

MIAMI-DADE COUNTY PUBLIC SCHOOLS

THREAT ASSESSMENT AND MENTAL HEALTH SERVICES GUIDE FOR SCHOOL ADMINISTRATORS

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I. INTRODUCTION AND OVERVIEW

The passing of Senate Bill 7026 (March 2018) established the Office of Safe Schools (OSS) within the Florida Department of Education to increase communication between various community entities that interact with students and schools, better identify students in need of mental health treatment, increase access to such treatment, and to help prevent critical incidents. Miami-Dade County Public Schools' (M-DCPS) Threat Assessment/Mental Health Services Guide for School Administrators is designed to assist with accessing the mandated set of procedures for threat assessment as well as provide information on the protocols for referrals to mental health services. A threat assessment is a problem-solving approach to violence prevention that involves assessment and intervention with students who have threatened violence in some way. M-DCPS follows the Comprehensive School Threat Assessment Guidelines (CSTAG), adopted by the OSS as the statewide model for conducting threat assessments in schools.

II. THREAT ASSESSMENT

Miami-Dade County Public Schools (M-DCPS) Threat Assessment Teams

Following Senate Bill 7026, Senate Bill 7030 (July 2019) and M-DCPS School Board Policy 8405-School Safety, Threat Assessment Teams have been established at each M-DCPS school site, in accordance with applicable Florida State Statutes, whose duties include the coordination of resources, assessment and intervention with individuals whose behavior may pose a threat to the safety of school staff or students. The M-DCPS Threat Assessment Team must include personnel who have expertise in counseling, instruction, school administration and law enforcement. The school Threat Assessment Team falls under the leadership of the school principal/director or designee. In addition, threat assessment teams must meet a minimum of once a month, which includes maintaining documentation of their meetings, with dates and times, team members in attendance, cases discussed, and actions taken. M-DCPS provides training on the CSTAG process and provides resources to conduct threat assessments. The protocols of the threat assessment include components and forms consistent with the CSTAG that address the following elements: assessment of the threat; evaluation to determine if the threat is transient or substantive; response to substantive threat (school/law enforcement referrals); response to serious substantive threat (mental health/law enforcement referrals); ongoing monitoring of to assess implementation of safety strategies; and training threat assessment team members of the use of the CSTAG.

Furthermore, as the statute states, all agencies must share information about past threats, expulsions, and referrals to mental health.

- Department of Juvenile Justice (Upon release from detention)
- Court Referral for Mental Health Services (must be reported to School Districts)
- Felony Arrest/Charges
- More than One Misdemeanor
- Prior Expulsion from Secondary School District

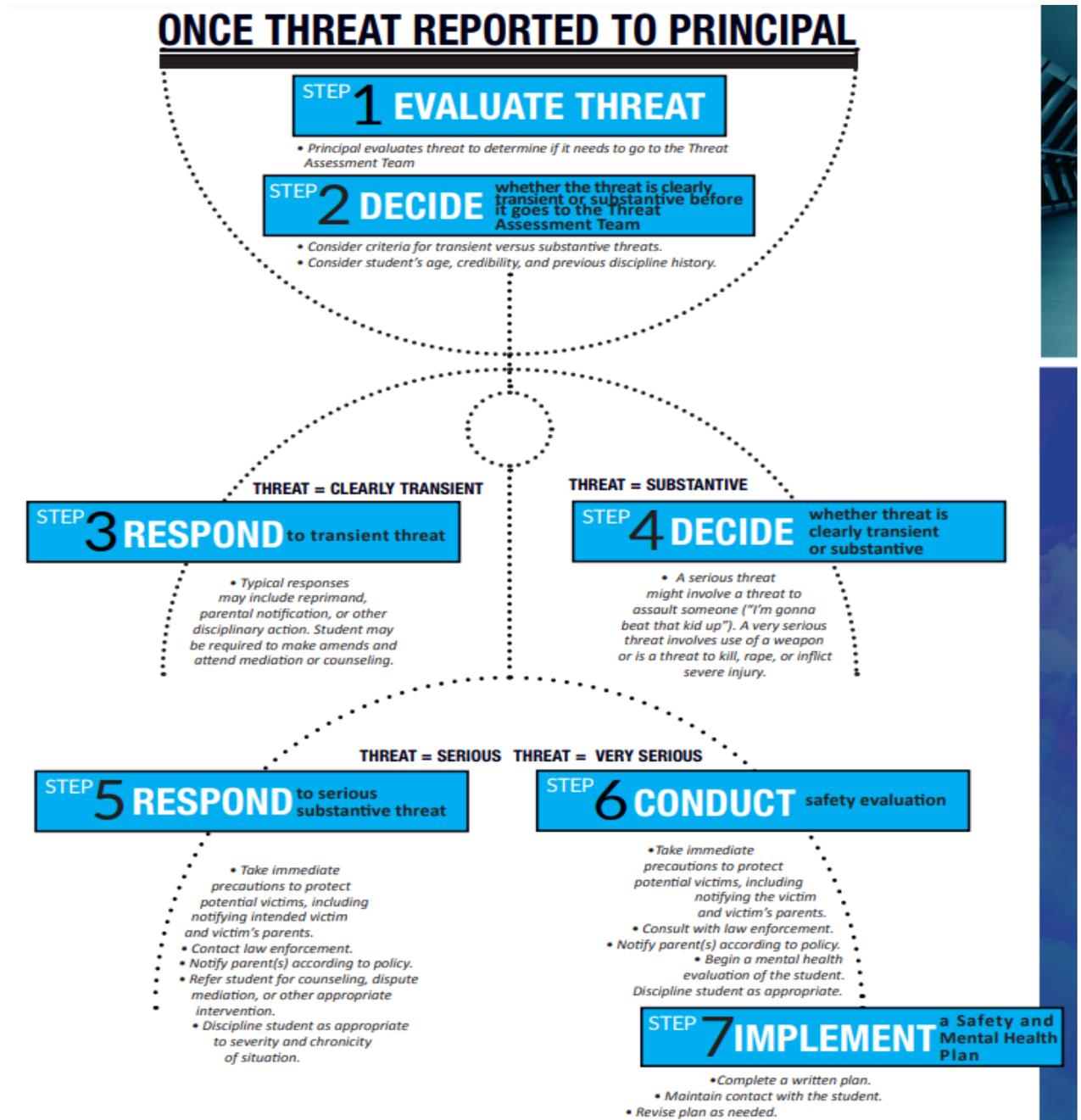
DECISION TREE FOR STUDENT THREAT ASSESSMENT

Threats can come to the attention of the school principal in many ways including:

- Communication from Students or Staff, and Parents
- Verbal, Written, Electronic

- Social Media
- Art/Drawing
- Unusual Behavior

THREAT ASSESSMENT FLOW CHART



THREAT ASSESSMENT PROCESS

STUDENT(S)

When a preliminary determination is made, by the school administrator or designee, that a student poses a threat of violence or physical harm to him/herself or others, the Threat Assessment Team shall be notified and shall convene to determine the best course of action. The Threat Assessment Team members may participate in the Threat Assessment Process in person, virtually or via telephone as deemed practical.

