

2018-2019 MCPS Mental Health Strategic Plan

Vision Statement

Our vision is to develop a comprehensive, integrated, and equitable system of student support.

Mission Statement

Our mission is to eliminate barriers to learning and teaching, to enhance school-family relationships, and to re-engage disconnected students.

Goal 1

Improve access to school-based mental health supports by ensuring schools are staffed appropriately with trained mental health providers and students are assessed to determine their need for mental health services.

FDOE Checklist Criteria Met:

- Identifies number and credentials of mental health services providers employed by the district.
- Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers.
- Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g., Medicaid reimbursement, 3rd party payments, grants).

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #1: Staff mental health personnel (School Counselors, School Psychologists, and School Social Workers) to increase direct student contact time with mental health personnel.	Step 1 Increase the time mental health personnel spend providing direct student services by: a) Review and revise resource allocation (personnel assigned to schools) based on school/student need. b) Review and revise roles and responsibilities of mental health personnel to allocate time for services, based on school needs, and redefine roles as needed.	<i>Process Data:</i> School counselor, psychologist, and social worker ratios. <i>Perception Data:</i> SHAPE ¹ needs assessment survey. <i>Outcome Data:</i> Use-of-Time Assessment Data. Documentation of Medicaid billing information for services provided by School Social Workers and School Psychologists.	Director of Psychological and Social Work Services, Director of School Counseling & Assessment.

¹ SHAPE System serves as a portal by which comprehensive school mental health systems can access performance measures resulting in customized reports used to improve the quality and sustainability of the mental health system's programs.

Objective #1

Rationale: *In order to provide comprehensive mental services for at-risk students, our staffing resource allocation will include prevention, intervention, and post-vention services. School counselors are tasked with providing a comprehensive preventative mental health program as well as tiered mental health supports. In order to accomplish this goal, it is proposed to add a counselor unit to any school with a ratio higher than 1:700² and to realign the job responsibilities of the school counselor. This will increase the amount of time³ school counselors are able to provide direct mental health services to students. School Psychologists will assist in providing mental health services by: offering additional learning opportunities for students, families, and staff; participating in direct services (e.g., mental health screening, counseling); collaborating with community agencies to plan and facilitate wrap-around services; and connecting families with resources within and outside of the school setting. In order to accomplish this goal effectively and efficiently, it is proposed to add seven School Psychologist positions⁴. Additionally, School Psychologist and School Counselor job responsibilities shall be realigned in order to ensure comprehensive mental health services are provided and the MTSS case management role is shared, thus allowing for increased direct student contact time for mental health services.*

Step 1a

Mental Health Personnel	Current MCPS Ratio	Current # of Employed Mental Health Personnel	National Recommended Ratio	Proposed Additional Mental Health Personnel	Estimated Cost
School Counselors	1:393 (H) 1:439 (M) 1:519 (E)	100	1:250	2 Elementary Counselors	2 X \$68,756 = \$137,513

Step 1b

Mental Health Personnel	Current MCPS Ratio	Current # of Employed Mental Health Personnel	National Recommended Ratio	Proposed Additional Mental Health Personnel	Estimated Cost
School Psychologists	1:2500	19	1:750	7 School Psychologists	7 X \$93,344 = \$653,411

² Please see Appendix A: Student to Counselor ratios
³ Please see Appendix B: Use of Time Assessment results
⁴ Please see Appendix C: Student to Psychologist ratios

Goal 1

Improve access to school-based mental health supports by ensuring schools are staffed appropriately with trained mental health providers and students are assessed to determine their need for mental health services.

FDOE Checklist Criteria Met:

- Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).
- Identifies evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses.
- Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.
- Identifies how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community).
- Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers.

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #2: Assess students' needs for mental health interventions/services.	Step 1 Screen students utilizing a combination of Early Warning Indicator data and behavioral/emotional screening instrument data. Step 2 Provide system by which staff, parents, students, and community agencies can refer students for behavior/ performance concerns to the school-based Multi-Disciplinary Team (MDT).	<i>Process Data:</i> Number of students screened and identified as needing mental health interventions/ services. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> Percentage of students referred for threat/suicide screenings, interventions, and/or community services.	School-based mental health personnel and school-based Multi-Disciplinary Team (MDT).

