



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org



# **2021-2022 Mental Health Application**

**Part I: Youth Mental Health Awareness Training Plan**

**Part II: Mental Health Assistance Allocation Plan**

**(Insert District Name)**

**Lee County**

Deadline for submission to ShareFile  
on or before August 1, 2021

## 2021-2022 Mental Health Application

### Purpose

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part I includes the YMHAT Plan and Part II includes the MHAAP

#### Part I. Youth Mental Health Awareness Training Plan

In accordance with section (s.) [1012.584](#), Florida Statutes (F.S.), the YMHAT allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

#### Part II. Mental Health Assistance Allocation Plan

In accordance with s. [1011.62\(16\)](#), F.S., the MHAA Plan allocation is to assist districts in establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

### Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) ShareFile by the deadline **August 1, 2021**.

There are two submission options for charter schools:

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

#### Part I. Youth Mental Health Awareness Training Plan

**YMHAT Objective:** provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

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### Part I. Youth Mental Health Awareness Training Plan and Projected Budget

#### Section A: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in Youth Mental Health First Aid (YMHFA)?
There are <b>20</b> % of employees trained and certified as of <b>6/30/21</b> (date)
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
<p>Goal 1: The district will train 525 additional staff in Youth Mental Health First Aid.</p> <p>Goal 2: Certified Youth Mental Health First Aiders originally certified in 2018-2019 will complete the YMHFA refresher course to maintain certification.</p> <p>Goal 3: Continue to offer the Kognito “At Risk” modules as on-demand training in addition to staff attending the YMHFA course.</p>
3. In addition, the annual goal for the 2021-2022 school year is to train:
27        % of employees as of <b>6/30/22</b> (date)
4. Explain the training goal(s) for the next 3-5 years.
Annual training goals for the next 3-5 years include training a minimum of 500 staff per year in Youth Mental Health First Aid; providing the refresher course to already certified Youth Mental Health First Aiders that are required to complete the online refresher to maintain YMHFA certification; and continuing to offer Kognito “At Risk” training as a mental health training option with the ultimate goal of all staff being certified Youth Mental Health First Aiders as quickly as annual funding permits.
5. What is the procedure for training new personnel to the district?
As new staff is hired, the Kognito training is made available immediately. School leaders ensure new and existing school staff that have not yet attended YMHFA training are aware of the posted class dates and process to register for district open-enrollment YMHFA courses. The district also offers school-wide YMHFA training at school sites for interested school leaders. For new staff that are already certified in YMHFA, the refresher course is offered to maintain certification.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> <li>• YMHFA</li> </ul>
Staff are highly encouraged to take YMHFA training and school leaders frequently offer sessions on campus after school hours. YMHFA is offered face-to-face and via zoom. The district intends to return to face-to-face format as much as possible pending pandemic safety protocol updates. If that is not feasible, the live zoom sessions will be offered so training can continue to move
<ul style="list-style-type: none"> <li>• YMHFA Recertification</li> </ul>
Staff that are current certified youth mental health first aiders with an expiring certificate during this fiscal year will be identified for recertification, notified of its availability, enrolled in the online refresher courses, and paid a stipend for the 90-minutes of online instruction. This will be repeated annually to ensure expiring YMHFAiders are maintaining active certification.
<ul style="list-style-type: none"> <li>• Kognito At-Risk Modules (at all three levels: elementary, middle, high school)</li> </ul>
The Kognito At-Risk Modules will continue to be advertised to staff as on-demand mental health training. While valuable and important training, the Kognito modules may not take the place of YMHFA training, per guidance from the FDOE. Staff continue to be encouraged to engage in these Kognito modules as well as in YMHFA to ensure access to training on demand and also in person.

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### Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
<b>1. Stipends</b> (Detailed # of personnel and stipend cost per person)	YMHFA Trainer Stipends (2 certified trainers per class x 21 classes x \$228.27 stipend) YMHFA Trainee Stipends (\$105 training stipend x 25 trainees per class x 21 classes) YMHFA Refresher Trainee Stipends (\$24.23 x 400)	456.54 2625.00 24.23	\$ 74,404.34
<b>2. Materials</b> (Detail # of units x individual unit cost, plus shipping)	Training supplies and printing of participant guide will be paid for from MHAA carryover and other funding unless additional YMHAT funds are provided.		\$ 0.00
<b>3. National Council (YMHFA) Training</b> (Detailed description of each training activity to include # of personnel and individual training costs)	YMHFA Training Units (641 units) YMHFA Refresher Training to maintain YMHFA certification (400 units)	23.95 29.95	\$ 27,331.95
<b>4. Additional Kognito Modules</b> (Provide the name of training module and cost)			\$ 0.00
<b>TOTAL 2021-2022 BUDGET:</b>			\$ 101,736.29
<b>5. Additional narrative (optional):</b>			

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### Part II. Mental Health Assistance Allocation Plan s. [1011.62 \(16\)](#), F.S.