Upon the team's preliminary determination that a student poses a threat to him/herself, exhibits significantly disruptive behavior or is in need for assistance, the team may obtain a criminal history record and information through its authorized law enforcement liaison. This criminal history information is considered exempt from disclosure under Chapter 119 Florida Statutes, to ensure the safety of others. Entities that may provide such information include, but are not limited to: school districts, school personnel, state and local law enforcement, Department of Juvenile Justice, Department of Children and Families, Department of Health, Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Education, statewide Guardian ad Litem Office and any such service or support provider contracting with the above agencies.

When an immediate mental health or substance abuse crisis is suspected, school personnel shall follow current policies and practices established by M-DCPS to engage behavioral health crisis resources. For incidents taking place outside of normal school hours, the Threat Assessment Teams shall convene at the beginning of the next business day or as determined by an administrator, to coordinate resources, assessment, and intervention with the individuals whose behavior may have posed a threat to the safety of school staff or students. In addition, in each instance when the Threat Assessment Team meets to review a threat, a Threat Assessment Report and Response Form shall be completed and forwarded to the Office of School Safety and Compliance's SharePoint collaboration site, and the appropriate Region Office. Currently, M-DCPS provides students with a comprehensive system of support to address the mental health needs (Section III) of all students within the District. The District has long prioritized the well-being of the whole child and, as such, has focused on identifying students who may need specific interventions to ensure successful educational outcomes.

THREAT ASSESSMENT TEAM ANNUAL REQUIRED TASKS:

IDENTIFICATION OF SCHOOL-BASED CORE THREAT ASSESSMENT TEAM MEMBERS

REQUIRED MEMBERS FOR WORK LOCATION # ()		
PLEASE NOTE: YOU MUST COMPLETE ALL AREAS.		
TITLE	PRIMARY	ALTERNATE
School Administrator		
Counselor		
Educator		
Law Enforcement/SRO		

OTHER MEMBERS	
PLEASE NOTE: YOU MUST COMPLETE ALL AREAS.	
NAME	ROLE

REQUIRED TRAINING

All members of the school's Threat Assessment Team are required to participate in training regarding the use of the Comprehensive School Threat Assessment Guidelines (CSTAG) as adopted by the Florida Department of Education, Office of Safe Schools.

School-Based Mental Health Professionals are also required to complete and participate in training regarding the use of the "Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) with the Columbia-Suicide Severity Rating Scale (C-SSRS) FM 7765." Updated (4-22) procedures and guidelines can be reviewed using the [Suicide Prevention Policy and Procedures: Guidance for Administrators and School-Based Mental Health Service Providers](#). Reference Page 11 for additional information regarding risk assessment information.

SCHOOL BASED SAFETY TEAMS AND THREAT ASSESSMENT TEAM REPORT & RESPONSE FORM

Threat Assessment Team Report and Disposition Reporting

As required by Florida law, each school shall establish a Threat Assessment Team whose duties include the coordination of resources and assessment and intervention with individuals whose behavior may pose a threat to the safety of school staff or students. **Every instance that requires the school Threat Assessment Team to meet, shall be documented.** Upon convening the Threat Assessment Team, school site principal should proceed to the School Safety Collaboration Site (Apps/Services/Sites) and complete the on-line fillable Form of Threat Assessment and Response Protocol. The link is located on the site and can also be accessed at: [Threat Assessment and Response Protocol Fillable Form](#). Once the form is complete, a confirmation email will be sent to the principal. The principal must then save the documents in the confirmation email and upload it to the school folder on the School Safety Collaboration Site. Additionally, a copy of the Threat Assessment and Response Protocol Form 7719 (Rev. 07-21) must be maintained in the student's cumulative folder. Principals should note page 8 (Threat Outcome Summary) which was added to ensure a comprehensive threat assessment process throughout the school year for a particular incident.

The Threat Assessment Team Report and Response Forms shall be utilized for every threat that the team meets and convenes on and shall be uploaded to the Miami Dade County Public School - Strategic Planning Division SharePoint Collaboration Site. Additionally, a copy of the Threat Assessment Forms must be placed in the student's Cumulative Folder.

[\(School Safety and Compliance Collaboration Site\)](#)

COLLABORATION SITE DOCUMENT CHECKLIST

- Senate Bill 7030 stipulates those students who pose a threat to others must be referred to the school's Threat Assessment Team (referral action code M1).
- Upon convening the Threat Assessment Team, schools should proceed to the School Safety Collaboration Site (Apps/Services/Sites) and complete the new on-line fillable FM # 7719 (Rev. (07-21). The link is located on the site and can also be accessed at <https://forms.office.com/r/Gqe143qbFB> or access [Threat Assessment and Response Protocol Fillable Form](#)
- Once the form is complete, a confirmation email will be sent to the principal. The principal must then save the documents in the confirmation email and upload it to the school folder (listed by location number) on the School Safety Collaboration Site.
- Additionally, a copy must be maintained in the student's cumulative folder.

GUIDELINES FOR CONDUCTING A THREAT ASSESSMENT

Threat Assessment - A Threat Assessment may be conducted if a student makes an explicit or implicit threat, or if the student's behavior indicates the threat is reasonably likely. The goal of the threat assessment is to provide assistance to the student being assessed, to support victims or potential victims, and to take appropriate preventive or corrective measures to maintain a safe and secure school environment. A threat assessment is not a disciplinary action nor a prerequisite to disciplinary action. Documents completed as part of a threat assessment may or may not be used in a disciplinary proceeding.

