STATE OF FLORIDA

Best Practices Response Protocol for Schools to Use Mobile Response T

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Contents

Introduction 1

Best Practices Response Protocol for Schools 2

- Mobile Response Teams (MRT) Protocol Goals 3
- Instructions to Use Best Practices Response Protocol 3

Florida School Crisis Response Implementation Protocol Tool 6

- Instructions for the School Crisis Response Implementation Protocol Tool (SCRIPT) 7

House Bill 945 8

Recommendations for Protocol Implementation 10

- Memorandums of Understanding 12

Appendices

- A: MRT Data by Florida County 13
- B: Involuntary Examinations for Children (<18) 15
- C: Involuntary Examinations for Children (<18) by Age Group 17
- D: List of Resources 18
- E: Relevant Florida Bills & Statutes 21

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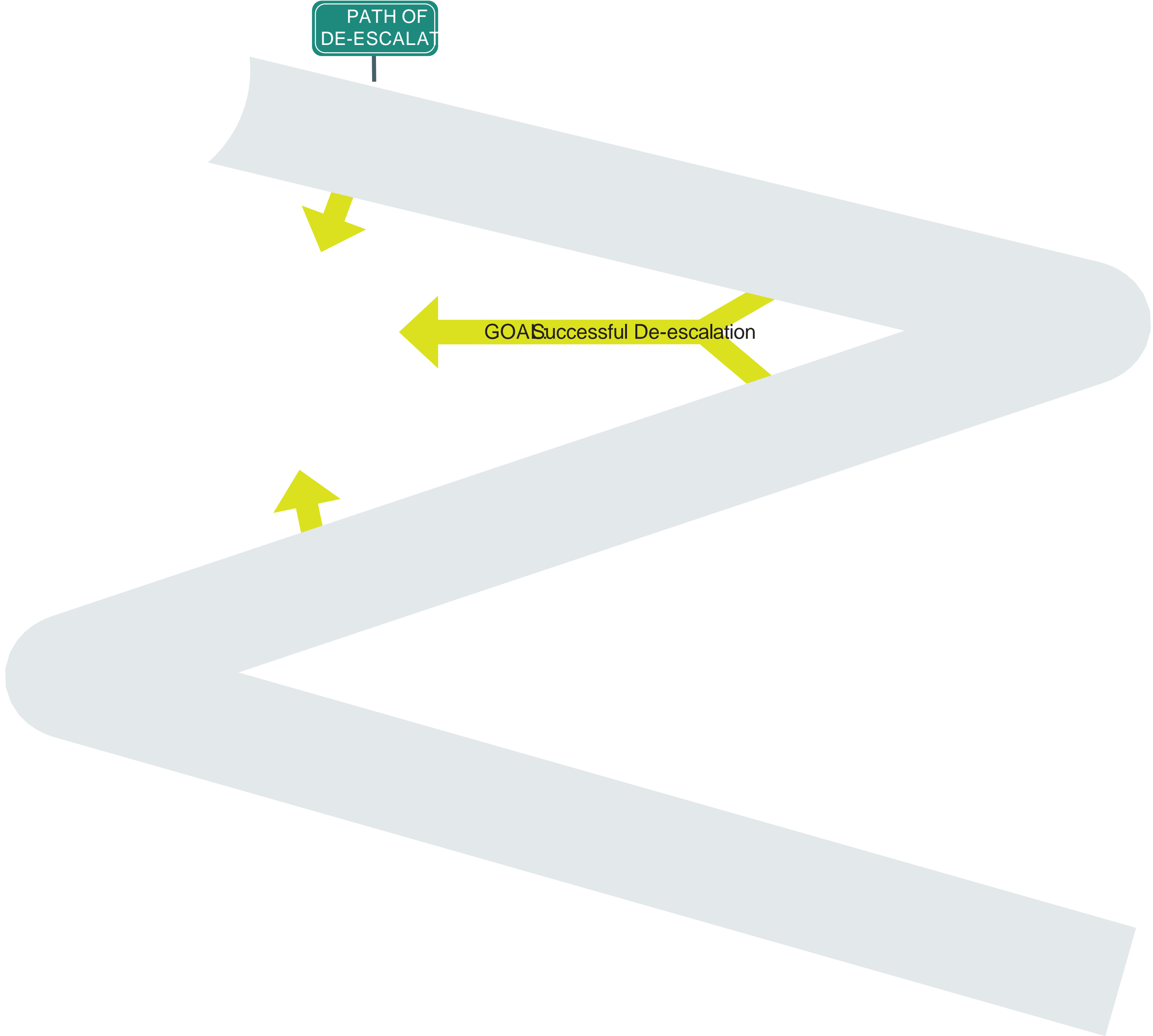
Introduction