#### Section A: MHAA Plan Assurances

##### The district assures...

- ✓ One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.
- ✓ Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.
- ✓ Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).
- ✓ Collaboration with FDOE to disseminate mental health information and resources to students and families
- ✓ The district website includes local contacts, information and resources for mental health services for students and families.
- ✓ Includes a system for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

##### A school board policy or procedure has been established for...

- ✓ Students referred for a mental health screening assessed within 15 calendar days of referral.
- ✓ School-based mental health services initiated within 15 calendar days of identification and assessment.
- ✓ Community-based mental health services initiated within 30 calendar days of referral coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in student care.
- ✓ Assisting a mental health services provider or a behavioral health provider as described in s. [1011.62](#), F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. [394.463](#), F.S. Procedures include must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. [393.063](#), F.S.
- ✓ The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. [394.463](#), F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. [394.463](#), F.S. Such contact may be in person or using telehealth, as defined in s. [456.47](#), F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.

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### *Section B: Planned Outcomes*

**Identify one or two specific and measurable outcomes for your district's plan to achieve through the 2021-2022 evidence-based mental health program.**

A minimum of 75% of students referred, screened, and identified for mental health services will engage in the specific evidence-based practice/service indicated in the MHAAP, as measured by pre- and post-administrations of the Strengths & Difficulties Questionnaire or Pediatric Checklist.

### *Section C: District Program Implementation*

**Please include the following in this section:**

#### **1. Evidence-Based Program (EBP) and Description**

Name and provide the essential elements of the EBP you will be implementing through a Multi-Tiered System of Supports (MTSS) using one or more of the preferred EBP/Practices found in [Blue Menu of Evidence-Based Psychosocial Interventions for Youth](#) and the [SAMHSA Evidence-Based Practices Resource Center](#).

Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.

**\*If you will be using another EBP other than those provided above please explain using the same format listed.**

#### **2. EBP Implementation**

This should include:

- Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies and how these will assist students dealing with trauma and violence.
- Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

#### **3. Outcome Measures**

- Provide the outcome measures of your EBPs and how each aligns with your overall annual program goals in Section 2.

#### **4. Multi-tiered System of Support (MTSS)**

- Identify the tier(s) of the EBP being implemented.

### **Appendix Examples**



## 2021-2022 Mental Health Application

**Table 1: District Program Implementation**

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Second Step is a universal classroom-based program for pre-kindergarten through eighth grade. It is designed to increase students' school success and decrease problem behaviors by promoting social-emotional competence and self-regulation. Second Step teaches skills that strengthen students' ability to learn, have empathy, manage emotions, and solve problems. The program targets key risk and protective factors linked to a range of problem behaviors. Equipping students with Second Step skills creates a safer, more respectful learning environment that promotes school success for all.	<p>School counselors support classroom teachers in the implementation of SEL supports for students age 5-10</p> <p>Program skills and topics at the elementary level include:</p> <ul style="list-style-type: none"> <li>--Skills for learning</li> <li>--Empathy</li> <li>--Emotion management</li> <li>--Friendship skills and problem solving</li> </ul> <p>Program skills and topics at the middle school level include:</p> <ul style="list-style-type: none"> <li>--Mindsets and goals</li> <li>--Values and friendships</li> <li>--Thoughts, emotions, and decisions</li> <li>--Serious peer conflicts</li> </ul> <p>School counselors provide small group and individual support for students that need additional SEL support.</p>	Improve overall school culture as reported by school staff, parents and students using a district survey.	✓	✓	
Harmony SEL is a social emotional learning program for PK-6th grade students designed to foster communication, connection, and community both in and outside the classroom that consecutively develops students into compassionate and caring adults. Harmony SEL strengthens the learning community by providing everyday activities to practice problem solving and relationship building skills. It is designed to set the stage for positive relationships by increasing student achievement, school enjoyment, and empathy while decreasing stereotyping, bullying, and aggressive behavior.	<p>School counselors support classroom teachers in the implementation of SEL supports for students age 5-10.</p> <p>Program skills and topics at both the elementary and middle school level include:</p> <ul style="list-style-type: none"> <li>--Diversity and inclusion</li> <li>--Empathy and critical thinking</li> <li>--Communication</li> <li>--Problem solving</li> <li>--Peer relationships</li> </ul>	Improve overall school culture as reported by school staff, parents and students using a district survey.	✓		