Identification of Possible Threat - Student threats shall be reported to the Superintendent/Designee for an evaluation of the potential threat and for a decision on whether the threat is clearly transient or substantive. School personnel and students must be made aware of whom they should report suspicion of a threat. Threat Assessment Team members, mental health, and behavioral personnel (counselors, social workers, psychologists, behavior technicians, etc.) and other staff members trained to identify red flag indicators should be consulted immediately when available. Criteria for reporting threats should include the age of the child and the context of the threat or remark.

Initial Determination - When a threat is reported to the Principal/Designee, the Principal/Designee makes the preliminary determination of the seriousness of the threat. The Principal Designee then refers the students to the Threat Assessment Team for further review, investigation, and completion of documentation.

Threat Assessment Team - Transient and Substantive Treats – In every instance in which a threat against a student and/or the school is not immediately resolved, the Principal/Designee shall immediately notify law enforcement and attempt to notify the parent/guardian of the student who made the threat. A full review of the student's records shall be conducted, including any records obtained from law enforcement and other agencies such as DCF, DJJ, and/or prior school districts. The Threat Assessment Team should pay close attention to any information indicating that the student's records contain information regarding prior threats. The student who communicated the threat, the recipient(s) of the threat, faculty and staff, and any relevant witnesses shall be interviewed to obtain specific information regarding the threat, in accordance with the Threat Assessment guidelines.

The Superintendent/Designee shall notify any identifiable victims or targets of the threat and if the target is a student or students, must immediately attempt to notify the student's parent or legal guardian. If the threat is not specific about the identity of the victims(s), the Superintendent/Designee shall make a determination based on the circumstances of the threat whether it is appropriate to communicate with a general notification to potential victims, such as in the form of a letter to parents/guardians. In most cases, such a letter would be appropriate to address questions and concerns that might be disruptive to learning and solicit information that would be relevant to involving the threat. The Threat Assessment Form Report and Response Form shall be completed and uploaded to the collaboration site.

Threat Assessment and Disciplinary Procedures are separate processes. Regardless of whether a threat is determined to be transient, serious substantive, or very serious substantive, appropriate disciplinary procedures shall be followed.

The Threat Assessment Team Report and Response Form, FM 7719 (Rev. 07-21), and other relevant documents regarding the threat shall be uploaded to the District Collaboration site and placed in the student's cumulative folder.

GUIDELINES FOR CONDUCTING A THREAT ASSESSMENT

Adapted from the Guidelines for Responding to Student Threats of Violence (Cornell & Sheras, 2006)		
IDENTIFY AND EVALUATE THREAT		
TITLE	PRIMARY	
<p>A threat is an expression of intent to harm someone that may be spoken, written, gestured, or communicated in some other form, such as via text messaging, email, or other electronic means. An expression of intent to harm someone is considered a threat regardless of whether it is communicated to the intended victim(s) and regardless of whether the intended victim is aware of the threat. This protocol does NOT address threats to damage property, threats made by non-students, fights with no threat, or verbiage such as slurs, insults, or verbal abuse that does not constitute a threat. Threats may be implied or stated in an indirect manner if a recipient would reasonably regard the behavior as a threat. WHEN IN DOUBT, treat the expression as a threat and conduct a threat assessment.</p> <p>Student threats shall be reported to the Principal/Designee if they cannot be easily and readily resolved by other staff. Criteria for reporting threats should include age of the child, and the context of the threat or remark.</p> <p>The Principal/Designee makes a preliminary determination of the seriousness of the threat. The student, recipients of the threat and other witnesses shall be interviewed to obtain a specific account of the threat in context in accordance with Board policies. Whether the threat is deemed transient or substantive, the Threat Assessment Team must complete FM 7719 (Rev. 07-21).</p>		
SUBJECT INTERVIEW QUESTIONS	WITNESS INTERVIEW QUESTIONS	
<ul style="list-style-type: none"> Do you know why I wanted to talk with you? What happened when you were (place of incident)? What exactly did you say? And what exactly did you do? What did you mean when you said or did that? How do you think he/she feels about what you said or did? What was the reason you said or did that? What are you going to do now that you have made this threat? 	<ul style="list-style-type: none"> What exactly happened when you were (place of incident)? What exactly did (student) say or do? What do you think he/she meant when saying that? How do you feel about what he/she said or did? Why did he/she say or do that? 	
DETERMINE WHETHER THREAT IS CLEARLY TRANSIENT OR SUBSTANTIVE		
<p>TRANSIENT THREAT Meets one or more of the following:</p> <ul style="list-style-type: none"> Non-genuine expression that is intended as joke or figure of speech. Non-sustainable expression that is intended to harm or temporary anger of which is resolved. An action that is resolved on scene or office (time-limited). A conflict is resolved and ends with apology, retraction, or clarification. 	<p>SUBSTANTIVE THREAT Factors to consider in judging a threat to be substantive</p> <ul style="list-style-type: none"> Specific, plausible details such as a specific victim, time, place, and method. Threat has been repeated over time or related to multiple persons. Threat is reported as a plan or planning has taken place. Recruitment of accomplices or invitation for an audience. Physical evidence of intent to carry out threat (e.g., lists, drawings, written plan). Student's age and capability of carrying out the threat. Student's history of aggressive behavior. Credibility of student and witness accounts Conflict remains unresolved. 	
	DETERMINE IF SUBSTANTIVE THREAT IS SERIOUS OR VERY SERIOUS	
<i>WHEN IN DOUBT, consider threat as substantive and assess further</i>	SERIOUS	VERY SERIOUS
	A threat to assault	Threat to kill, rape, or inflict severe injury or use weapons
RESPOND TO TRANSIENT THREAT	RESPOND TO SERIOUS THREAT	RESPOND TO VERY SERIOUS THREAT
<ul style="list-style-type: none"> Contact student's parents if necessary. Notify intended victim's parents if necessary to prevent further problems. See that threat is resolved through explanation, apology or making amends. Consult with safety and security specialist/SRO if appropriate. Refer for conflict mediation or counseling, to resolve problem if appropriate. Upload FM 7719 to District Collaboration Site. Follow discipline procedures. Develop Behavior Intervention Plan/behavior contract as appropriate. Refer to outside Behavioral or Mental Health Services. 	<ul style="list-style-type: none"> Mobilize threat assessment team members as needed. Confer with SRO/ Safety Specialist. Notify student's parents. Protect and notify intended victim and parents of victim. Caution the student about the consequences of carrying out the threat. Provide direct supervision of student until parents assume control 	<ul style="list-style-type: none"> Mobilize threat assessment team and follow procedures for serious threat, including protective action and notification of intended victim and parents of victim after law enforcement consultation. Provide direct supervision of student until parents assume control. Notify assistant superintendent or designee. Consult with SRO or safety/ security specialist for investigation of threat. Initiate immediate mental health assessment if emergency situation; otherwise notify parents of need for mental health assessment. Follow discipline procedures. Develop Behavior Intervention Plan/ behavior contract.