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Objective #2

Rationale: *Early identification and intervention for students with social, emotional, and behavioral concerns is an integral part of helping these students become successful at school as well as ensuring student safety on campus. Providing a clear method of referring students of concern to a team of mental health professionals and other members of a problem solving team will decrease the chance of these students' needs being unintentionally overlooked. Early Warning System data including student Office Discipline Referrals, Attendance, and Suspensions can provide schools with information on students who exhibit externalizing behaviors. However, in order for schools to identify and reach all students with mental health needs, a more comprehensive behavioral/emotional screening instrument will need to be utilized to identify students with problematic internalizing behaviors. Multiple factors will need to be considered when determining which behavioral/emotional screening instrument to use for this purpose, including validity of the screening instrument, ease of administering the assessment and scoring, accessibility of student data, and cost.⁵ Universal screening will be implemented district-wide for all elementary students, and used to gather additional information for secondary students referred to the MDT.*

Step 1

Behavioral/Emotional Screening Instrument	Cost per Student	Estimated Cost
Behavioral and Emotional Screening System (BESS)	\$1.00 per student (20,000 Elementary and 1,000 Secondary)	\$1.00 X 21,000 = \$21,000.00
Proposed Additional Personnel	Purpose	Estimated Cost
Mental Health Program Specialist	Manage EWS and Behavioral/Emotional Screening Results, Collecting and organizing perception and outcome data for the mental health plan.	1 X \$75,261 = \$75,261.00

Step 2

No Cost⁶

⁵ Please see Appendix D: Behavioral/Emotional Screening Instrument Review.

⁶ Please see Appendix E: MCPS MDT Referral Forms

Goal 2

Integrate a continuum of mental health supports within a multi-tiered system of supports.

FDOE Checklist Criteria Met:

- Focuses on delivering evidence-based mental health services.
- Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).
- Identifies evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses.
- Describes the collaborative partnerships with community providers and agencies.
- Identifies how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community).
- Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers.

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
<p>Objective #1:</p> <p>Establish and integrate mental health curriculum and interventions for Tiers 1, 2, and 3 across grade levels.</p>	<p>Step 1</p> <p>Determine Tier 1 mental health curriculum to include preventative measures such as suicide prevention and social emotional learning (SEL) curriculum.</p> <p>Step 2</p> <p>Determine Tier 2 mental health curriculum to include targeted group counseling curriculum and behavior interventions.</p> <p>Step 3</p> <p>Determine Tier 3 mental health curriculum to include direct therapeutic services (IEP counseling or coordinating with community counseling agencies), psychological assessment of social, emotional, and behavioral problems, and crisis intervention/response.</p>	<p><i>Process Data:</i> Information on mental health curriculum utilized and number of students participating in the curriculum. Mental health personnel who provided curriculum.</p> <p><i>Perception Data:</i> SHAPE needs assessment survey.</p> <p><i>Outcome Data:</i> School-based PBIS data (ODRs by type); percentage of students referred for, receiving, and dismissed from counseling services; percentage of students referred for psychological evaluation, in addition to eligibility rates; and crisis intervention/response information.</p>	<p>School-based mental health personnel (School Counselors, School Psychologists, and School Social Workers)</p>

Objective #1

Rationale: A multi-tiered system of supports approach to mental health ensures students who experience mental health problems have timely access to effective and coordinated supports and services. At the Tier 1 level, all students receive preventative mental health curriculum including instruction on Social Emotional Learning, Character Education, Substance Abuse Prevention, and Suicide Prevention. At the Tier 2 level, groups of students with similar needs identified by a mental health screening instrument or MDT referral will receive mental health interventions which may include group counseling and behavior interventions aligned with the targeted areas of concern. Students who require the most intense therapeutic services as determined by the MDT team, will receive Tier 3 individualized services which may include IEP counseling, referral for ongoing and intensive counseling services provided by community agencies, psychological evaluation, and crisis response/interventions. Quality, research-based mental health curriculum and interventions will be needed to provide these services to our students.

Step 1

MTSS Tier	Mental Health Curriculum	Skill Taught	Estimated Cost
Tier 1	Sanford Harmony (elementary students)	Social Emotional Learning, Character Development, Bullying Prevention	\$0.00 (Materials and training donated)
Tier 1	Signs of Suicide (secondary students)	Suicide Awareness	\$0.00 (Materials and training donated)
Tier 1	Start with Hello (secondary students)	Social Inclusiveness	\$0.00 (Materials and training donated)
Tier 1	Teen Safety Matters (secondary students)	Social Emotional Learning, Bullying Prevention, Dating Violence	\$0.00 (Materials previously purchased)

Step 2

MTSS Tier	Mental Health Curriculum	Skill Taught	Estimated Cost
Tier 2	Second Steps (elementary and middle)	Social Skills/Conflict Resolution/Relational Aggression	\$58,000.00
Tier 2	BEP (Check-In, Check-Out)	Mentoring	\$60.00
Tier 2	Behavior Intervention Protocol Interventions	Varies Based on Function of Behavior	\$0.00

Step 3

MTSS Tier	Mental Health Curriculum	Skill Taught	Estimated Cost
Tier 3	Individualized Behavior Interventions	Varies Based on Function of Behavior	\$0.00
Tier 3	IEP Counseling	Individual Student Needs	\$0.00
Tier 3	Community Mental Health Agency Counseling	Individual Student Needs	\$0.00

Step 4

MTSS Tier	Mental Health Curriculum	Skill Taught	Estimated Cost
All Tiers	Supplemental or replacement intervention resources/materials for schools, as needed	As needed	\$41,963.00

Goal 2

Integrate a continuum of mental health supports within a multi-tiered system of supports.