Florida's students now have access to additional resources and services to support their mental health needs with the passage of HB 945 (https://www. senate.gov/Session/Bill/2020/945/ BillText/er/PDF). is Children's Mental Health bill was sponsored by State Representative David Silvers (D-District 87) and co-sponsored by State Representative Jennifer Webb (D-District 69). Schools will be better equipped to support students facing mental health challenges. e bill focuses on three key areas: (1) mobile response teams, (2) coordination of children's system of care, and (3) crisis stabilization services. Representative Silvers stated: "We have a responsibility to ensure our schools, teachers, administrators and others have access to the support and services needed for children and youth in our schools struggling with mental and behavioral health challenges." He also commented that: " e goal of this bill is to protect children from additional trauma while also providing a safe, caring environment for children as well as their classmates and teachers."

As part of the bill, the Louis de la Parte Florida Mental Health Institute (FMHI) was charged with developing a best practices response protocol for schools to use mobile response teams (MRT) when students are experiencing a behavioral health crisis and have been assessed to be at risk for harming themselves or others. is charge followed from the role that FMHI has played in the state. FMHI was established by the Florida legislature and is well versed in the eld of children's mental health. For more than 45 years, FMHI has strived to contribute to a sustainable well-being within the community, particularly that of our children. e work that FMHI has done over the years has supported positive change around critical issues in children's mental health through local and statewide alliances.

e following page (page 2) displays an infographic that describes the best practices response protocol. is protocol has been developed for schools to use MRTs when students are experiencing a behavioral health crisis and have been assessed to be at risk for harming themselves or others. is protocol can also be used for e-learners in conjunction with school-

Best Practices Response Protocol for Schools to Use Mobile Response Teams (MRT)



Mobile Response Teams (MRT) Protocol Goals

- To provide a best practices protocol for the coordination of care between schools, MRTs, and law enforcement for students experiencing a mental health crisis.
- To ensure timely coordinated school and community crisis intervention response.
- To ensure implementation of de-escalation strategies throughout the mental health crisis.
- To ensure students experiencing a mental health crisis are provided services in the least restrictive environment.
- To reduce the risk of trauma and re-traumatization.
- To ensure coordination of de-escalation, referral, and follow-up of schools, community interventions, and supports.

Instructions to Use Best Practices Response Protocol

Best Practices Response Protocol Steps

- K-12 student presents with mental health concerns at school indicating a risk of self-harm.
- School personnel engage in de-escalation strategies with the student throughout the response (parent/guardian may be contacted). At any point de-escalation strategies are successful, the student will return to class.
- Suicide Risk Assessment is completed by a certified and/or licensed School-Based Mental Health Provider (e.g., certified School Psychologist, School Social Worker, School Counselor or licensed Mental Health Provider). The evidence-based and Florida Department of Education (DOE) approved suicide risk assessments currently include:
  - Columbia-Suicide Severity Rating Scale (C-SSRS)
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- Suicide Risk Assessment determines if a student is at imminent risk of self-harm.
- School principal or designee verifies school de-escalation strategies were implemented prior to contacting the MRT.
- School-Based Mental Health Provider (School Psychologists, Clinical Social Workers, and Mental Health Counselors) contacts the MRT (parent/guardian contacted as clinically indicated). See page 5 for more on parental consent and page 12 for more information regarding Memorandums of Understanding (MOUs) and school districts.
- De-escalation strategies are continued by School-Based Mental Health Provider while awaiting MRT response. If de-escalation strategies are successful, then the student should be connected to resources if ongoing behavioral health services are needed.
- MRT responds to the school request in person ZKHQ UHTXHVWHG or via teleh 60 minutes. Examples of Utilizing Telehealth include:
  - The school-based mental

» e MRT provider is not able to meet the requirement of responding in-person to the student's location within 60 minutes of the call to the MRT.