THREAT ASSESSMENT AND RESPONSE PROTOCOL (FM 7719 Rev. 07-21)

SECTION III: GUIDELINES FOR CONDUCTING A SUICIDE ASSESSMENT

[SUICIDE ASSESSMENT FIVE-STEP EVALUATION AND TRIAGE \(SAFE-T\) WITH COLUMBIA-SUICIDE SEVERITY RATING SCALE \(C-SSRS\)- RECENT](#)

Mental Health Senate Bill 1418 regarding the identification of standardized suicide screening instruments appropriate for use with school-age populations. The selected screening instruments must have adequate reliability and validity and provide information on administration and use of the instrument.

The approved screening instruments are:

- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- Columbia-Suicide Severity Rating Scale (C-SSRS)-Recent

M-DCPS uses a blended model of the two instruments. The instruments have been endorsed by the Centers for Disease Control and Prevention, National Institute for Health, Substance Abuse and Mental Health Services Administration (SAMHSA) and the World Health Organization. The protocols, which are available free of charge, are suitable for all ages and special populations in a variety of settings.

Benefits of the Instrument

- Addresses both suicidal ideation and behavior
- Comprehensive measure that includes only the most necessary suicidality characteristics
- Semi-structured interview provides a flexible format
- Questions are provided as helpful tools. Ask enough questions to obtain necessary information.

Implementation

School Based Mental Health Professionals should complete [Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\) with the Columbia-Suicide Severity Rating Scale \(C-SSRS\)-Recent Protocol \(FM 7765\)](#) when students are presented threat to self.

NOTE: The Threat Assessment Response Protocol (FM 7719 Rev. 07-21), is not designed to be used if students have made a threat to harm themselves.

Post-Assessment Actions

For Post-Assessment Actions, refer to the [Suicide Prevention Policy and Procedures: Guidance for Administrators and School-Based Mental Health Service Providers](#).

- If the student is not hospitalized, provide parent/guardian with appropriate community mental health resources.
- If the student is hospitalized, request parent/guardian signature on the [Consent for Mutual Exchange of Information \(FM 2128\)](#). Fax consent form to SEDNET office at 305-598-4639.
- Enter appropriate SCM codes.
- Report incident to Crisis Management Helpline.
- Closely monitor student upon re-entry to school
- Convene the MTSS/RT and complete Mental Health Plan [\(FM 7715\)](#).

SECTION IV: MENTAL HEALTH SERVICES

Department of Mental Health Services

Miami-Dade County Public Schools established the Department of Mental Health Services to coordinate District and community resources to deliver evidence-based mental health care and treatment for students. Services include provisions for mental health screenings, assessments intervention and recovery services. Department staff can be reached at (305)-995-1020. In addition, the department has an active Mental Health Assistance Line that can be reached Monday - Friday from 8:00 a.m. - 4:00 p.m. at (305) 995-7100. Additional resources can be accessed through the department's website: <http://mentalhealthservices.dadeschools.net>.

Mission Statement

The Department of Mental Health Services' is dedicated to promoting our student's social-emotional and academic well-being through the provision of the highest quality of school and community comprehensive, evidence- based mental health services.

Vision Statement

The department's vision is to provide mental health and wellness focused services that promote our student's social-emotional development, prevent development of mental health challenges, and address social-emotional problems that currently exist.

Continuum of School Mental Health Services

Providing a continuum of school mental health services is critical to effectively addressing the breadth of students' needs. Comprehensive mental health services are most effective when provided through a Multi- Tiered System of Supports (MTSS) by school-based mental health professionals. MTSS enables schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed.

Procedures for Maintenance and Transfer of Student Records

Pursuant to Senate Bill 7030, the procedure for transferring and maintaining records of students who transfer from school to school shall be prescribed by rules of the State Board of Education. The transfer of records shall occur within 3 school days. The records shall include:

- Verified reports of serious or recurrent behavior patterns, including threat assessment evaluations and intervention services.
- Psychological evaluations, including therapeutic treatment plans and therapy or progress notes created or maintained by school district or charter school staff, as appropriate.

M-DCPS has implemented the following procedures to ensure compliance:

At the time of student transfer, the receiving school registrar will review the DSIS screen to determine if any referral action/service codes exist that indicate the student has been referred for services and/or received mental health related services. Such codes include M codes (mental health services) and the RS code (risk assessment).

Mental Health Related Services

Such codes include M codes (mental health services) and the RS code (risk assessment). Should the student's record indicate that mental health related services currently exist, the registrar will notify the principal/designee to ensure continuation of services until administration and mental health professionals determine otherwise. The receiving school will contact sending school to arrange for records pick up within three school days.

SEDNET: Multi-Agency Network for Students with Emotional Behavioral Disabilities

SEDNET works with education, mental health, Department of Children and Families, juvenile justice professionals, along with other agencies and families to provide any child with mental illness or emotional and behavioral problems with access to services and support needed to succeed. The contact person for SEDNET is:

Ms. Dolores Vega, SEDNET Project Manager 305-430-1055 ext. 2311 dvega@dadeschools.net.

Community Action Teams (CAT)

The Community Action team (CAT) model is a comprehensive service approach that allows youth with mental illnesses who are at risk or out of home placements to receive services and remain in their community. The CAT model is an integrated service delivery approach that utilizes a team of individuals from the community to comprehensively address the needs of the youth and his or her family. The CAT Team Managing Entity in Miami-Dade County is Thriving Mind of South Florida. The Community Action Team program is designed to provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the characteristics.

Banyan Health's Mobile Crisis Response Team provides individuals residing in Miami-Dade County with support during crisis situations with the goal of restoring balance to the individual's functioning and to minimize the potential of long-term psychological trauma. All crisis calls are managed by Licensed Clinicians. The Mobile Crisis Team will perform Triage Assessment, Crisis Assessment, Crisis Evaluation, De-escalation and Crisis/Safety plans. Pursuant to Florida House Bill 1421, M-DCPS utilizes the same approved suicide screening instrument as approved by the Florida Department of Education. The Mobile Response Team will utilize the Columbia Suicide Severity Rating Scale and SAFE-T Model (FM-7765).

