



# **MIAMI-DADE COUNTY PUBLIC SCHOOLS**

**THREAT MANAGEMENT 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. As of January 1, 2024, M-DCPS follows the Florida Harm Prevention and Threat Management Model ("Florida Model") adopted by the OSS as the statewide model for conducting threat assessments in schools.

## **II. THREAT MANAGEMENT**

### **Miami-Dade County Public Schools (M-DCPS) School-Based Threat Management Teams (SBTMT)**

Following Senate Bill 7026 (July 2018), Senate Bill 7030 (July 2019), House Bill 543 (July 2023) and M-DCPS School Board Policy 8405, *School Safety*, Threat Management 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 district has a full-time, dedicated Threat Management Coordinator (DTMC) to support the process. The M-DCPS District Threat Management Team (DTMT) and School-Based Threat Management Team (SBTMT) must include personnel who have expertise in counseling, instruction, school administration and law enforcement. The SBTMT falls under the leadership of the school principal/director or designee. In addition, threat management 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 Florida Model process and provides resources to conduct threat assessments. The protocols of the threat assessment include components and forms consistent with the Florida Model that address the following elements: assessment of the threat; evaluation to determine if the threat is low, medium or high; response to the threat; use of the Student Support Management Plan (SSMP); ongoing monitoring of to assess implementation of safety strategies; and training threat management team members of the use of the Florida Model.

Furthermore, all parents/guardians, at the time they at the time they initially register their child in the school district, must share information about their child's past threats, expulsions, and referrals to mental health, including the following:

- 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 MANAGEMENT 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 SBTMT shall be notified and shall convene to determine the best course of action. The SBTMT members may participate in the Threat Assessment Process in person, virtually or via telephone as deemed practical.

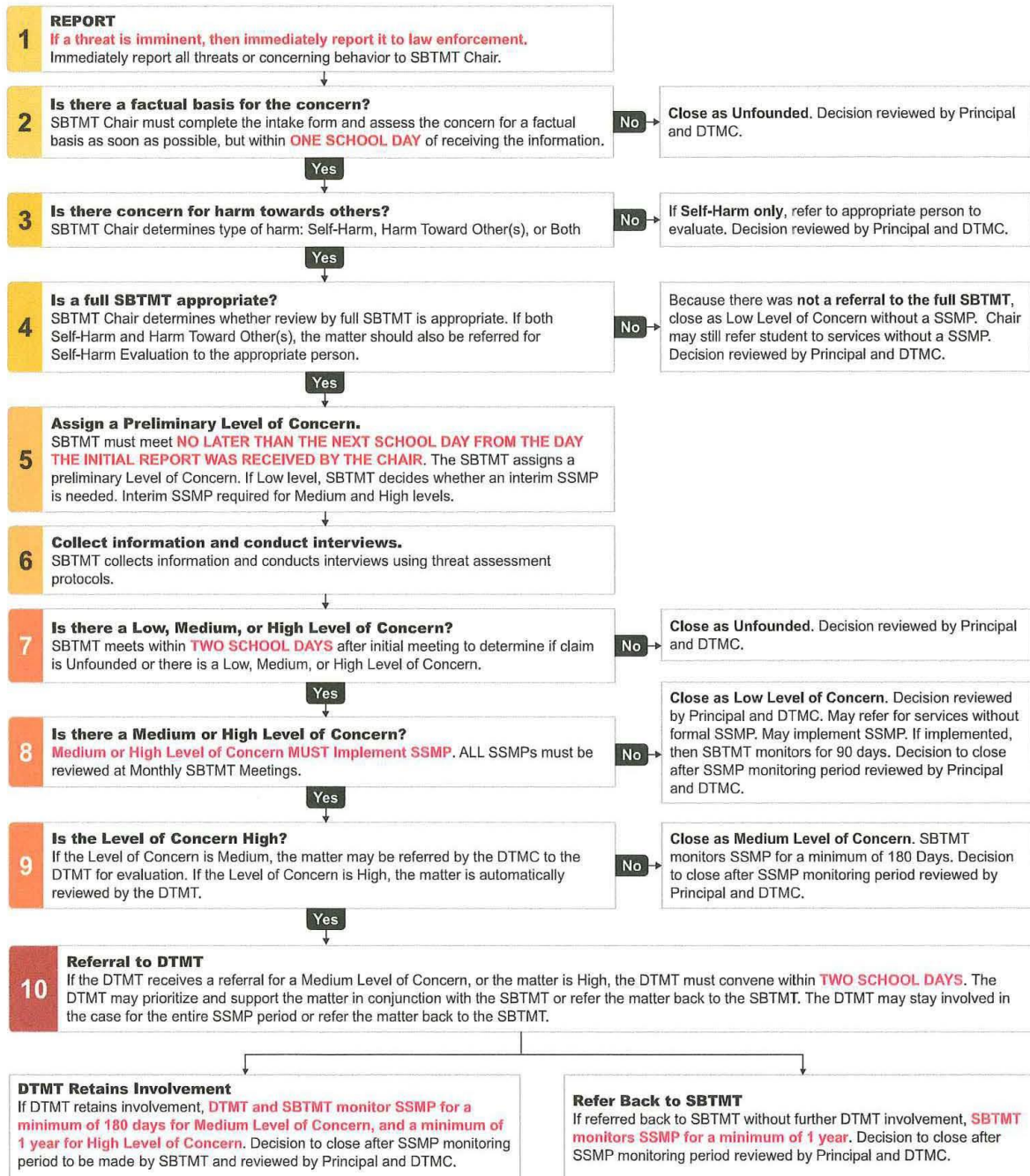
Upon the team's preliminary determination that a student poses a threat to him/herself, exhibits significantly disruptive behavior or is in need for assistance, the team may obtain a criminal history record and information through its authorized law enforcement liaison. This criminal history information 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 SBTMT 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 SBTMT meets to review a threat, the team must submit the information through the Navigate360 Platform. 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.



