

STATE OF FLORIDA

# Best Practices Response Protocol for Schools to Use Mobile Response Tools

DEVELOPED BY



# 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)	
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....

Louis de la Parte  
Florida Mental Health Institute  
Department of Child and Family Studies  
College of Behavioral and Community Sciences  
University of South Florida  
[www.usf.edu/cbcs/fmhi](http://www.usf.edu/cbcs/fmhi)



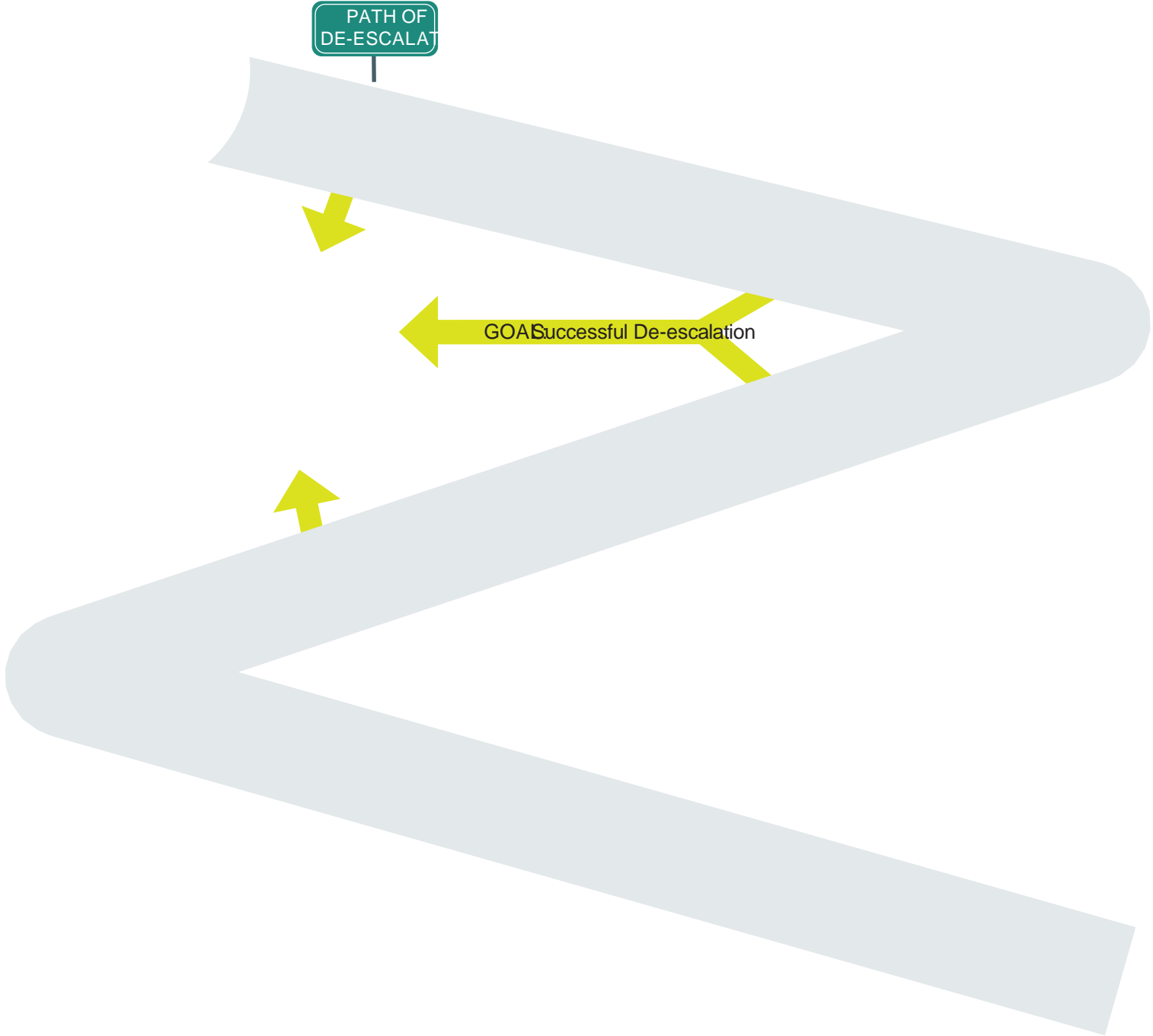
# Introduction

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>). This 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. The 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: "The 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. This 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 field 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. 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.