» If MRT professional is not licensed, utilize telehealth in order to contact licensed MRT professional.

- School principal or designee notifies student's parent or guardian of crisis intervention as soon as possible but within 24 hours after student is removed from school.
- School-Based Mental Health provider reports to School reat Assessment Team (STAT). e STAT contacts district re-entry or mental health teams, MRT, and appropriate agencies within the local system of care based on the child's needs.

» Information on MRT should be provided to parents as part of orientation as a resource to utilize in the community or during distance learning.

» MRT can be used following a crisis episode/Baker Act as part of discharge and transition planning back to school.

- School Crisis Response Implementation Protocol Tool (SCRIPT) is completed by the school to document the crisis response process.

Additional Information

- The MRT provides:

» Behavioral health crisis-oriented services

» Evidence-based de-escalation strategies

» Screening, assessment, and referrals to community-based providers

» I P V Short-term care coordination

- Provided below are some examples of ways that telehealth may be used:

» School-Based Mental Health Provider indicates the immediate need for crisis intervention and assessment.

» MRT telehealth video conferencing would assist with de-escalating the student.

» MRT provider is not able to meet the requirement of responding in-person to the student's location within 60 minutes.

- When to call law enforcement or initiate a Baker Act immediately (HB945 does not supersede the authority of a law enforcement officer at act under s. 394.463

» Student is at imminent risk of harming others.

» Risk requires immediate law enforcement response to prevent harm to the student or others.

» MRT initiates involuntary examination requiring law enforcement transportation to a Baker Act receiving facility.

- If necessary, involuntary examination may be initiated by:

» " QQZTJDJBO VOEFS DIBQUFS PS DIBQUFS QTZDIPMPHJTU MJDFOTFE JO T BO BEWBODFE QSBDUJ SFHJTUFSFE VOEFS T B MJDFOTFE NFOUBM IFBM BOE NBSSJBHF BOE GBNJMZ UIFSBQJTU VOEFS DMJOJDBM TPDJBM XPSLFS VOEFS DIBQUFS

» The qualified professional may execute a certificate stating that he or she has examined the student within the preceding 48 hours and finds that the student appears to meet the criteria for involuntary examination (s. 394.463, F.S.).

- Parental Consent
  - Currently, section 394.4784, F.S. allows minors age 13 years or older to request, consent to, and receive mental health diagnostic and evaluative services by a licensed mental health professional.
  - Parental consent must be obtained by the MRT or Principal/designee prior to the MRT assessing a student, when the MRT responding is not a licensed mental health provider, or is the youth is age 12 years or younger. 5IJT QSPDFTT
    PWFSTFFO EZCU IFSUJFT JO BO .06 4FF QBHF GPS NPS
    .06T
  - Parental consent is not required for the initiation of a student Involuntary Examination as found in Florida Statutes section 394.463 (2020).
  - Florida Statutes 394.463 (2020) states:
    http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=involuntary+examination+of+a+minor&URL=0300-0399/0394/Sections/0394.463.html

    CRITERIA.—A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness:

    B1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or

    2. The person is unable to determine for himself or herself whether examination is necessary; and

    (b)1. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her we

Instructions for the School Crisis Response Implementation Pro Tool (SCRIPT)

e SCRIPT is a tool to assist School Districts and Stakeholders in reviewing the MRT and Schools protocol utilization data to help with HB 945 compliance and inform future decisions and directions. It is recommended that JU CF JODMVEFE JO UIF .06 BOE U mental heath professional complete the SCRIPT for all K-12 district students that present with a mental health crisis and a risk of self-harm. Given the confidential nature of the information, it is also recommended that completed forms be kept confidential in a locked filing cabinet within the school-based mental health professional's office or in another school location that can facilitate the storage of confidential information. If completed electronically, file folder should be password protected. Below is an outline of the information that is gathered for the SCRIPT.