# Florida Harm Prevention and Threat Management Workflow

The primary goal of all school safety efforts is to prevent violence or harm to members of the school community. Effective threat management is the single greatest opportunity to prevent a school attack. The threat management process is a systematic, fact-based method designed to first identify whether behaviors and/or communications constitute a concern for violence or harm to another person. This flowchart is not all encompassing but should act as an aid for members to effectively work through the process of threat management. For further details, definitions, or explanations refer to the Florida Threat Management Manual.



## SCHOOL-BASED THREAT MANAGEMENT TEAM (SBTMT) REQUIRED TASKS:

### IDENTIFICATION OF SCHOOL-BASED CORE THREAT MANAGEMENT TEAM MEMBERS

In accordance with Florida Administrative Code Rule 6A-1.0019, the principal is responsible for the oversight of the process and should not be a primary member of the SBTMT. The core members of the SBTMT will consist of an administrator, counselor, educator and SRO. Each SBTMT shall consist of a Chair and Vice Chair. The Chair will be a school administrator (not the principal). The Vice-Chair will be the counselor or the teacher. In addition, at least one member of the team must have personal knowledge of the student that is under review. If no one from the SBTMT is familiar with the student, then an instructional or administrative staff member who knows the student must consult with the team.

REQUIRED MEMBERS FOR WORK LOCATION # (                      )		
Principal:		
Name of Chair:	Name of Vice Chair	
Title: <u>Assistant Principal/Vice Principal</u>	Title: _____	

School Based Threat Management Team Members (SBTMT)		
TITLE	PRIMARY	ALTERNATE
Assistant Principal/Vice Principal		
Counselor		
Educator		
Law Enforcement/SRO		

OTHER MEMBERS	
NAME	ROLE

### REQUIRED TRAINING

All members of the School Based Threat Management Team (SBTMT) are required to participate in training regarding the use of the Florida Model 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 [“SAFE-T Protocol with C-SSRS \(Columbia Risk and Protective Factors\) Lifetime/Recent” \(FM 7765, 07-23\)](#). Procedures and guidelines can be reviewed using the [Suicide Prevention Policy and Procedures: Guidance for Administrators and School-Based Mental Health Service Providers](#).