FDOE Checklist Criteria Met:

- Focuses on delivering evidence-based mental health services.
- Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).
- Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers.

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #2: Integrate school-based Multi-Disciplinary Teams (MDT) within the established MTSS framework.	Step 1 Provide professional development training and resources to help school-based teams identify, refer, and provide appropriate interventions for students in need of mental health support.	<i>Process Data:</i> Comprehensive District MTSS plan including MDT team and wrap-around services referrals as a component of framework. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> District and School-based MTSS process audit data.	District and school-based data team

Objective #2

Rationale: *In order for the Multi-Disciplinary Team to be successful in providing students with mental health support, the team will need to be highly trained in their roles on the MDT and the implementation of appropriate mental health interventions. Integration of an established MTSS framework for academics will need to be considered to ensure efficiency and quick response to student needs. School-based MDT members will be trained collaboratively to ensure team cohesiveness and consistency.*

Step 1

Multi-Disciplinary Team Training	Estimated Cost
MDT training for School counselors, school psychologists, school social workers, and student service managers/APD's (stipend)	\$58,500.00

Goal 3

Provide relevant and ongoing mental health professional development for all school employees.

FDOE Checklist Criteria Met:

- Focuses on delivering evidence-based mental health services.
- Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).
- Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g., Medicaid reimbursement, 3rd party payments, grants).

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
<p>Objective #1:</p> <p>Provide mental health training to all school staff to assist in the appropriate identification and response to students in need of mental health support.</p>	<p>Step 1</p> <p>Identify district personnel to be trained as Youth Mental Health First Aid trainers through grant funding.</p> <p>Step 2</p> <p>Provide Youth Mental Health First Aid Training to all school personnel via school-based trainings.</p>	<p><i>Process Data:</i> Percentage of trained school employees.</p> <p><i>Perception Data:</i> Pre/Post training surveys.</p> <p><i>Outcome Data:</i> School-based PBIS data (ODRs by type); percentage of students referred for, receiving, and dismissed from counseling services; percentage of students referred for psychological evaluation, in addition to eligibility rates; and crisis intervention/ response information.</p>	<p>District and school-based mental health personnel.</p>

Objective #1

Rationale: *Training all school staff to recognize the signs of students with mental health needs will assist the school by responding in a timely and appropriate manner. School staff will also be trained on how to refer students to the school-based Multi-Disciplinary Team to ensure students receive mental health interventions matching the level of need.*

Step 1

Youth Mental Health First Aid Training	Estimated Cost
District Staff Train the Trainer	\$0.00

Step 2

School-based MDT Training (8-hour course)	\$0.00
School Staff Training (online course)	\$0.00

Goal 4

Collaborate with community agencies and other MCPS stakeholders to ensure students and families have access to wrap-around services.

FDOE Checklist Criteria Met:

- Describes the collaborative partnerships with community providers and agencies.
- Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.
- Identifies number and credentials of mental health services providers contracted by the district.
- Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g. Medicaid reimbursement, 3rd party payments, grants).

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #1: Meet with community-agencies to discuss and problem-solve barriers to student and family services.	Step 1 Develop meeting schedule, based on district needs assessment, to discuss community agency referral processes, access to students/families within school setting; partnership opportunities for information and training. Step 2 Identify barriers to referral process and/or provision of school-based services, and develop solutions to address concerns and improve process	<i>Process Data:</i> List of community providers and services provided, provider and credentialing information for any contracted services, meeting schedule, and running record of students referred to each agency. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> Record of students/families served by each agency within the school setting and in the community (if available); and meeting minutes detailing school-community problem-solving regarding referral and service processes.	District and School-based mental health personnel and community agency representatives

Objective #1

Rationale: *Community agencies have the opportunity to provide a wide array of services within and outside of the school setting. Schools have a unique opportunity to identify student needs and connect families with appropriate services. However, collaboration and ongoing communication is essential in order to respond efficiently and avoid redundancy of services. Interagency communication allows school mental health personnel to provide the most current information about community resources, as well as facilitate access to these services (e.g., referral procedures). Students and families may encounter barriers to accessing community resources, such as transportation issues. Community-school partnerships allow for problem-solving such barriers. For instance, such partnerships allow schools to enable access to students while on campus. These efforts increase the scope of mental health services that can be provided, thereby improving the physical and psychological safety of our students.*

Goal 4

Collaborate with community agencies and other MCPS stakeholders to ensure students and families have access to wrap-around services.