- Student Information
  - Student Name
  - Age
  - Date
  - School Based Mental Health Provider Name
  - Name of School
  - Education Level
- De-escalation Strategies Utilized (provide detailed description of de-escalation methods)
  - De-escalation veri cation by Principal or (Designee) Signature
  - Suicide Assessment Tools Utilized (either Columbia Suicide Severity or SAFE-T Suicide Assessment)
  - MRT Information
  - Assigned MRT Provider Name
  - Time of Call Initiation
  - Time of Arrival
  - Type of Mobile Response Team Contact (either in-person contact or telehealth meeting)
- De-escalation Strategies Utilized by MRT (provide detailed description of de-escalation methods)
  - Outcome:
    - Baker Act
    - Linked to community resources
    - Return to class
- Complete Following if Baker Act Initiation
  - Was Law Enforcement O cer (LEO) contacted?
    - Who contacted LEO?
    - Time of Call
    - Time of Arrival
    - Time of Departure
  - Transporting O cer (full name)
  - Parent/ Guardian Contacted by Principal (or Designee)
  - Date of Parent/ Guardian Contact
  - Time of Parent/Guardian Contact
  - reat Assessment Team Alerted (Signature/Date)
  - School Safety Plan Created (Signature/Date)

House Bill 945

e bill speci cally added crisis response services, provided through mobile response teams, to the array of mental health services available to meet the individualized service and treatment needs of children and adolescents throughout the state. e bill further requires a principal or designee to verify that de-escalation strategies have been appropriately used with a student and outreach to a MRT has been initiated before contacting a law enforcement o cer, unless a delay will increase the likelihood of harm to the student or others. e goals of the bill are as follows:

- Timely access to crisis intervention mental health services.
- A

Recommendations for Protocol Implementation

- MEs, MRTs, and the Florida Department of Children and Families (DCF) should conduct a current assessment of MRT capacity, accessibility, utilization, and need in each region speci c to children and youth to determine if MRTs have the capacity to implement the best practices response protocol. e National Guidelines for Crisis Care – A Best Practice Toolkit advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement e orts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs (https://www.samhsa.gov/sites/default/ les/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf).
- MEs and MRT providers should ensure that each MRT consists of a licensed professional with the credentials speci ed in the Florida Mental Health Act to determine the need for and initiate, if necessary, an involuntary examination of a student experiencing a behavioral health crisis and is at risk of harming him or herself.
- Clari cation of parental consent requirements for MRTs responding to a children's mental health crisis. According to DCF: MRTs are required to have policies and protocols for obtaining consent and to protect con dentiality (s. 394.495, F.S.). Outpatient crisis services may be provided by a licensed professional for children 13 and older, without parental consent (s. 394.4784, F.S.). For children 13 and younger, crisis services cannot be provided without parental consent unless provided for an Involuntary Examination.
- Telehealth can be used for increasing capacity of MRTs especially in rural areas, geographically large counties, very congested tra c areas or e ective utilization of capacity when there are limited resources where it may be di cult responding in person within 60 minutes. e school-based mental health provider can contact the MRT via video-teleconferencing to provide initial assessments and collaborate with the MRT in responding to the behavioral health crisis.
- Each school district, ME, MRT provider, and law enforcement agency for the designated area should have a memorandum of understanding (MOU) that outlines mutually accepted expectations, shared tasks and responsibilities of each partner in providing mental health crisis intervention services and follow up for students K-12. e MOU should include speci c limitations of services to students under the age of 13 based on Florida Statutes.
- Transportation other than law enforcement should be available to reduce trauma for youth and the stigma and criminalization of a mental health crisis. By statute, MRTs may transport an individual to a Baker Act Receiving Facility if they have the capability and determine that it is safe to do so. Refer to s. 394.462, F.S. for more information about transportation plans with MRTs (http://www.leg.state. .us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=minor+involuntary+examination&URL=0300-0399/0394/Sections/0394.462.html)