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Bounce Back, based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), is comprised of ten, one-hour group sessions, two to three individual sessions, and one to three parent education sessions over a three-month period. Sessions cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies, and emotional regulation and coping skills. These methods derive from established successful interventions for children with PTSD, including gradual approach of anxiety-provoking situations and a modified trauma narrative approach.	School counselor, school social worker, school psychologist, or licensed mental health professional will administer the sessions to students ages 5-11. Students will learn to identify feelings that then link through actions using published story books to relate concepts and connect engagement activities and create personal story books as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with “courage cards” tailored to each student. Group sessions are very structured and include agenda setting, review of activity assignments, introduction of new topics through games, stories and experiential activities and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range.  The school-based mental health professional will review the skills the children are learning in	Improve post-traumatic stress symptoms (parent and child reported), anxiety symptom’s (child reported), and emotional/behavioral problems (parent reported).  In terms of risk and protective factors, improve on measures of social adjustment (child reported).		✓	
Evidence-Based Practices Table continues on Page 17					

Additional narrative may be added [here](#)



## 2021-2022 Mental Health Application

### Section D: Direct Employment

**Table 2: MHAA Plan Direct Employment**

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	1:514	1:483
School Social Worker	1:1522	1:1284
School Psychologist	1:2417	1:1911
Other Licensed Mental Health Provider	1:4566	1:2107

Direct employment policy, roles and responsibilities	Description
Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.	Each school has a team of school mental health professionals funded through a combination of district general fund, grant funds, and the mental health assistance allocation. Staffing in each area through these funding sources has reduced staff-to-student ratios.
Describe your district's established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs.	The needs of students, individually and by school, are reviewed regularly and staffing placement and resource allocations are determined based on the level and intensity of the mental health needs at each school. District and school leaders work to maximize time spent on direct mental health services by adhering to the
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	The role of school-based mental health providers (school counselor, social worker, psychologist, licensed mental health professional) is to ensure that the statutory requirements and protocols for school-based mental health services are implemented with fidelity. The school-based mental health provider works directly with the school,

**List the contracts or interagency agreements with local behavioral health providers or Community Action Team (CAT) services and specify the type of behavioral health services being provided on or off the school campus.**

**Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided**

Mental Health Provider:	Agency:	Services Provided:	Funding Source:
Masters and licensed mental health	SalusCare	Direct services--Mental Health/Substance	MHAAP
Masters and licensed mental health	Center for Progress and Excellence	Direct services--Mobile Crisis Team (Crisis)	Agency
Licensed mental health clinician	Catholic Charities	Direct services--Mental Health Counseling	Agency
Peer navigator (minimum background check)	Lee Health/Kids' Minds Matter	Direct services--Mental Health Navigator	Agency

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### Section E: Planned Expenditures

**Table 4: MHAA Planned Expenditures**

<b>Allocation Expenditure Summary</b>	<b>Total</b>
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$ 2,600,000.00
School district expenditures for mental health services provided by staff who are employees of the school district:	\$ 3,160,394.00
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$ 195,000.00
<b>Other expenditures (see below):</b>	<b>\$ 530,108.00</b>
<b>Total MHAA expenditures:</b>	<b>\$ 6,485,502.00</b>

Other expenditures (specify details such as type, supplies, training and amount):

<b>Type: Narrative description with detailed cost</b>	<b>Total Amount</b>
Mileage, technology, and associated costs for MHAA funded itinerant school mental health professionals	\$ 22,000.00
Summer work days for district LMHPs to provide continuity of counseling services	\$ 50,000.00
Training for mental health professionals, school staff, administrators	\$ 7,800.00
Charter school allocations	\$ 450,308.00
<b>Total Other Expenditures:</b>	<b>\$ 530,108.00</b>

## 2021-2022 Mental Health Application

### District Certification

This application certifies that the **Lee County** School Board approved the district's Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section [1011.62\(16\)](#), F.S.

