Best Practices in Florida: A Review of a Model Protocol for Mobile Response Teams in Schools

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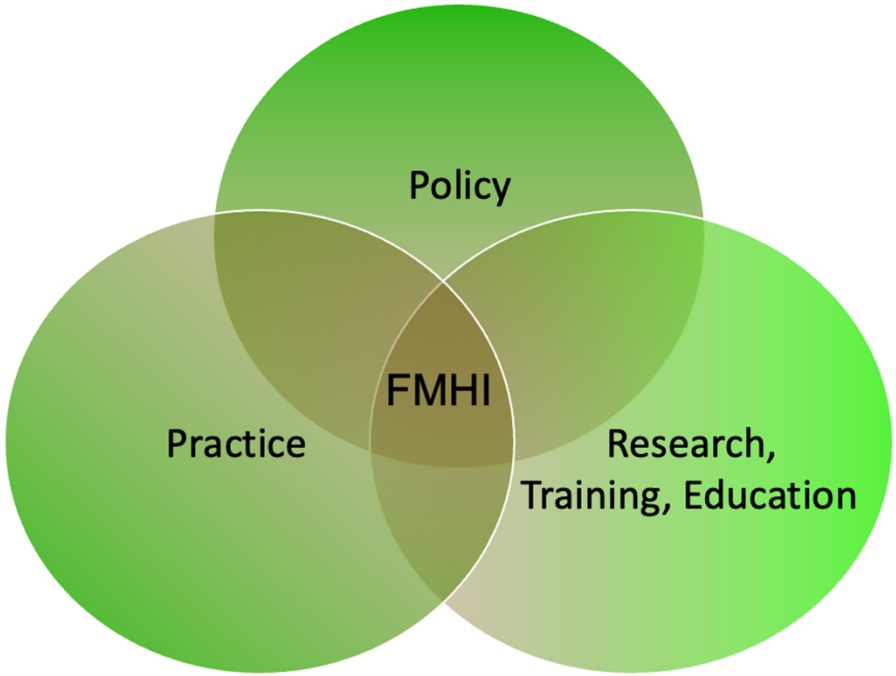
Statutory Mission of Louis de la Parte Florida Mental Health Institute

"Improve lives of people with mental, addictive, and developmental disorders ***through research, training, and education***"

(enacted in 1974)

Currently, FMHI serves as a national leader in behavioral health services ***research, policy, training and education, technical assistance, and dissemination***



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FMHI Contributions to House Bill 945

- For more than 45 years, FMHI has strived to contribute to a sustainable well-being within the community, particularly that of our children. The 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.

- FMHI was established by the Florida legislature and is well versed in the field of children's mental health. This charge followed from the role that FMHI has played in the state

- 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.

House Bill 945 – MRTs and Schools

- The bill specifically 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.

- The 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 officer, unless a delay will increase the likelihood of harm to the student or others.

House Bill 945 – MRTs and Schools

The goals of the bill are as follows:

- Timely access to youth crisis intervention mental health services.
- Access to least intrusive mental health services necessary to prevent harm and meet student's mental health needs.
- Diversion from involuntary examination and placement, when possible, while providing de-escalation, referral, and follow up.
- Reduce law enforcement involvement unless a threatening situation arises.
- Reduce risk of trauma from a Baker Act.
- Increased coordination and collaboration between school mental health team, mobile crisis response providers, and law enforcement.

SAMHSA's National Guidelines for Behavioral Health Crisis Care: Minimum Expectations to Operate a Mobile Crisis Team Services

Mobile crisis team services must:

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;

2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times 24/7/365; *and*

3. Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.

(https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)

SAMHSA's National Guidelines for Behavioral Health Crisis Care:
Best Practices to Operate Mobile Crisis Team Services

Meet the minimum expectations to Operate a Mobile Crisis Team Services *and:*

1. Incorporate peers and trauma informed practices within the mobile crisis team;

2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;

3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement

4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

(https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)