## **MONTHLY MEETING VERIFICATION**

Pursuant to Florida Administrative Code Rule 6A-1.0019 and the Florida Department of Education/Office of Safe Schools, Threat Assessment Teams must consist of at least the assigned administrator, educator, counselor, and school resource officer, and are required to meet at a minimum once a month.

To assist with this verification process, schools are asked to complete the five-question verification linked below by the end of each month. The questions include the following: Name of School, Name of Region, Name of Principal, Date of Threat Assessment Meeting Time, Threat Assessment Meeting and Actions Taken; Cases Discussed and other Information. Schools are asked to store a copy of each submittal and have available on file upon request. **Meetings will be documented through the [Navigate360 Behavioral Threat Management Platform](#).**

## **SCHOOL BASED THREAT MANAGEMENT TEAM (SBTMT) REPORTING AND DISPOSITION**

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. **Documentation of the Threat Management Process shall be reported through the [Navigate360 Behavioral Threat Assessment Platform](#).**

### **Utilizing [Navigate360 Platform](#)**

- Section 1001.212, Florida Statutes, stipulates those students who pose a threat to others must be referred to the school's Threat Management Team (referral action code M1).
- Principals have access to the [Navigate360 Platform](#) for their school and have the ability to provide access to members of the School Based Threat Management Team.
- Users will access the system either through district's "Schoology" or "Clever" framework.
- A copy of the Florida Harm Prevention and Threat Management Forms for all low, medium or high threats must be maintained in the student of concern's cumulative folder.
- [Navigate360 Resources](#) are available to assist users with access to and navigation of the site.

## **PARENT/GUARDIAN NOTIFICATION**

### **Students of Concern**

Reasonable efforts to contact the parent/guardian of a student of concern must be made and documented in the following circumstances:

- The SBTMT Chair determines the report of a concerning behavior or threat is a low level of concern and summarily closes the case
- The SBTMT Chair refers the case to the SBTMT (Note: parent/guardian notification in this instance must occur on the same day the SBTMT assigns the preliminary level of concern)

### **Targeted Students**

A targeted student's parent/guardian **must** be notified where a report of concern identifies that student as being targeted (Note: parent/guardian notification in this instance must occur before the end of the school day that the report was received unless the SBTMT Chair has determined the concern is unfounded).

A targeted student's parent/guardian **can** be notified when a Student Support Management Plan has been implemented for the student of concern, or when the school believes that notification to that student's parent/guardian is in the best interest of the student. Consult the DTMC when this option is exercised.

### **All Students**

Parents/guardians of any student **must** be notified when the threat management process reveals information about their child's mental, emotional, or physical health or well-being, or results in a change in related services or monitoring, including but not limited to implementation of a Student Support Management Plan.

Timelines for these notifications may be modified where the SBTMT reasonably believes and documents that such disclosure would result in abuse, abandonment, or neglect, as defined by Florida law.

### **GUIDELINES FOR CONDUCTING A THREAT ASSESSMENT**

**Threat Management** - 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 by the School Based Threat Management Team to the Superintendent/Designee for an evaluation of the potential threat and for a decision on whether the threat is low, medium or high. School personnel and students must be made aware of whom they should report suspicion of a threat. School Based Threat Management 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.

**Initial Determination** - When a threat is reported to the SBTMT Chair, the SBTMT Chair makes the preliminary determination of the seriousness of the threat. The SBTMT Chair may then refer the student(s)



to the District Threat Management Coordinator or School Based Threat Management Team for further review, investigation, and completion of documentation.

**School Based Threat Management Team** - 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 use reasonable efforts to notify the parent/guardian of the student who made the threat and document all attempts made to contact the parent/guardian. 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 SBTMT 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. If the preliminary level of concern is high, the SBTMT Chair or designee must notify the DTMC and Superintendent/Designee.