The following page (page 2) displays an infographic that describes the best practices response protocol. This 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. This 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

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

- f K-12 student presents with mental health concerns at school indicating a risk of self-harm.
- f 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.
- f 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)
- f Suicide Risk Assessment determines if a student is at imminent risk of self-harm.
- f School principal or designee verifies school de-escalation strategies were implemented prior to contacting the MRT.
- f 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.
- f 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.
- f MRT responds to the school request in person Z K H Q U H T X H V W H G or via telehealth 60 minutes. Examples of Utilizing Telehealth include:
  - » The school-based mental

- » The 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 MR
  - » If MRT professional is not licensed, utilize health in order to contact licensed MRT professional.
- f School principal or designee notifies student's parent/guardian of crisis intervention as soon as possible but within 24 hours after student is removed from school.
- f School-Based Mental Health Provider reports to School Re-entry Assessment Team (STAT). The 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.
- f School Crisis Response Implementation Protocol Tool (SCRIPT) is completed by the school to document the crisis response process.

## Additional Information

- f The MRT provides:
- » Behavioral health crisis-oriented services
  - » Evidence-based de-escalation strategies
  - » Screening, assessment, and referrals to community-based providers
  - » I/P vs B Short-term case coordination
- f 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.
- f 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.
- f If necessary, involuntary examination may be initiated by:
- » " QZT J D J B O T F E V O E F S D I B Q U F S P S D I B Q U F S  
Q T Z P M T U B E C F E J O T B O B E W B O D F E Q S B D U J  
S I F J F S E V O E F S T B M J D F O T F E N F O U B M I F B M  
B M O E F N B S S J B H F B O E G B N J M Z U I F S B Q J T U V O E F S  
D M D B T M B X P S L F S V O E F S D I B Q U F S
  - » 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.).

f 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. 5 I J T Q S P D F T T P W O F E Z C U I F S U J F T J O B O . 0 6 4 F F Q B H F G P S N P S . 0 6 T
- » 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](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 well-being.





# Instructions for the School Crisis Response Implementation Protocol (SCRIPT)

eSCRIPT 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 the mental health 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.

## f Student Information

- » Student Name
- » Age
- » Date
- » School Based Mental Health Provider Name
- » Name of School
- » Education Level

## f De-escalation Strategies Utilized (provide detailed description of de-escalation methods)

- » De-escalation verification 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)

## f De-escalation Strategies Utilized by MRT (provide detailed description of de-escalation methods)

- » Outcome:
  - Baker Act
  - Linked to community resources
  - Return to class

## f Complete Following if Baker Act Initiation

- » Was Law Enforcement Officer (LEO) contacted?
  - Who contacted LEO?
  - Time of Call
  - Time of Arrival
  - Time of Departure
- » Transporting Officer (full name)
- » Parent/ Guardian Contacted by Principal (or Designee)
- » Date of Parent/ Guardian Contact
- » Time of Parent/Guardian Contact
- » Threat Assessment Team Alerted (Signature/Date)
- » School Safety Plan Created (Signature/Date)

# House Bill 945

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. The goals of the bill are as follows:

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



# Recommendations for Protocol Implementation

- f 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 specific to children and youth to determine if MRTs have the capacity to implement the best practices response protocol. The 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 efforts. 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/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>).
- f MEs and MRT providers should ensure that each MRT consists of a licensed professional with the credentials specified 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.
- f Clarification 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 confidentiality (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.
- f Telehealth can be used for increasing capacity of MRTs especially in rural areas, geographically large counties, very congested traffic areas or effective utilization of capacity when there are limited resources where it may be difficult responding in person within 60 minutes. The school-based mental health provider can contact the MRT via video-conferencing to provide initial assessments and collaborate with the MRT in responding to the behavioral health crisis.
- f 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. The MOU should include specific limitations of services to students under the age of 13 based on Florida Statutes.
- f 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.fl.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](http://www.leg.state.fl.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))

- f Data collected should be reviewed collaboratively by the school districts, MEds, 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.
- f 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
- f 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)
- f Amend section 394.463(2)(a), F.S. to expand the list of professionals who can initiate the involuntary examination to include licensed School Psychologist.
- f 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.

### f 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 success and barriers and incorporate changes as needed. \* U J T S F D P N N F 4 U B L F I P M E F S T S F W J F X E B U B R V B S U F S M Z Q B H F
- » The MOU should be an official document signed by both the School District and the MRT.
- » 4 D F P M T B O E . 3 5 T T I P V M E E P D V N F O U B O E T I B S F J O C F T B U J













## 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 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 specific 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. The evaluation indicates that youth who received mobile crisis services had a significant 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. Mobile crisis services can be accessed repeatedly with no set limitation.
- Florida Department of Children and Families, Office of Substance Abuse and Mental Health. (2020). Program guidance for Managing Entity contracts:
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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/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

This toolkit describes best practices and strategies for communities to create an effective 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. This toolkit by SAMHSA does not address the specific 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>

This 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 benefits 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-Suicide-A-Toolkit-for-High-Schools>

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## 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>

Specific 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 officers 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. “The department shall consider the geographic location of existing mobile crisis teams and select providers to serve the areas of the state.”

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