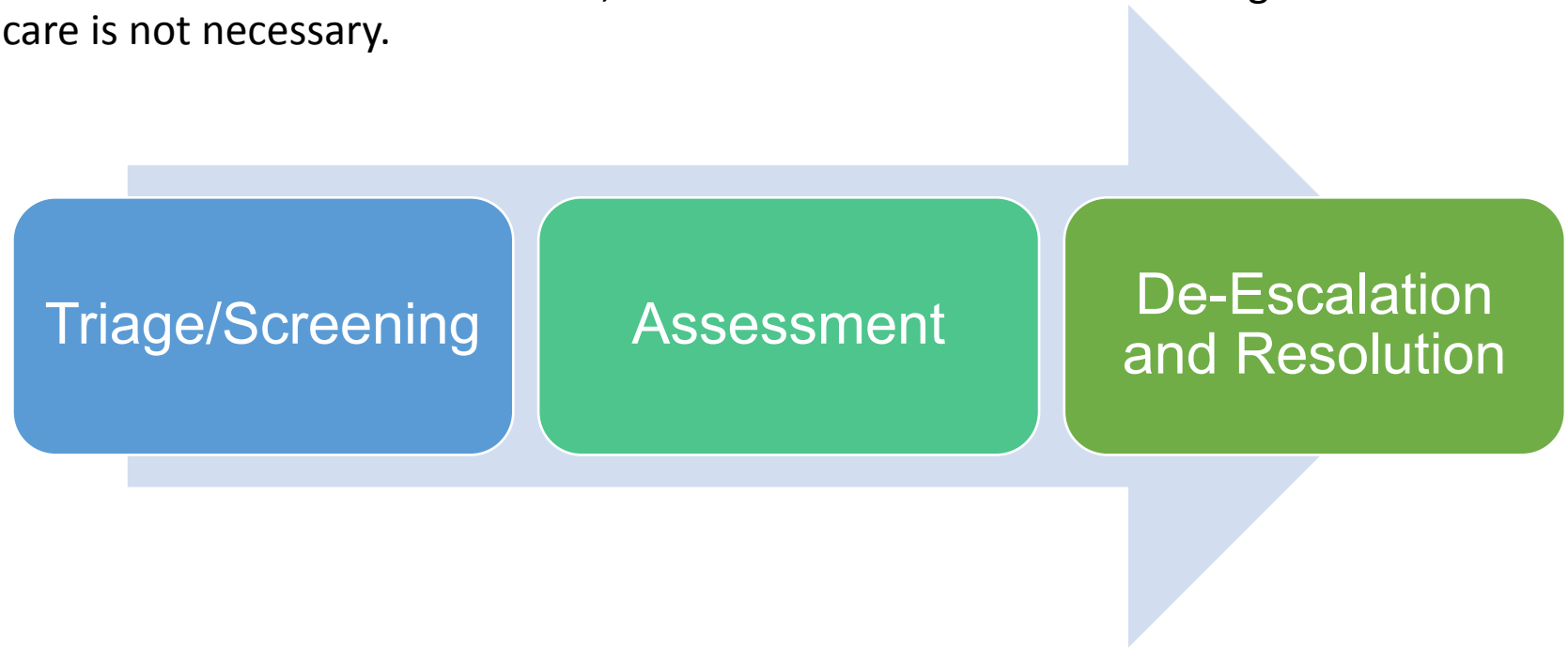
Best Practices: MRTs, Youth, and Schools

Community Based Mobile Crisis Team Services

- 24/7/365 crisis response teams response
- Respond within 60 minutes may include telehealth
- Specialized crisis de-escalation training
- Skills to navigate family systems and the local system of care

Community-based MRTs

Engage individuals in counseling throughout the encounter and intervene to de-escalate the crisis. The goal is not just to determine a needed level of care to which the individual should be referred, but to resolve the situation so a higher level of care is not necessary.



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Consider the skills needed by your Local Mobile Crisis team to responds to School crisis then respond to the poll

Specialized Training in:	Familiar with these school specific issues:	Assessing the student for:
• 1. • 2. • 3.	• 1. • 2. • 3. • 4.	• 1. • 2. • 3. • 4.

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Identify a specialized training requirement for MRTs and School based mental health professionals that might respond to a student experiencing a mental health crisis? (type your response in the chat box)

Specialized Training in:
• 1. • 2. • 3.

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Identify a specialized training requirement for MRTs and School based mental health professionals that might respond to a student experiencing a mental health crisis?

Trained in:

- Escalation cycle across the developmental spectrum
- Developmentally appropriate de-escalation skills
- Culturally responsive crisis management including supporting the unique strengths and needs of black, indigenous, people of color, and LGBTQ+ youth and families;

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Identify a fundamental school specific issue that MRTs and School based mental health professionals must be familiar to effectively respond to a student experiencing a mental health crisis? (type your response in the chat box.)

Familiar with these school specific issues:
• 1. • 2. • 3. • 4.

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Identify a fundamental school specific issue that MRTs and School based mental health professionals must be familiar to effectively respond to a student experiencing a mental health crisis?