MIAMI-DADE COUNTY PUBLIC SCHOOLS MULTI-TIERED SYSTEM OF SUPPORT

Research-Based Multi-Tiered System of Supports

M-DCPS leverages a comprehensive and data-rich Multi-Tiered System of Support (MTSS) to address the mental health concerns of all students within the District. M-DCPS' MTSS ensures successful educational outcomes for all students by using a data-based problem-solving process to evaluate the effectiveness of all interventions being provided within each tier. Interventions focus on academic performance, social-emotional instruction and support, behavioral issues, as well as mental health. The District's MTSS is a three-tiered approach that moves through a progression of support to meet the unique academic, behavioral, and mental health concerns of all students.

TIER 1 SERVICES AND SUPPORT MODEL (UNIVERSAL/ PREVENTION)

Tier 1 provides school-wide programming that addresses the universal social/emotional needs of all learners. Each year, all schools are required to examine data in both school culture and academic programs through the School Improvement Process (SIP) and identify which areas of focus led to the data findings. Schools then develop outcome statements, priority actions, and the implementation steps required to facilitate school improvement. Using the framework of Effective School Culture, each school is required to identify opportunities for improvement within the areas of relationships; engaging learning environment; support, care, and connections; physical and emotional safety; and clearly defined expectations.

In order to appropriately identify the outcome statements, priority actions, and the implementation steps within the SIP, each school's leadership team attends a Strategic Planning session during the Synergy professional development. During this development, leadership teams disaggregate data within the areas of academic performance, teacher/student climate survey results, teacher/student attendance, percent of students with disciplinary referrals, and the percent of students who have met 2+ Early Warning System (EWS) Indicators (absent 10% of school year, 1+ suspensions, failed ELA course, failed math course, ELA level 1, and math level 1). Such strategies are designed to improve the early identification of social, emotional, and behavioral problems or substance abuse disorders and improve the provision of early identification services.

M-DCPS offers a variety of districtwide prevention programs and fosters partnerships that focus on mental wellness. Through the District's Values Matter Miami initiative, schools are provided a comprehensive, values-based program aligned to specific core values: Citizenship, Cooperation, Fairness, Honesty, Integrity, Kindness, Pursuit of Excellence, Respect, and Responsibility. Schools are provided with interactive, grade-appropriate lessons to support the development of behaviors aligned to these values. Additionally, M-DCPS was the first school district in the nation to enter into a formal partnership with Sandy Hook Promise in order to implement their *Know the Signs* programs. These programs train youth and adults to identify, intervene, and provide help for individuals before they cause harm to themselves or others.

All M-DCPS high schools and middle schools have participated in Sandy Hook Promise's *Say Something* assembly program. This program directly addresses the need for students to speak up and get assistance for classmates who may be showing signs of depression, suicide, or other mental health issues. All secondary schools and K-8 centers have also participated in Sandy Hook Promise's *Start with Hello* assembly program, which teaches students the importance of eliminating social exclusion and creating a more connected school environment. In addition, all students in grade 6-12 participate in sessions to satisfy the 5-hour Mental and Emotional Health requirement.

TIER 2 SERVICES AND SUPPORT MODEL (TARGETED-SUPPLEMENTAL/AT-RISK)

Tier 2 provides targeted interventions for identified students that address specific academic performance, social-emotional development, behavioral issues, as well as mental health concerns. Principals are provided with live data dashboards that allow them to identify students who need Tier 2 services. Data elements include attendance, Early Warning Signs (EWS), academic performance, and percent of students with disciplinary referrals. The services provided in Tier 2 include: academic advisement, individual/group counseling, Restorative Justice Practices, peer mentorship, partnerships with community-based agencies, as well as ongoing progress monitoring. Mental health professionals within schools are provided ongoing training from the Office of Mental Health Services and Student Services, and the Department of Exceptional Student Education (ESE) in order to provide students with comprehensive Tier 2 support that addresses mental wellness. These trainings include building skills in the areas of mental health assessment, intervention, and support for students, especially those who have been exposed to trauma or those who have acute mental health needs.

School support staff/mental health professionals will continue to collaborate to provide targeted support services. Students will be referred to school-based mental health professionals for screening and identification of mental health concerns.

TIER 3 SERVICES AND SUPPORT MODEL (INDIVIDUALIZED/ INTENSIVE)

Tier 3 provides intensive support that is individually designed to address the specific needs of students' academic performance, social-emotional development, behavioral issues, as well as mental health concerns. Students with one or more co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses are provided intensive Tier 3 support. To address the needs of students requiring Tier 3 support, the school will convene a MTSS meeting. Participants of these meetings may include: the principal, school counselor, teacher(s), ESE staff, licensed social worker and/or licensed psychologist, as well as the parent/guardian and student. The intent of this meeting is to assess the most appropriate intervention(s) for the impacted student. Academic support includes designing, implementing, and monitoring instruction focused on skills that pose the greatest barrier to the mastery of grade-level standards. Tier 3 instruction is characterized by increased time and intensity utilizing a research-based program that includes multi-sensory strategies. This instruction is provided to individual students or in very small groups. Behavioral services include referral to an alternative location, referral for a mental health evaluation, the initiation of a Functional Behavior Assessment (FBA) and a Social-Emotional Behavior Intervention Plan. If it is determined that a mental health evaluation is required, a follow-up Mental Health Team meeting will be scheduled. During this meeting, the diagnosis will be reviewed, and a mental health support plan will be developed, implemented, and monitored.