In collaboration with the DTMC and Region Office, the SBTMT Chair shall notify any identifiable victims or targets of the threat and respective legal guardian. If the threat is not specific about the identity of the victims(s), the Region Office shall determine 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 Management Form shall be completed through the Navigate360 Platform

**Threat Management and Disciplinary Procedures** are separate processes. Regardless of whether a threat is determined to be a low, medium or high level of concern, appropriate discipline will be subject to the M-DCPS Code of Student Conduct.

## SECTION III: GUIDELINES FOR CONDUCTING A SUICIDE ASSESSMENT

Pursuant to section 1012.583, Florida Statutes, the Florida Department of Education identifies 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.

In alignment with FDOE, M-DCPS utilizes the [“SAFE-T Protocol with C-SSRS \(Columbia Risk and Protective Factors\) Lifetime/Recent” \(FM 7765, 07-23\)](#)

The instrument was 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 [“SAFE-T Protocol with C-SSRS \(Columbia Risk and Protective Factors\) Lifetime/Recent” \(FM 7765, 07-23\)](#) when students are presented threat to self.

### 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 in July 2018 to enhance the coordination of 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 Parent Assistance Line that can be reached **Monday - Sunday from 8:00 a.m. - 8:00 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 mental wellness 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 development, prevent development of mental health challenges, and address 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 Florida Administrative Code Rule 6A-1.0955, 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 5 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.

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**

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 the 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](mailto: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.

WestCare/The Village South 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 [SAFE-T Protocol with C-SSRS \(Columbia Risk and Protective Factors\) Lifetime/Recent" \(FM 7765, 07-23\)](#)

# 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, mental wellness 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 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 are required to participate in sessions to satisfy the 5-hour Resiliency Education, Civic and Character Education and Life Skills Education.

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

Tier 2 provides targeted interventions for identified students that address specific academic performance, social 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 screening, intervention, and support for students.

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 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 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