- Data collected should be reviewed collaboratively by the school districts, MEs, MRTs, and law enforcement on a quarterly basis in order to monitor outcome measures (e.g., numbers of diversions from Baker Act initiation, community referrals, Baker Act initiations, Baker Act evaluations, etc.) to identify and maximize strengths and minimize barriers to effective behavioral health crises response services for students. To ensure accountability and improve program practices, there should be developed continuous quality improvement plans. Ideally, this would be implemented via a collaborative process across key stakeholders. Linking of data across services and supports also allow ongoing monitoring of the impact of the service to divert crises and connect youth to needed services.
- Systemic work is necessary to ensure consistent and coordinated response to children in crisis at school. Regular meetings at both the state and local level should continue so that an open dialogue is possible about challenges, barriers and strengths involved in this best practices protocol. The different sectors should include but not limited to:
    - School-based personnel
    - Managing Entities
    - Mobile Response Team providers
    - State and local law enforcement
    - Department of Children and Families
- School-based mental health professionals and mobile response team professionals should receive training to complete and utilize the same suicide risk assessment protocols to reduce the burden of duplicative assessments and increase the ability to coordinate a crisis prevention response. Currently, the Florida Department of Education approved protocols are the following:
    - Columbia – Suicide Severity Rating Scale (C-SSRS): Lifetime-Recent
    - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- Amend section 394.463(2)(a)3., F.S. to expand the list of professionals who can initiate the involuntary examination to include licensed School Psychologist.
- Consider establishing within FMHI a state data resource center to allow for the collection, analysis, and reporting of District and State SCRIPT data from Schools and MRTs to assist in the identification of trends in behavioral crisis diversions, baker act initiations, school safety plans and identification of the need for additional resources, barriers, and successes.

Memorandums of Understanding

Cooperation and coordination between agencies that may not have previously interacted are vital to safe and successful outcomes for students experiencing a mental/behavioral health crisis. No single agency can maintain all of the resources and supports needed to ensure the students in our schools will receive the interventions needed for all mental health crises. As a result, agreements between cooperating agencies are needed to address the coordination of services and data. Below are examples of steps that can be taken when establishing an MOU

- Recommendations for establishing a Memorandum of Understanding (MOU) between Schools and MRTs.
  - » MRT leadership and School District Leadership (Superintendent, School Board, or Director of Student Services) should engage in discussions regarding how the MRT can assist with identified student needs and develop a standard system for MRT response.
  - » MRT should identify how they can assist the local School District in objective and measurable terms. School Districts should identify the process and expectations for the MRTs while on school property with clear objective goals and policies, to include confidentiality.
  - » MRT leadership and School District Leadership should at least annually review successes and barriers and incorporate changes as needed. *U JT SFDPNNF 4UBLFIPMEFST SFWJFX EBUB RVBSUFSMZ QBHF
  - » The MOU should be an official document signed by both the School District and the MRT.
  - » 4DIPPMT BOE .35T TIPVME EPDVNFOU BOE TIBSF JOG FTDBMBUJPO TUSBUFHJFT VTFE BOE UIF SFTVMU PG SFDPNNFOEFE UIBU 4DIPPM %JTUSJDUT VUJMJ[F UIF
- Recommendations for establishing an MOU between state and local agencies.
  - » DCF, DOE, local law enforcement, and local school districts should consider developing an Interagency Agreement to establish guidelines and clarify roles and procedures for sharing data.
  - » The Interagency Agreement should include the purpose and requirements of the agreement.
  - » The Interagency Agreement should outline the activities procedures and timelines for data sharing.
  - » The Interagency Agreement should document any limitations to data sharing due to Federal or State legislation or State Rule.
- It is strongly recommended that MOUs between School Districts and MRTs identify a process, provide specific steps on how and when parental consent will be obtained.
- For examples of State level MOUs between School Districts and MRTs visit: https://www.mobilecrisisempsct.org/moa/

Appendix A MRT Data by Florida County

County name	MRT Total calls received	MRT Calls originated from school	Overall % MRT calls from school	Total calls required emergent response	Total MRT calls requiring acute response: # resulted in involuntary examination	# diverted from involuntary examination	Overall % MRT calls diverted	Average response time for emergent situation	Is the assigned MRT located in their county?	Area Type* (Urban vs. Rural)
Central Florida Cares Health Systems										
Brevard	260	26	10%	203	10	193	95%	36	Yes	Urban
Orange	94	11	12%	87	4	83	95%	33	Yes	Urban
Osceola	195	36	18%	185	9	176	95%	46	No	Urban
Seminole	197	19	10%	194	7	187	96%	35	No	Urban
Lutheran Services Florida										
Alachua	157	35	22%	155	20	135	87%	27	Yes	Urban
Hernando	269	170	63%	269	40	229	85%	20	Yes	Urban
Duval	1,381	1,229	89%	1,120	200	920	82%	28	Yes	Urban
Putnam	136	74 1 Tf -40.652 -1tu05762 0 Td ((e (155)Tj 7.762 0 Td (20)Tj 7.318 0 0128)Tj -0.055 Tc 07)Tj -07								