Familiar with these school specific issues:

- School –specific concerns and procedures
- Parental Consent and Confidentiality
- Community supports for students with emotional and behavioral needs.
- The array of child and adolescent supports and service delivery options

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Identify an area of assessment that MRTs and School-based Mental Health professional must be able to provide when responding to students experiencing a mental health crisis?

(type your response in the chat)

Assessing the student for:
• 1. • 2. • 3.

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Identify an area of assessment that MRTs and School-based Mental Health professional must be able to provide when responding to students experiencing a mental health crisis?

Trained in:

- Escalation cycle across the developmental spectrum
- Developmentally appropriate de-escalation skills
- Culturally responsive crisis management including supporting the unique strengths and needs of black, indigenous, people of color, and LGBTQ+ youth and families;

Familiar with:

- School –specific concerns and procedures
- Parental Consent and Confidentiality
- Community supports for students with emotional and behavioral needs
- The array of child and adolescent supports and service delivery options

Assessing for:

- Child abuse, neglect, and family violence
- Appropriate and available community service delivery options
- Parent readiness and ability to implement recommendation and interventions

Summary

MRT's

1. Help youth who are experiencing a crisis event to experience relief quickly and to resolve the crisis situation when possible;

2. Meets individuals in an environment where they are comfortable; *and*

3. Provides appropriate care/support while avoiding *unnecessary* law enforcement involvement, Baker Act initiation and hospitalizations.

The Best Practices Protocol: MRTs and Schools

✓ **Memorandum of Understanding (MOUs)**

1. **Florida MRTs**
2. **National Model - Connecticut State Model of MOUs between MRTs and Schools**
   (https://www.mobilecrisisempsct.org/moa/)

✓Parental Consent

1. Schools –
2. Law Enforcement
3. MRTs

✓Community and School Based Mental Health Professionals

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MRT-School District Memorandum of Agreement

This document serves as a Memorandum of Agreement ("MOA") between [MRT Provider] and [School/District] and has been developed in order to specify roles and expectations between these parties for meeting the behavioral health needs of [School/District] students. The MOA has been developed for the following purposes:

- To promote earlier identification of students with behavioral health needs and support timely linkage to appropriate supports and services;
- To develop a uniform process to identify and refer students who have behavioral health and psychiatric needs to community-based services including the [Community Provider] Emergency Mobile Response Teams ("MRT") and other appropriate services;
- To promote alternatives to Baker Act initiation and evaluation, and psychiatric emergency department visits among students with behavioral health concerns;
- To reduce unnecessary arrests, suspensions, expulsions, police contact and other juvenile justice involvement among students with behavioral health concerns;
- To enhance communication and coordination among [Community Provider]'s MRT teams and [School/District] regarding students experiencing mental health concerns.

The aim of the MRT program is to provide a community-based crisis stabilization service to children and families in the least restrictive setting possible, and support their transition to ongoing treatment services, as appropriate.

[MRT Provider] agrees to the following:

- Have mobile MRTs available to respond in person to crisis calls from [School/District] 24 hours, 7 days a week, 365 days a year. ;
- Respond by offering telephone support through the MRT 24 hour centralized access number;
- Respond to all requests for service by [School/District] within 60 minutes or less;
- Offer [School/District] students brief in-school crisis stabilization services by a licensed mental health provider or team that consists of a peer specialist/paraprofessional and licensed mental health provider with appropriate follow-up services;
- Develop a student-specific crisis plan within the episode of care and share that plan with the family, school staff, treatment providers, and other relevant parties upon execution of a proper release from the parent or guardian;
- Provide a warm hand off to case management service linkages to students referred by [School/District], and their families; and;
- Collaborate and maintain close communication with the appropriate educational staff to develop an effective plan of care for each student referred for MRT services.

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[School/District] agrees to:

- Contact MRTs at phone number when a student is determined to be experiencing a psychiatric or behavioral health crisis and can benefit from in-person crisis stabilization services;
- Collaborate with MRT staff as needed to develop community-based plans for students receiving MRT services;
- Provide space for [MRT PROVIDER] MRT clinician(s) to meet with the student and provide educational staff support to the MRT clinician(s) as needed; and
- Collaborate with [MRT PROVIDER] to adopt and implement new practices in crisis assessment and referral; adhere to recommendations on the effective utilization of MRT services; maintain contact with the family or legal guardians of students that utilize MRT; and maintain consistent working relationships with [MRT PROVIDER] staff.

Both parties agree to:

- Designate a person(s) from each agency to participate in quality review as it relates to the terms of this agreement; and
- Collaborate to develop shared crisis safety planning processes and procedures.