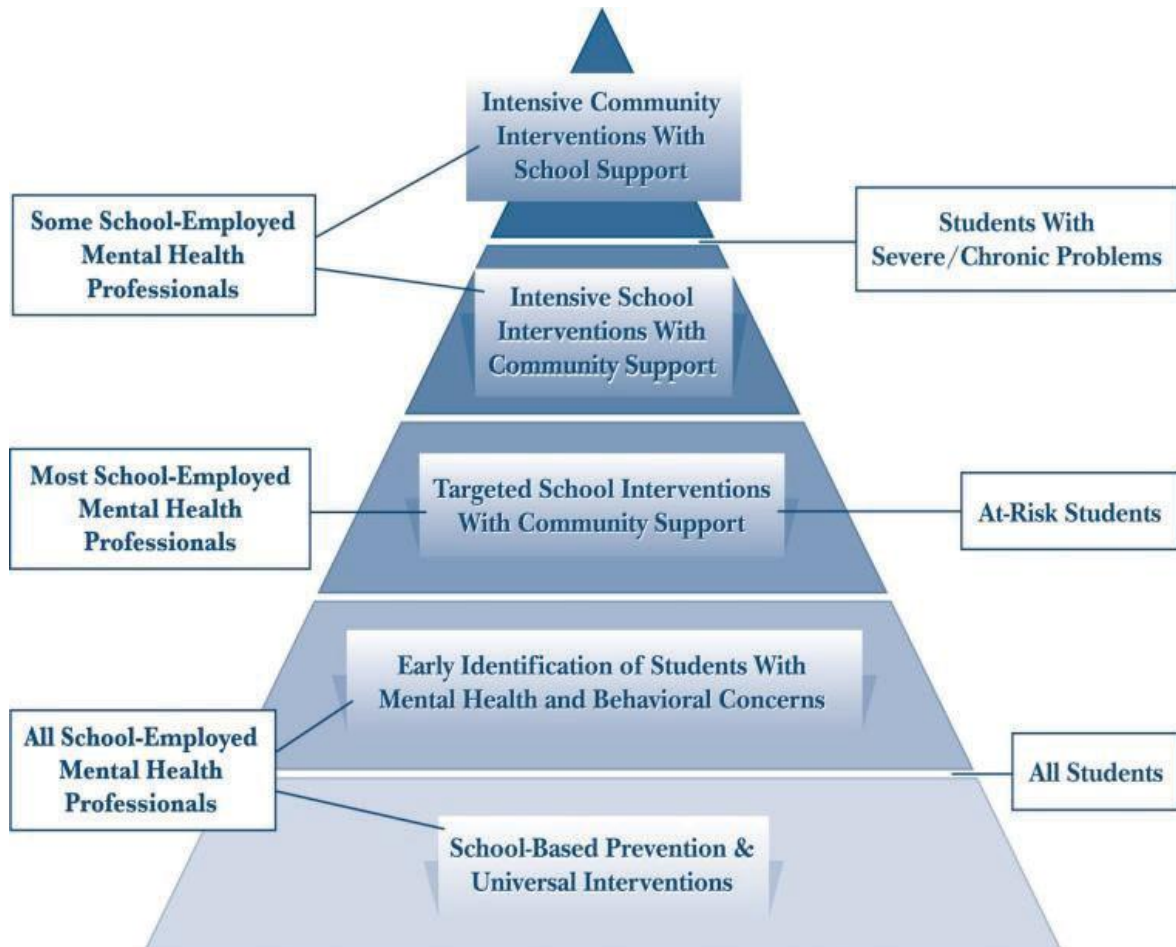
### **Tier 2 (Supplemental/At-Risk):**

- 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 mental wellness 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"> <li>- Bullying Prevention Curriculum</li> <li>- Cloud9World</li> <li>- Code of Student Conduct</li> <li>- Counselor on Duty</li> <li>- Digital Citizenship Curriculum</li> <li>- Health Connect</li> <li>- Health Information Project</li> <li>- No Place for Hate</li> <li>- Lauren's Kids</li> <li>- Positive Behavioral Interventions and Supports (PBIS)</li> <li>- School Allies for Equity (SAFE)</li> <li>- Sandy Hook Programming</li> <li>- Values Matter Miami</li> <li>- Youth Mental Health First Aid</li> <li>- Teen Mental Health First Aid</li> <li>- Mindfulness Champions</li> <li>- Wraparound Services</li> <li>- Mental Wellness Clubs</li> <li>- National Council on Mental Wellbeing</li> <li>- Great Minds-Great Athletes</li> <li>- Ending the Silence Program</li> <li>- Mindful Peer Exchange</li> </ul>	<ul style="list-style-type: none"> <li>- Academic Achievement</li> <li>- Home visits/ Wellness checks</li> <li>- Individual/ Group Counseling</li> <li>- Interventions</li> <li>- Parent/Teacher/ Student Conferences and Support</li> <li>- Peer Mentoring</li> <li>- Progress Monitoring</li> <li>- Referral to Outside Agencies</li> </ul>	<ul style="list-style-type: none"> <li>- Alternative Placement (i.e. Pathways, Residential)</li> <li>- Behavior Intervention Plan (BIP)</li> <li>- Collaboration with Community-Based Organizations</li> <li>- Collaboration with Primary Health Provider</li> <li>- Collaboration with Psychiatric and Psychological Services Providers</li> <li>- Collaboration with Threat Assessment Team (if appropriate)</li> <li>- Functional Assessment of Behavior/ Behavior Intervention Plan</li> <li>- School Support Team (SST)</li> <li>- Referral to Outside Agencies</li> </ul>
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 for Threat Management

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

## **Student Services 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.

**REPORTED CONCERNS**  
(Teacher Referral, Self Referral, Student met 2+ Early Warning Signs, etc.)

**REPORTED CONCERNS**  
(Teacher Referral, Self Referral, Student met 2+ Early Warning Signs, etc.)

### INVESTIGATION

- Gather information and obtain specific details regarding the concern.
- Identify details by speaking with the individual who reported the concern and individuals who may have additional information, as well as the student who has been reported.
- Consider the circumstances surrounding the situation.