School (MSID) Number	Charter School Name
4305	Athenian Academy Charter School
4102	Bonita Springs Charter School
4111	Mid Cape Global Academy
4212	City of Palms Charter High School
4251	Coronado High School
4302	Donna J. Beasley Technical Academy
4155	Florida Southwestern Collegiate High School - Lee
	See list of additional schools in addendum

Note: Charter schools not listed above will be included in the school district youth mental health awareness plan and mental health assistance allocation plan. If you have more Charter schools to add, please list them on a separate sheet.

**Kenneth A. Savage,** Digitally signed by Kenneth A.  
**Ed.D.** Savage, Ed.D.  
Date: 2021.07.29 14:11:06 -04'00'

Signature of District Superintendent

**Kenneth A. Savage, Ed.D.**

Printed Name of District Superintendent

**7/27/21**

Board Approval Date

## 2021-2022 Mental Health Application

### Charter School Certification

This application certifies that the \_\_\_\_\_ Charter School Governing Board approved the school's Mental Health Assistance Allocation Plan, which outlines the program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

Charter School Administrator Signature:

Printed Name of District Superintendent

Governing Board Approval Date:

# APPENDIX

### Resources for Program Implementation

#### 1. Evidence-Based Program and Description

This is a three-module series about implementing evidence-based programs. The modules in this series are as follows:

**Module 1:** Selecting Evidence-Based Programs for School Settings, which covers using data to inform EBP selection, engaging stakeholders, assessing and building readiness, and reviewing and selecting EBPs; **Module 2:** Preparing to Implement Evidence-Based Programs in School Settings, which covers creating an implementation plan and team, understanding fidelity and adaptations, building staff and organizational competencies, and scheduling implementation; and **Module 3:** Implementing Evidence-Based Programs in School Settings, which covers executing implementation, collecting data and monitoring progress, overcoming barriers and challenges, and planning for sustainability.

Below is a series of interactive, self-paced learning modules on selecting, preparing for and implementing EBPs in school settings.

- [Selecting Evidence-Based Programs for School Settings](#)
- [Preparing to Implement Evidence-Based Programs in School Settings](#)
- [Implementing Evidence-Based Programs in School Settings](#)

Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the [Evidence-Based Practices Resource Center](#) that aims to provide communities, clinicians, policy makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

- [Selecting Evidence-Based Programs](#)
- [Evidence-Based Module Series](#)

#### 2. Assessment Resources

[The SHAPE System Screening and Assessment Library](#) includes instruments appropriate for use in school mental health. Search for the screening or assessment tools that fit your school(s) by focus area (academic, school climate or social/emotional/behavioral), assessment purpose, student age, language, reporter and cost. The Center for School Mental Health team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information.

- [School Mental Health Screening Playbook](#)
- [Desrochers, J., & Houck, G. \(2013\). Depression in Children and Adolescents: Guidelines for School Practice. Handout H: Mental Health Screening in Schools](#)

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### 3. EBP/Practice Implementation for Co-Occurring Mental Health or Substance Use Diagnoses

[Co-Occurring Mental Health or Substance Use Diagnoses](#) Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-Occurring Substance Use

[Blue Prints](#) This interactive search enables you to identify Blueprints – certified interventions based on specific criteria – and browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy but require follow-up research before being recommended for large-scale adoption.

**Table 5: District Program Implementation Examples**

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><b>Example 1</b>  <a href="#">Bounce Back</a>  Bounce Back based on the <a href="#">Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</a> is comprised of 10 one-hour group sessions, two to three individual sessions and one to three parent education sessions that last over a three-month period.</p> <p>Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies and emotional regulation and coping skills.</p> <p>These topics and methods derive from established successful interventions for children with post-traumatic stress disorder (PTSD), including a gradual approach of anxiety-provoking situations <b>and</b> a modified trauma narratives approach.</p>	<p>School Social Workers and Family Therapists will administer the sessions to students ages 5-11. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities and create personal storybooks as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with “courage cards” tailored to each student. Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range.</p> <p>The School Social Worker and Family Therapist review the skills the children are learning in Bounce Back, with the student’s parent.</p>	<p>Improve:  Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported) and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>		X	