This Memorandum of Agreement will remain in effect unless one or both parties wish to terminate or modify the agreement, or the MRT service is no longer in operation. Both parties agree to provide 30 days notice in advance of terminating or modifying this agreement.

Name Date	Name Date
Executive Director	Superintendent
[MRT Provider]	[School District]

Adapted from the Connecticut Department
www.mobilecrisisempsct.org/moa/

The Best Practices Protocol: MRTs and Schools

- ✓ Memorandum of Understanding (MOUs)
  1. Florida MRTs
  2. National Model - Connecticut State Model of MOUs between MRTs and Schools (https://www.mobilecrisisempsct.org/moa/)
- ✓**Parental Consent**
  1. **Schools –**
  2. **Law Enforcement**
  3. **MRTs**
- ✓Community and School Based Mental Health Professionals

Florida

- ✓ **Parental Consent**
  1. **Schools –**
  2. **Law Enforcement**
  3. **MRTs**

We need help, what did you say??
I can't believe you are not going to help our student!!

As I already told you, our manual indicates that we cannot come to your school, without parental consent!

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Principal(or designee) and parental notification

Hello Parent,
Yes, unfortunately it was discovered by the school counselor that …….We have tried to de-escalate the situation and provide support however ……

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- ✓Parental Consent
  1. Schools –
  2. Law Enforcement
  3. MRTs
- ✓**Community and School Based Mental Health Professionals**

Community and School Based Mental Health Professionals

Community

- Licensed - Dept. of Health
  - Florida Board of Psychology
    Psychologist
  - Office of School Psychology
    School Psychologist
  - Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
    Licensed Clinical Social Worker
    Licensed Marriage & Family Therapist
    Licensed Mental Health Counselor

Schools

- Certified - Dept. of Education
  School Psychologist
  School Counselor
  School Social Worker
- Licensed (Dept. of Health)
  School Psychologist
  Psychologist
  Licensed Clinical Social Worker
  Licensed Marriage & Family Therapist
  Licensed Mental Health Counselor

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Youth De-escalation Effort in Schools

- What efforts are schools making to de-escalate situations before calling law enforcement or MRT's?
  - School Based Mental Health Providers highly trained in evidence-based de-escalation strategies
  - Trauma Sensitive Intervention Training
  - Safe Schools De-Escalation
  - Crisis Prevention Institute (CPI)
  - Safe Crisis Management
  - Nonviolent Crisis Intervention Programs (NCI)
- To what extent are schools making these efforts, or do they hurry toward a Baker Act/MRT?
  - National research has shown an increase in involuntary examination and harsh discipline in schools that have SROs or LE presence and lack of youth access to School Based Mental Health providers (school counselors, school psychologists and school social workers).

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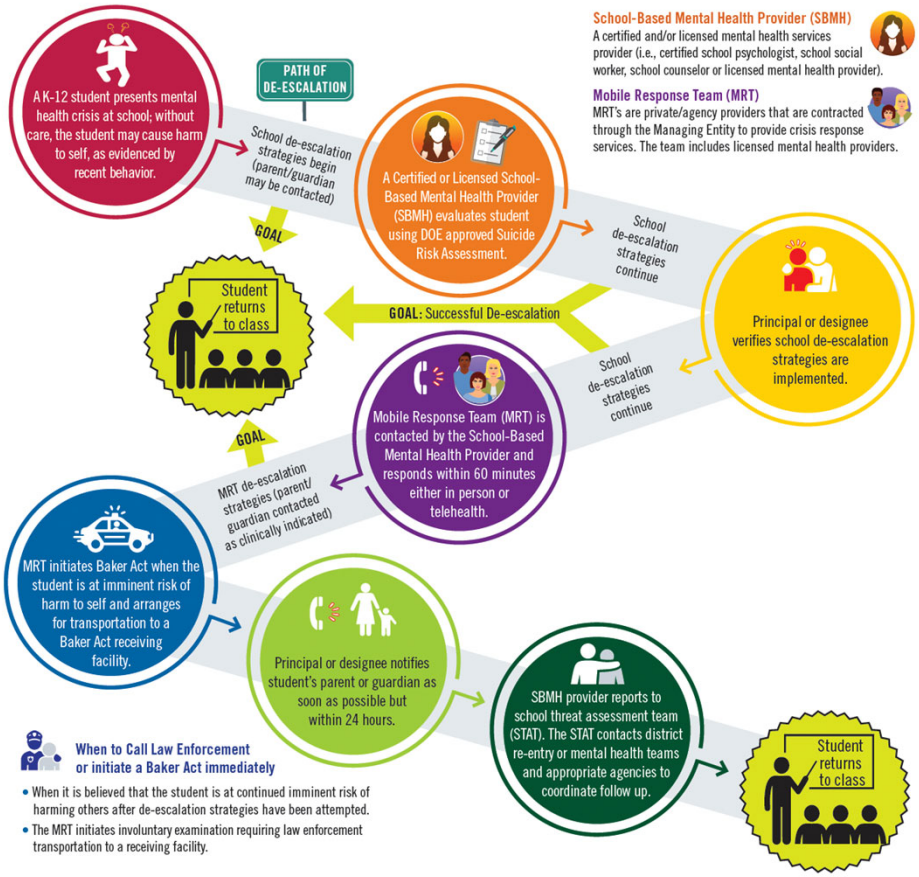
Best Practices Response Protocol for Schools to Use Mobile Response Teams (MRT)