### WHO

- Administration/Student Services

- Gather information and obtain specific details regarding the concern.
- Provide details by speaking with the individual who reported the concern and not may have additional information, as well as the student who has been reported.
- Consider the circumstances surrounding the situation.

**DETERMINATION**

- Assess the information collected to determine the type of concern:
  - Academic/Social/Emotional Behavior
  - Safety Threat (Threat to school, self, or others)
- Administration/Student Services

- Assess the information collected to determine the type of concern
  - Academic/Social-Emotional Behavior
  - Safety Threat (Threat to school, self, or others)

**ACADEMIC/SOCIAL/EMOTIONAL BEHAVIOR INTERVENTION**

- Determine the most appropriate level of intervention

Short-term OR Ongoing/Integrated Support

- Determine the most appropriate level of intervention  
Short-Term OR Ongoing/Integrated Support

- Short-term interventions
  - Tier 1 Support
    - Academic Adjustment – A2
    - Individual Counseling – 11
    - Group M. Counseling – 63
    - Restorative Justice Practice – R2
  - Parent/Quadrant Conference – 38
  - Conference 1 teacher/student – 05
  - Conference student/parent/teacher – CT
- WHO
  - Administration, Parent/Quadrant, Student
  - Teachers, Parental, Mental Health, Community
  - Parent/Quadrant, SRE, Staff, Social Worker,
  - Psychologist, and Counselor Provides/Agencies
- FOLLOW UP
  - If short term intervention is successful, no further action is needed.
  - If short term intervention is NOT successful, move into long term/ongoing support

- Academic Advisement – A7
- Individual Counseling – I1
- Group Int. Counseling – G3
- Restorative Justice Practice – RJ
- Parent/Guardian Conference – G6
- Conference Teacher/Student – C8
- Conference Student/Parent/Teacher – CT

## ONGOING/INTEGRATED SUPPORT

**Tier 2 Support**

- Academic Achievement – A7
- Individual Counseling – 11
- Group Life Counseling – 63
- Parent/Guardian Conference – C8
- Conference / Teacher/Student – C8
- Restorative Justice Practice – RJ

**WHIO**

*“When a student is struggling, we have to look at the whole child. We have to look at the student's academic, social, emotional, and behavioral needs. We have to look at the student's strengths and weaknesses. We have to look at the student's culture and background. We have to look at the student's family and community. We have to look at the student's learning style and pace. We have to look at the student's interests and passions. We have to look at the student's goals and dreams. We have to look at the student's potential. We have to look at the student's future. We have to look at the student's life. We have to look at the student's whole self.”*

**FOLLOW UP**

- If ongoing/integrated support is successful, no further action is needed.
- If ongoing/integrated support is NOT successful, proceed to intensive support or alternative placement.

- Academic Advisement - 47
- Individual Counseling - 11
- Group for Counseling - 63
- Parent/Student Conference - 68
- Conference Teacher/Student - 23
- Pastorate Justice Practice - 82

WMO

- Counseling Relationship - Involvement - HI
- Reprimand - RI
- Either In-School Alternative Program - RI
- Prejudgment Conference - CR
- Refer to appropriate School - ER

**WAO**

Administration, Parent/Guardian, Student Services Personnel, Mental Health Coordinator, ESE Staff, School Worker, School Psychologist, Outside Provider/Agencies

**FOLLOWUP**

- After any disciplinary action, the student should be provided ongoing/integrated support.