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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	<p>Parents can support the children practicing the skills at home.</p> <p>The School Social Worker and Family Therapist will help each child develop a “My Story” trauma narrative. Near the end of the program, the School Social Worker and Family Therapist meets with the parent and child to share the child’s story.</p> <p>The Bounce Back program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.</p>				
<p><b>Example 2</b></p> <p><u><a href="#">Support for Students Exposed to Trauma (SSET)</a></u></p> <p>A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.</p>	<p>SSET is delivered in an easy-to-use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program.</p> <p>Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation.</p> <p>The program consists of 10 45-minute lessons designed to be delivered during one class period. These lessons focus on:</p> <ul style="list-style-type: none"> <li>• common reactions to trauma</li> <li>• relaxation techniques</li> <li>• coping strategies</li> <li>• learning to approach difficult situations</li> <li>• developing a trauma narrative</li> <li>• problem solving</li> </ul>	<p>Through the use of this evidence-based program, middle school students ages 10-14 will learn to deal with real-life problems and stressors and increase levels of peer and parent support</p> <p>To increase skill-building techniques to reduce current problems with:</p> <ul style="list-style-type: none"> <li>• anxiety or nervousness</li> <li>• withdrawal or isolation</li> <li>• depressed mood</li> <li>• acting out in school</li> <li>• impulsive or risky behavior</li> </ul>	X	X	

## 2021-2022 Mental Health Application

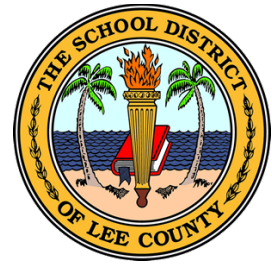
1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Cognitive Behavioral Interventions in Schools (CBITS) is designed for use with groups of students who have experienced significant traumatic experiences and are suffering from related emotional or behavioral problems, particularly symptoms of PTSD. The program uses a skills-building, early intervention approach and is most appropriate for students with moderate levels of symptoms. The manual is especially focused on the reduction of symptoms of PTSD. Since depression and anxiety often accompany symptoms of PTSD, many of the CBITS techniques are targeted toward depressive and general anxiety symptoms.</p>	<p>The school counselor, school social worker, school psychologist, or licensed mental health professional will administer the sessions for students ger range 11-17.</p> <p>CBITS is composed of ten student sessions, one to three individual student sessions, two caregiver meetings, and an optional school staff information session.</p> <p>Each session has similar structure. Students begin with an agenda; review their progress through assigned activities; work through a series of interactive discussions, games or exercises; and receive activities to practice before the next meeting.</p>	<p>Improve post-traumatic stress symptoms (parent and child reported), anxiety symptom's (child reported), and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>		✓	
<p>Solution-Focused Brief Therapy (SFBT) places focus on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted.</p> <p>SFBT school interventions may be delivered in a variety of different modalities including individual, group, family, and even organizational level interventions and has the potential to serve as universal, secondary, and tertiary prevention purposes.</p>	<p>The school counselor, school social worker, school psychologist, or licensed mental health professional will utilize Solution-Focused Brief Therapy with students ages 5-17 to review students' strengths and solutions to undesired patterns of behavior. Clients are encouraged to increase the frequency of current useful behaviors. School-based mental health professionals help clients find alternatives to current undesired patterns of behavior. Small increments of change lead to larger increments of change, which may lead to a permanent solution. Clients' solutions are not necessarily directly related to any problem, but are created through goal-setting and deciding on specific ways to achieve those goals. The major techniques of the SFBT include the search for strengths or solutions, the use of the miracle question, the use of scaling questions, goal-setting, the search for the exceptions to the problem, the consulting break and set of compliments offered to the client, the homework tasks.</p>	<p>Improve anxiety symptoms (child reported), and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>		✓	✓