Integrating Mental Health into MTSS Framework

Tier 3 (Individualized/Intensive):

- Individual problem-solving teams
- Coordination of decision—rules and referral and follow-up procedures
- Data and strategy sharing between school and agency staff
- Individualized counseling and intervention, behavior support plans
- Intensive progress monitoring
- Wraparound and crisis prevention and response planning
- Intensified family partnership and communication
- Link intervention to Tiers 1 and 2

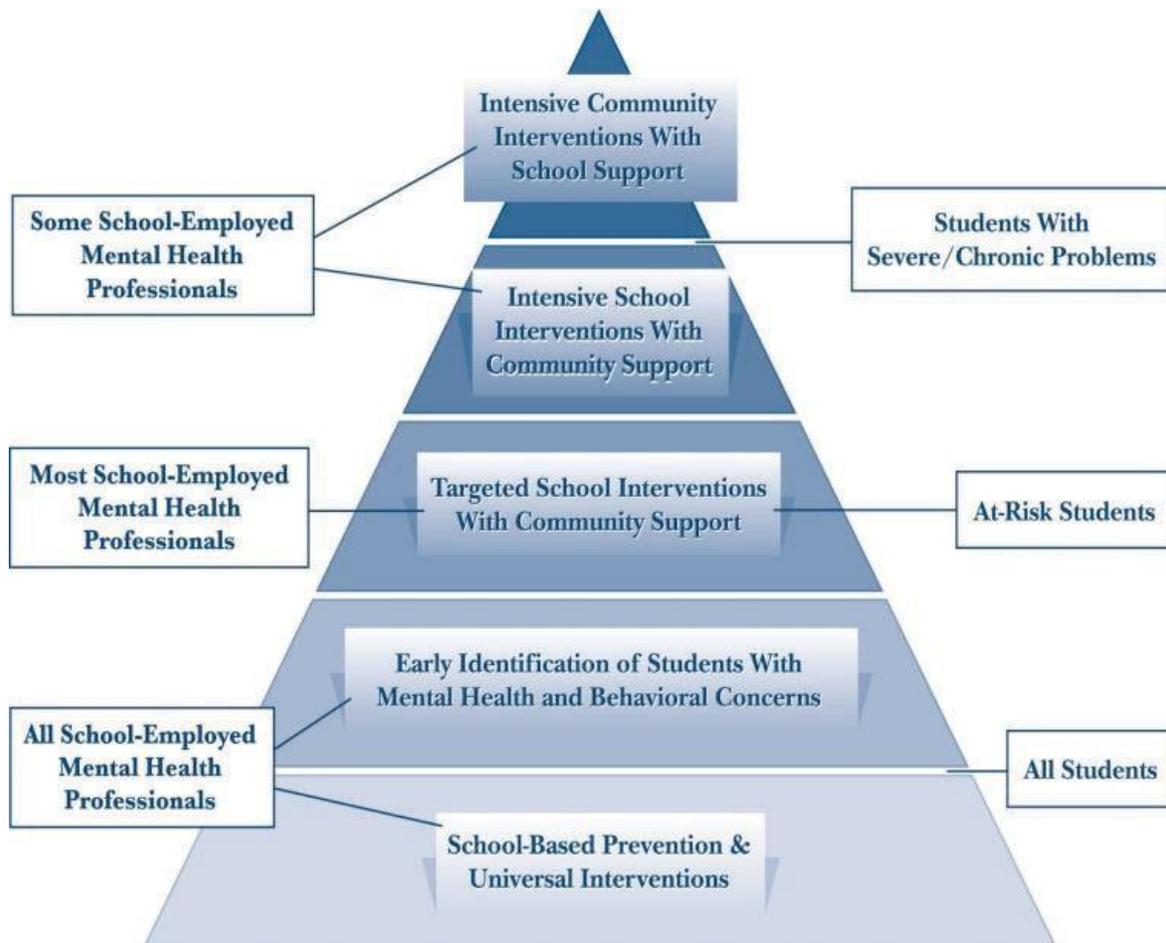
Tier 2 (Supplemental/At-Risk):

- Decision rules for early identification and access
- Evidence-based group social, emotional, and behavioral interventions based on need
- Monitoring of intervention fidelity and student progress
- Link intervention to Tier 1

Tier 1 (Universal/Prevention):

- Universal screening and progress monitoring of student social-emotional health and school climate
- Alignment and prioritization of initiatives informed by needs assessment and resource mapping
- Reduced Risk Factors
 - Create orderly and nurturing classrooms and public space, fair and positive discipline, curtailed bullying
- Increased Protective Factors
 - Social-emotional skills instruction, positive/secure relationships, predictable environment
- Restorative and Trauma-Informed Practices
- Data-based problem-solving leadership teams
 - Including youth serving agency, youth and family representatives
- Schoolwide mental wellness initiatives to increase awareness and reduce stigma
 - Youth Mental Health First Aid (YMHFA) training, Wellness Fairs, Behavioral Health Campaigns
- Monitor and support well-being of educators

The Continuum of School-Based Mental Health Services



The Continuum of School Mental Health Services

Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services" in *Communique*, Vol. 35, No. 1. National Association of School Psychologists, 2006.

RESEARCH-BASED MULTI TIERED SYSTEM OF SUPPORT

M-DCPS PROGRESSION OF SERVICES TO ADDRESS THE NEEDS OF STUDENTS

ALL STUDENTS: UNIVERSAL/ PREVENTION	TARGETED SUPPLEMENTAL/ AT-RISK	INDIVIDUALIZED /INTENSIVE
Tier 1	Tier 2	Tier 3
<p>School- wide social emotional learning programs are provided as ongoing support for the development of a safe, caring and connected school environment.</p> <p>These programs encourage mutual respect for individual differences and promote tolerance and inclusivity, establishing an environment</p>	<p>Early outreach and interventions are provided for students who begin to exhibit at-risk behaviors.</p> <p>These students are referred to school counseling professionals who identify needs and implement services.</p>	<p>Intensive intervention and services are provided for students who are displaying maladaptive behaviors.</p> <p>District professionals collaborate with the students’ family to connect these students with appropriate services.</p>
<ul style="list-style-type: none"> - Bullying Prevention Curriculum - Cloud9World - Code of Student Conduct - Counselor on Duty - Digital Citizenship Curriculum - Health Connect - Health Information Project - No Place for Hate - Lauren’s Kids - Positive Behavioral Interventions and Supports (PBIS) - Restorative Justice Practices (RJP) - School Allies for Equity (SAFE) - Sandy Hook Programming - Safety Assessment and Intervention - Sensitivity and a Culture of Respect Curriculum - Typical or Troubled - Values Matter Miami - Youth Empowerment Program - Youth Mental Health First Aid - Teen Mental Health First Aid - Mindfulness Champions - SEL Strong - SEL School Awards - Wraparound Services - Mental Wellness Clubs - National Council on Mental Wellbeing - Great Minds- Great Athletes - Ending the Silence Program - Mindful Peer Exchange 	<ul style="list-style-type: none"> - Academic Achievement - Home visits/ Wellness checks - Individual/ Group Counseling - Interventions - Parent/Teacher/ Student Conferences and Support - Peer Mentoring - Progress Monitoring - Referral to Outside Agencies - Restorative Justice Practices (RJP) - Student Success Centers - Together for Children 	<ul style="list-style-type: none"> - Alternative Placement (i.e. Pathways, Residential) - Behavior Intervention Plan (BIP) - Collaboration with Community-Based Organizations - Collaboration with Primary Health Provider - Collaboration with Psychiatric and Psychological Services Providers - Collaboration with Threat Assessment Team (if appropriate) - Functional Assessment of Behavior/ Social Emotional Behavior Intervention Plan - School Support Team (SST)
Early Identification of Students		
Early warning signs will be monitored for all students.		

