*Students who have brought or were in possession of a firearm, or weapon, or made threats or false reports will be referred to Mental Health Services, pursuant to Senate Bill 7026, and must present evidence of having received and/or attended counseling sessions for which a referral was made. The evidence should only validate receipt of services, not the content of the services and/or counseling provided.
School Licensed Mental Health Professional (LMHP) Response to Referrals

Community Partners

Result of a Re-Entry from Out-of-School Placements (Alternative Schools, Baker Act, Crisis Stabilization, Detention, Residential Facility) – services initiated within 15 days after identification and assessment

LMHP Consultation with interdisciplinary staff

Professional Staff Trainings

Schools

Result of a Safety and/or Mental Health Referral (SB7026) or MTSS Problem Solving Team Referral for Tier 3 Intervention

Assessment of students at risk for mental health disorders shall occur within 15 days of referral

Initiation of school-based mental health services shall begin within 15 days after identification and assessment

LMHP Services (Consult, Direct, Case Management)

LMHP Consultation with interdisciplinary staff

Professional Staff Trainings

Student Relations

Result of a Positive Response to the New Student Enrollment Question (SB7026)

Has your child received previous mental health services?