## 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Cognitive behavioral therapy is a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.	<p>The school counselor, school social worker, school psychologist, or licensed mental health professional will utilize cognitive behavioral therapy with students age 7-17.</p> <p>Cognitive behavioral therapy, or CBT, is a short-term therapy technique that can help people find new ways to behave by changing their thought patterns.</p> <p>Engaging with CBT can help students reduce stress, cope with complicated relationships, deal with grief, and face many other common life challenges.</p>	<p>Improve anxiety symptoms (child reported), and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>			
				✓	✓
<p>MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) is an evidence-based treatment designed for children ages 6 - 15. Unlike most treatment approaches that focus on single disorders, MATCH is designed to treat four common behavioral health concerns among children, including anxiety, depression, post-traumatic stress, and behavior problems.</p> <p>MATCH is comprised of 33 modules representing treatment components that are frequently included in cognitive behavioral therapy (CBT) protocols for depression, anxiety including post-traumatic stress, and behavioral parent training for</p>	<p>The school counselor, school social worker, school psychologist, or licensed mental health professional will administer the MATCH-ADTC sessions for students age range 8-13.</p> <p>MATCH-ADTC is a collection of 33 therapeutic components which are designed for use in day-to-day practice. These components/modules form a “menu” of options for therapists to select from. A decision flowchart helps to guide therapists’ selection and sequencing of the modules, all dependent on the needs of the youth. MATCH-ADTC addresses not only anxiety, depression, trauma-related issues, or conduct problems, but also related issues or challenges that may emerge during therapy.</p>	<p>Improve post-traumatic stress symptoms (parent and child reported), anxiety symptom’s (child reported), and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>			
				✓	✓

## 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. EMDR therapy facilitates the accessing and processing of traumatic memories and other adverse life experience to bring these to an adaptive resolution. After successful treatment with EMDR therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Therapist directed lateral eye movements are	<p>Licensed mental health professionals specifically trained in EMDR will utilize EMDR with individual students ages 4-17 who exhibit a high level of need for therapeutic intervention.</p> <p>EMDR therapy involves attention to three time periods: the past, present, and future. Focus is given to past disturbing memories and related events. Also, it is given to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. With EMDR therapy, these items are addressed using an eight-phase treatment approach.</p> <p>A student can see positive results from EMDR in as few as three sessions; the entire EMDR process is an eight-step process.</p>	<p>Improve post-traumatic stress symptoms (parent and child reported), anxiety symptom's (child reported), and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>			✓
Trust Based Relational Interventions (TBRI) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI is connection.	School counselors, school social workers, school psychologists, and licensed mental health professionals will be trained in TBRI principles. These school-based mental health professionals will then utilize these principles to support school personnel. TBRI training is also available to schools.	Improve overall school culture as reported by school staff, parents and students.	✓	✓	✓



## THE SCHOOL DISTRICT OF LEE COUNTY

### ADDENDUM TO FDOE MHAAP TEMPLATE

Charter school list continued from district superintendent execution page (FDOE template, page 11):

School (MSID) Number	Charter School Name
4103	Gateway Charter Elementary School
4261	Gateway Charter Intermediate School
4121	Gateway Charter High School
4304	Harlem Heights Community Charter School
4231	Heritage Charter Academy of Cape Coral
4274	Island Park High School
4242	North Nicholas High School
4303	Northern Palms Charter High School
4281	Oak Creek Charter School of Bonita Springs
4151	Oasis Charter Elementary School - North
4143	Oasis Charter Elementary School - South
4171	Oasis Charter Middle School
4181	Oasis Charter High School
4223	Palm Acres Charter High School
4141	Six Mile Charter Academy
4100	The Island School



## THE SCHOOL DISTRICT OF LEE COUNTY

**Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided**

*(Expanded details from page 9 of FDOE template)*

<b>Mental Health Provider:</b>	<b>Agency:</b>	<b>Services Provided:</b>	<b>Funding Source:</b>
Community Non-Profit  Masters and licensed mental health clinicians, psychiatrist, case managers	SalusCare	Intake, assessment, diagnosis, treatment plan, therapeutic counseling, medication management as determined by agency. (Substance abuse counseling and mental health counseling services.)	Mental Health Assistance Allocation
Community Non-Profit  Masters and licensed mental health clinicians, peer specialists, case managers	Center for Progress and Excellence	Mobile Crisis Response Team (Circuit 20).	Agency provides services at no charge to district
Community Non-Profit  Licensed mental health clinicians	Catholic Charities	Intake, assessment, diagnosis, treatment plan, therapeutic counseling.	Agency provides services at no charge to district
Community Non-Profit  Peer navigator (minimum bachelor's degree)	Lee Health/Kids' Minds Matter	Mental Health Navigators	Agency provides services at no charge to district
Community Non-Profit  Masters and licensed clinicians, peer specialists	Valerie's House, Inc.	Student peer grief support groups on school campuses.  Peer grief support groups for students and family members at Valerie's House locations.  Limited referrals for mental health counseling as determined by agency when working with families in peer grief support groups.	Agency provides services at no charge to district