Mental Health Referral Codes

THE FOLLOWING REFERRAL ACTION CODES HAVE BEEN DEVELOPED TO SUPPORT THIS PROCESS:

Referral Action Codes

M1 — Referred to Threat Assessment Team

M4 — Referral to Mental Health Services — District (e.g., Mental Health Coordinator)

M6 — Referral to Mental Health Services — District Contract Provider (school site provider, e.g., Children's Trust)

M8 — Referral to Mental Health Community Program — Agency, Provider Service Codes

MP — Develop Mental Health Plan - District

MS — Received Mental Health Screening/Assessment — District (e.g., Mental Health Coordinator)

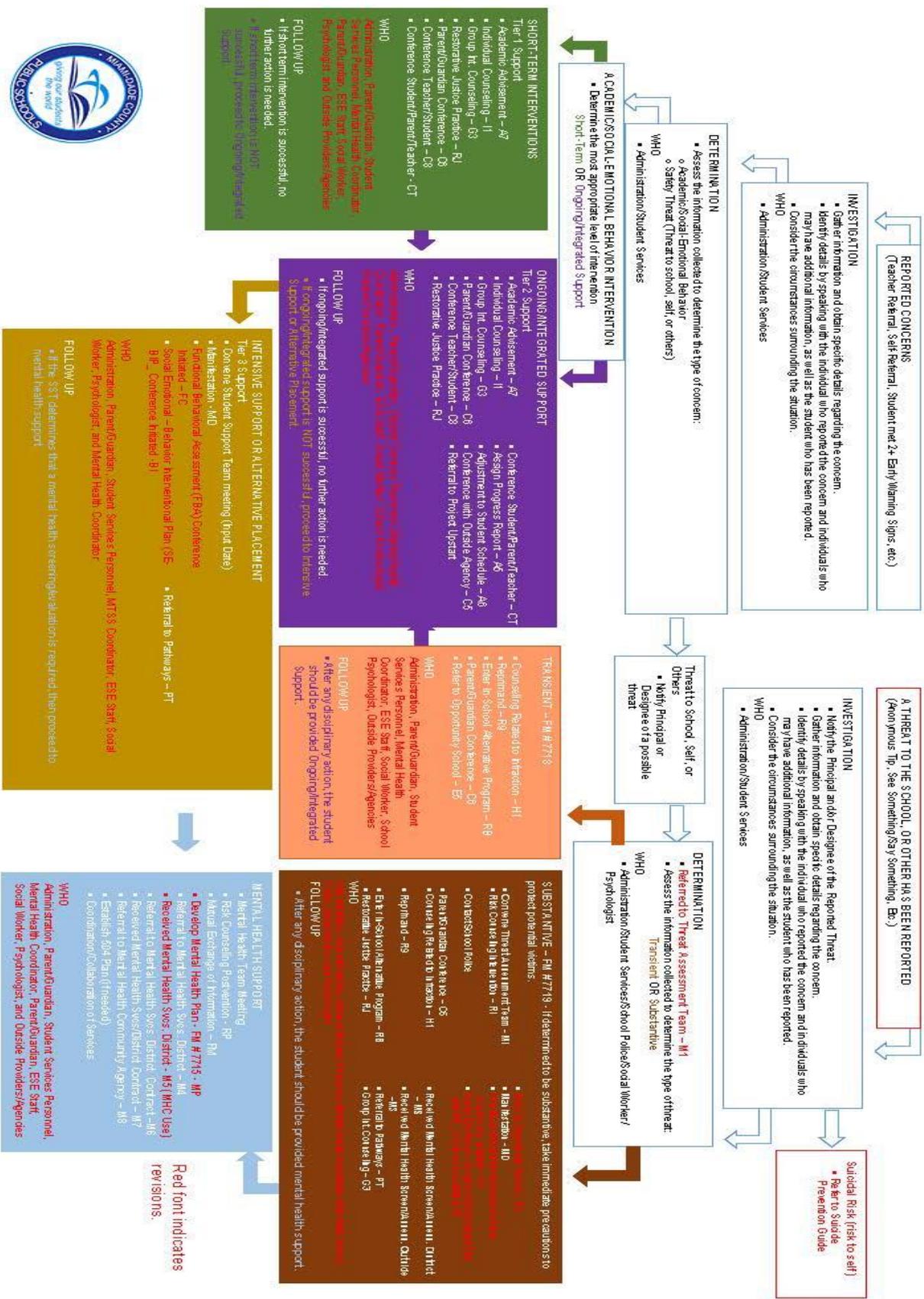
M3 — Received Mental Health Screening/Assessment — District Contract Provider (school site provider, e.g., Children's Trust)

M5 — Received Mental Health Services - District (e.g. Mental Health Coordinator)

M7 — Received Mental Health Services — District Contract Provider (school site provider, e.g., Children's Trust)

School administrators, counselors, school social workers, mental health coordinators, and school psychologists will utilize these codes accordingly and document them on the Student Case Management form as well as in DSIS.