[illegible][illegible]

**Health Screenings**, Office  
of Mental Health Support,  
100-96-G3  
Camp PT

**Health Screenation, Ditt**

**Health Screenation, Outh**

**Sage - PT**

**Hing - G3**

**Mental health support**

- **INTENSIVE SUPPORT OR ALTERNATIVE PLACEMENT**
- Tier 3 Support
  - Convene Student Support Team meeting (first Date)
  - Identification - MO
  - Functional Behavioral Assessment (FBA) Conference Initiated – PD
  - Social Emotional – Behavior Intervention Plan (SEBIP, Conference Initiated BI)
  - Referral to Pathways – PT
- **WHO**
  - Administration (Parent/Guardian, Student Services Personnel, MTSS Coordinator, ESE Staff, School Worker, Psychologist, and Mental Health Coordinator)
- **FOLLOW UP**
  - If the SST determines that a mental health screening situation is required, then proceed to mental health support.

- Tier 3 Support Team meeting (1st of date)
- Identification - MD
- Functional Behavioral Assessment (FBA) Conference Initiated - FC
- Social Emotional – Behavior Intervention Plan (SIS BIP - Conference Initiated: B)
- Return to Pathways - PT

WHO

Administration, Parent/Guardian, Student Services/Personnel/MTSS Coordinator, ESE Staff, School Worker, Psychologist, and Mental Health Coordinator

**FOLLOW UP**

• If the SST determines that a mental health screening/evaluation is required, then proceed to the mental health support

- MENTAL HEALTH SUPPORT
  - Mental Health Team Meeting
  - Risk Counseling Postvention - RP
  - Mutual Exchange of Information - IM
  - Mental Health Plan - MH - 7713 - MP
  - Referral to Mental Health Svcs - District - M4
  - Received Mental Health Svcs - District - M5 (MHC Use)
  - Referral to Mental Health Svcs - District - Contact - M6
  - Received Mental Health Svcs - District - Contact - M7
  - Referral to Mental Health Community Agency - M8
  - Enriched 404 Plan (Freeze)
  - Coordination/ Collaboration of Services

**WHO**

Administration, Parent/Guardian, Student Services Personnel, Mental Health Coordinator, Parent/Guardian, ESE Staff, Social Worker, Psychologist, and Outside Provider/Agencies