MRT Protocol Goals

- Coordinated School and Community Crisis Intervention response
- De-escalation of crisis
- Least restrictive environment
- Reduce risk of trauma
- De-escalation, referral and follow-up
- Coordination of care with Schools, MRTs, and Law Enforcement



https://www.usf.edu/cbcs/fmhi/documents/hb_945/hb_modelprotocol_final.pdf

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SCRIPT Florida School Crisis Response Implementation Protocol Tool

Student Information					
Student Name:		Age:		Date:	/ /
School Based Mental Health Provider Name:					
Name of School:					
Education Level:	☐ Elementary School	☐ Middle School	☐ High School		

De-escalation Strategies Utilized: (Please provide a detailed description of methods for de-escalation)	
De-escalation Verification by Principal or (Designee) Signature:	

Suicide Assessment Tools Utilized:	☐ Columbia Suicide Severity	☐ SAFE-T Suicide Assessment

Mobile Response Team (MRT) Information			
Assigned MRT Provider Name:			
Time of Call Initiation:		Time of Arrival:	
Type of Mobile Response Team Contact:	☐ In-person Contact	☐ Telehealth Meeting	

De-escalation Strategies Utilized by MRT: (Provide a detailed description of methods for de-escalation)			
Outcome:	☐ Baker Act	☐ Linked to Community Resources	☐ Return to Class

Please complete the following *(if Baker Act was initiated)*:					
Was Law Enforcement Officer (LEO) Contacted?	☐ Yes ☐ No	Who contacted LEO? *(include name/ position)*			
If yes: Time of Call:		Time of Arrival:		Time of Departure:	
Transporting Officer *(full name)*:					
Parent/ Guardian Contacted by Principal (or Designee):	☐ Yes ☐ No				
Date of Parent/ Guardian Contact:		Time of Parent/Guardian Contact:			

Threat Assessment Team Alerted (Signature/Date):		/ /
School Safety Plan Created (Signature/Date):		/ /

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The Best Practices Protocol: Mobile Crisis Response Teams and Schools

✓MRT Identified Successes and Barriers

1. Building relationships with schools that have not previously utilized the use of MRTs have resulted in higher rates of diverting Baker Acts
2. Limited bandwidth of MRTs to respond to a high volume of calls while meeting the 60-minute response time criteria
3. MRTs help facilitate the transition process from MRT services to local services
4. Open and ongoing discussion to build a connection between Mental Health Services and MRT utilization

✓School District Identified Success and Barriers

1. Some MRTs are a part of the School Health Advisory Council
2. School District view MRT support similar to required supports, as part of the process of becoming suicide prevention certified schools, and believe that what the MRT does is duplicative to in what is already in place
3. School District has an established MOU with MRTs
4. School social workers are assessing for potential Baker Act initiation and utilizing SROs to initiate/ transport instead of utilizing MRTs

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The Best Practices Protocol: Mobile Crisis Response Teams and Schools

- Lessons Learned:
  - School Districts and MRTs current levels of involvement
    - Each school district accesses MRTs for school-based crisis at varying levels that range from *.2%* to *89%*
    - Based on data provide by the MRTs- on average *77%* of all MRT cases are diverted from a Baker Act Initiation and referred to school-based and community resources

Time for Questions and Discussion

References

- National Guidelines for Behavioral Health Crisis Care — A Best Practice Toolkit Knowledge Informing Transformation, published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2020 (https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)

Florida Statutes

- § 394.499. (2020). Integrated children's crisis stabilization unit/juvenile addictions receiving facility services http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.499.html

- Chapter 2020-107, Laws of Florida http://laws.flrules.org/2020/107

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