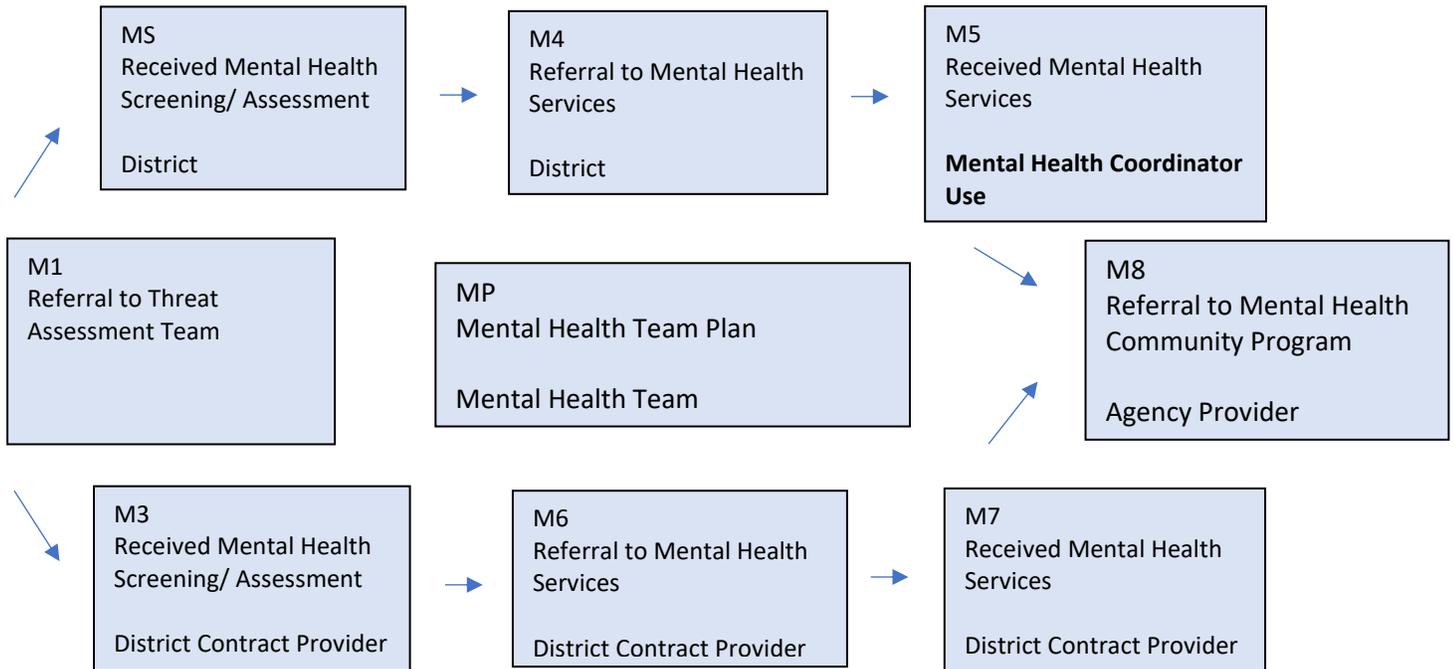
Progression of Mental Health Support



Red font indicates revisions.



M-CODE FLOW CHART



GUIDELINES FOR REFERRAL TO MENTAL HEALTH TEAM/PLAN DEVELOPMENT

In following M-DCPS's Progression of Mental Health Support, students who make a threat to self, school or others will be referred to the school's Threat Assessment Team (TAT). If the TAT determines the threat to be substantive through its assessment process, then the student must be referred to the school's Mental Health Team which is comprised of an Administrator, Parent/legal guardian, School Psychologist, School Counselor, Social Worker, Mental Health Coordinator, and contracted agency if applicable.

The Mental Health Team will develop a [Mental Health Plan \(FM 7715\)](#) and coordinate District Mental Health support for the student as well as refer the student to community and contracted service providers to ensure the needs of the student are being addressed. The collaboration of services will best support the needs and appropriate treatment and follow-up for the student. The Mental Health Plan (FM 7715) should be retained in the student's cumulative folder and updated accordingly throughout the school year.

In addition to a student being referred to the school's Mental Health Team as a determination of a substantive threat, a student may also be referred due to the school's Mental Health Team determination the student is in need of intensive support or alternative placement because of the progression through the Tier levels leading to Tier 3 support and a mental health screening/ assessment. This includes students whose behavior has been determined to be significantly disruptive or who have been determined to be otherwise in need of assistance.

Pursuant to SB 7030, students referred to a school or community based mental health service provider for a mental health screening for identification of mental health concerns and or considered at-risk of a mental health disorder, must be assessed within 15 days after the referral. School-based mental health services must be initiated within 15 days of identification and assessment, and support by community-based mental health service providers for students who are referred for community-based mental health services must be initiated within 30 days of referral after the school or district makes a referral.

Student Referral Process

School site administrators, counselors and other mental health professionals who refer a student to the school's designated mental health coordinator, must utilize the Referral to Department of Mental Health Services Form (FM 7789) to commence services with the student. However, the referral form is not immediately required if a student is actively in crisis, but it is expected to be provided following de-escalation and resolution of crisis. The "Referral Form" will include the student's information, the date the student is being referred and the referral reason. Mental health coordinators should meet with students no later than 15 school days after receiving the referral to meet state requirements; however, the expectation is MHC should meet as quickly as possible and not to exceed 15 days. However, if the student is high risk, the student must be seen as soon as possible. After the mental health coordinator meets with the referred student for the first time and completes initial assessment, it is recommended to identify the student need and type of tier level services required which will be beneficial for follow up and continuation of services.

If there is a student identified to benefit from being referred to a community agency, a Mental Health Team Plan should be completed, and parent/guardians are to be provided with the Contracted Community Mental Health Agency Contact Information form. Once an agency is selected, parent/guardian must complete [Consent for Mutual Exchange of Information \(FM 2128\)](#) so that Administration can then complete the [Referral for Contracted Mental Health Services form \(FM 7740\)](#).

A copy of the completed Request for Referral for Contracted Mental Health Services and Consent for Mutual Exchange of Information form are to be sent to the following: (IMPORTANT: Please note that the Mental Health Team Plan is NOT included in these emails, even though there should be one in student's file).

- Department of Mental Health Services via email to Mentalhealth@dadeschools.net
- Contracted Agency- Refer to the list of community mental health agencies to identify who the forms need to be specifically sent to
- Parent/Guardian

V. APPENDIX/FORMS

- [Threat Assessment Team Reports \(FM 7719\)](#)
- [Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\) with the Columbia-Suicide Severity Rating Scale \(C-SSRS\)-Recent Protocol \(FM 7765\)](#)
- [Consent for Mutual Exchange of Information \(FM 2128\)](#)
- [Mental Health Team Plan \(FM 7715\).](#)
- [Referral for Contracted Mental Health Services \(FM 7740\)](#)
- [Referral for Department of Mental Health Services \(FM 7789\)](#)

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