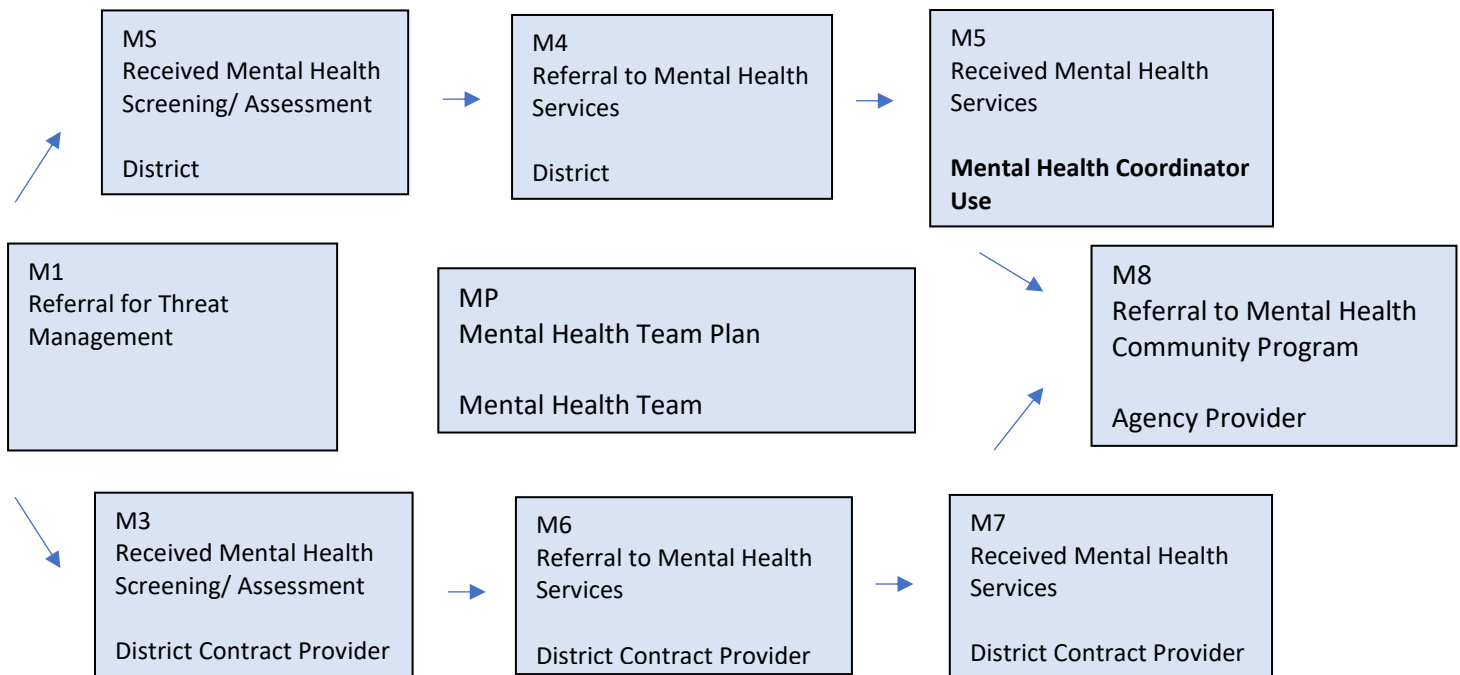
- Mental Health Team Meeting
- Risk Counseling Postvention - 89
- Mutual Exchange of Information - 84
- **Develop Mental Health Plan - PM #775 - AM**
- Referral to Mental Health Svcs. District - 84
- Received Mental Health Svcs. District - M3 (MHC Use)
- Referral to Mental Health Svcs. District - Contra 86
- Received Mental Health Svcs/District Contact - M7
- Referral to Mental Hlth. Community Agency - M6
- English 604 Plan (revised)
- Coordination/ Collaboration of Services

Red font indicates revisions.





## M-CODE FLOW CHART



## GUIDELINES FOR REFERRAL TO MENTAL HEALTH TEAM/PLAN DEVELOPMENT

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. **All referrals for contracted mental health services will be directed through the Mental Health Coordinator (MHC).** Schools should continue to complete the ["Department of Mental Health Services Referral" \(FM 7789\)](#) and provide to their school's MHC. The MHC will then review and ensure completion of the ["Request for Referral for Contracted Mental Health Services" \(FM 7740\)](#) as applicable.

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 section 1006.041, Florida Statutes, and School Board Policy 2410.01, *Mental Health Services*, 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. These services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care.

Those engaging in mental health crisis interventions must be trained in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination, and unless the student in a crisis situation poses an imminent danger to themselves or others, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination before initiating the involuntary examination themselves. The mental health professional can perform this examination in person or through telehealth.

## **Student Referral Process**

Under Florida law, parents/guardians must be provided information (e.g., Internet addresses for web-based directories or guides) about behavioral health services available through their child's school or through local community-based behavioral health services providers.

### **School-Based**

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. While the referral form is not immediately required if a student is actively in crisis, 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 (MHCs) should meet with students no later than 15 school days after receiving the referral to meet state requirements; however, the expectation is MHCs should meet as quickly as possible and not to exceed 15 days. If the student is high risk, the student must be seen as soon as possible. After the MHC 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.

### **Community-Based**

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 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](mailto: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

## **Family/Household Referrals**

Individuals living in a household with a student referred for school-based or community-based mental health services must also be provided information about behavioral health services if such services appear to be needed or enhancements in such individuals' behavioral health would contribute to the improved well-being of the student.

## V. APPENDIX/FORMS

- [SAFE-T Protocol with C-SSRS \(Columbia Risk and Protective Factors\) Lifetime/Recent" \(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 \(FM 7789\)](#)
- [Navigate360 Resource Information](#)

## THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

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