Appendix D: List of Resources

American Foundation for Suicide Prevention, American School Counselor Association, the National Association of School Psychologists and the Trevor Project. (2019). Model School District Policy on Suicide Prevention, Model Language, Commentary and Resources. https://afsp.org/model-school-policy-on-suicide-prevention

is guide outlines model policies and best practices for K-12 schools and schools systems concerning a school prevention and intervention response to suicidal and high-risk behaviors including:

- » Creation of a suicide prevention task force
- » Timely assessment and referral by school-based mental health professionals
- » Engaging law enforcement
- » Parental involvement
- » Follow up on re-entry to the school and class environment
- » Considerations for LGBTQ and other high-risk youth
- » Professional development

American Psychiatric Association and American Telemedicine Association. (2018). Best practices in videoconferencing-based telemental health. https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide

is is a best-practices guide for mental health professionals providing videoconferencing-based telemental health representing a consolidation of the organizations' resources and guidance on clinical videoconferencing. It includes guidance on administrative, technical, and clinical considerations including legal and ethical concerns, cultural practices, and working with speci c populations including children and adolescents.

Fendrich M, Ives M, Kurz B, Becker J, Vanderploeg J, Bory C, Lin HJ, & Plant R. (2019). Impact of mobile crisis services on emergency department use among youths with behavioral health service needs. Psychiatric Services, 70(10), 881-887. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800450

is article describes an evaluation of a mobile crisis service intervention implemented in Connecticut with the goal of examining whether the intervention was associated with reduced behavioral health emergency department use among youth in need of services. e evaluation indicates that youth who received mobile crisis services had a signi cant reduction in the likelihood of an emergency department visit after crisis services compared with youth in the comparison sample. In the Connecticut model, the clinical crisis team provides screening and assessment; suicide assessment and prevention; brief, solution-focused interventions; and referral and linkage to services. e mobile crisis services can be accessed repeatedly with no set limitation.

Florida Department of Children and Families, O ce of Substance Abuse and Mental Health. (2020). Program guidance for Managing Entity contracts:

Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. https://www.samhsa.gov/sites/default/ les/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

 is toolkit describes best practices and strategies for communities to create an e ective crisis care system that includes core elements of crisis call centers, mobile crisis response teams, and crisis receiving and stabilization facilities. Concerning mobile crisis team services, it includes minimum service expectations and best practices. is toolkit by SAMHSA does not address the speci c crisis service needs of children and adolescents nor the necessary interface and coordination with the school system to respond to children in crisis in a school setting.

Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare & Medicaid Services (CMS). (2019). Joint Informational Bulletin: Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools. https://store.samhsa.gov/product/guidance-states-and-school-systems-addressing-mental-health-and-substance-use-issues

 is guidance includes examples of approaches for mental health and substance use disorder (SUD) related treatment services in schools, and describes some of the Medicaid state plan bene ts and other Medicaid authorities that states may use to cover mental health and SUD related treatment services. Additionally, the guidance summarizes best practice models to facilitate implementation of quality, evidence-based comprehensive mental health and SUD related services for students.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). Preventing Suicide: A Toolkit for High Schools. https://store.samhsa.gov/product/Preventing-

Appendix E: Relevant Florida Bills & Statutes

Marjory Stoneman Douglas High School Safety Act

Chapter 2018-3, Laws of Florida

http://laws. rules.org/2018/3

Speci c to mobile response teams the act states, "If an immediate mental health or substance abuse crisis is suspected, school personnel shall follow policies established by the threat assessment team to engage behavioral health crisis resources. Behavioral health crisis resources, including, but not limited to, mobile crisis teams and school resource o cers trained in crisis intervention, shall provide emergency intervention and assessment, make recommendations, and refer the student for appropriate services. Onsite school personnel shall report all such situations and actions taken to the threat assessment team, which shall contact the other agencies involved with the student and any known service providers to share information and coordinate any necessary follow-up actions." In addition, the act appropriated $18,300,000 in recurring funds from the General Revenue Fund to the Department of Children and Families to competitively procure proposals for additional mobile crisis teams to ensure reasonable access among all counties. " e department shall consider the geographic location of existing mobile crisis teams and select providers to serve the areas of Thttpida