FDOE Checklist Criteria Met:

- Describes the collaborative partnerships with community providers and agencies.
- Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.
- Identifies number and credentials of mental health services providers contracted by the district.
- Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g. Medicaid reimbursement, 3rd party payments, grants).

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #2: Partner with Community mental health facility to provide information and training, as it relates to Baker Act procedures.	Step 1 Partner with community agency to develop and provide yearly refresher information/training for Multi-Disciplinary Team (MDT) members, School Resource Officers, Administration, and other stakeholders.	<i>Process Data:</i> Percentage of trained school employees. <i>Perception Data:</i> Pre/Post training surveys. <i>Outcome Data:</i> District and School-based referral and threat assessment process audit data.	District and School-based mental health personnel and community agency representatives

Objective #2

Rationale: *Community agencies and providers have access to updated information and resources regarding identifying at-risk youth and addressing acute mental health needs (e.g., Baker Act requirements), as well as keeping abreast of federal and state mandates and regulations. It is critical to partner with these providers to afford school mental health personnel and essential staff (e.g., School Resource Officers and School Administrators) the necessary training to ensure schools are using best practices. Training may include, but is not limited to, threat screening procedures to identify students at-risk of harm to self or others, Baker Act criteria and referral procedures, and post-vention information for services/strategies after a student returns from a Baker Act assessment or inpatient care.*

Goal 4

Collaborate with community agencies and other MCPS stakeholders to ensure students and families have access to wrap-around services.

FDOE Checklist Criteria Met:

- Describes the collaborative partnerships with community providers and agencies.
- Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.
- Identifies number and credentials of mental health services providers contracted by the district.
- Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g. Medicaid reimbursement, 3rd party payments, grants).

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
Objective #3: Partner with other MCPS Departments to facilitate problem-solving and provide additional resources and options for comprehensive behavioral and mental health services.	Step 1 Hold routine meetings with Student Services, ESE, Community Engagement, and other departments and stakeholders to solidify referral procedures and limit overlap or redundancy of services. Step 2 Engage in problem-solving with all stakeholders and relevant departments to increase and effectively use alternative options or programming within the MTSS and Mental Health Plan framework.	<i>Process Data:</i> Information on how other departments are included/impacted by plan and areas where collaboration is warranted. <i>Perception Data:</i> SHAPE needs assessment survey. <i>Outcome Data:</i> Meeting minutes detailing problem-solving and procedural changes that result.	District mental health personnel and other MCPS department representatives

Objective #3

Rationale: *The implementation of integrated school-based mental health services is most effective within a multi-tiered system of supports, to include collaboration between all stakeholders and departments. Including relevant stakeholders in the problem-solving process ensures that all options available are considered and the full breadth of student needs are met appropriately. In order to accomplish this goal, routine meetings with department representatives from Student Services and Exceptional Student Education (ESE) will be held to discuss services, improve referral procedures, and eliminate redundancy of services whenever possible. Additionally, these meetings will allow school personnel to problem-solve barriers and design additional options or programming to broaden the services available to students.*

Goal 5
Provide relevant and ongoing mental health information and resources for parents.

FDOE Checklist Criteria Met:

- Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery).

Objective	Implementation Steps	Measurement of Completion	Person/Team Responsible
<p>Objective #1:</p> <p>Provide ongoing mental health information for parents and families</p>	<p>Step 1</p> <p>Provide information sessions for parents, to include: social emotional learning and child/adolescent development, mental health warning signs, tips for parents/caregivers to deal with mental health issues, and crisis response.</p> <p>Step 2</p> <p>Provide information to families on school and community-based services through website, video shorts, school-based Q&A sessions, and parent meetings.</p>	<p><i>Process Data:</i> Schedule and plan for parent sessions and information dissemination.</p> <p><i>Perception Data:</i> Pre/Post parent surveys.</p> <p><i>Outcome Data:</i> Percentage of students referred for threat/suicide screenings, interventions, and/or community services by parent request.</p>	<p>School-based mental health personnel.</p>

Objective #1

Rationale: *Parent engagement is an integral part of student success, both academically and behaviorally. Including key stakeholders, such as parents and teachers, in the design and delivery of services that foster social-emotional development will improve overall attainment and sustainability. In order to improve home-school communication and to foster a positive relationship between families and community agencies, ongoing information will be provided to parents through a variety of modalities. These efforts may include printed resources, videos, and parent information sessions.*

Elementary Student to Counselor Ratios

School	Student Count	# of Counselors	Ratio
Anthony Elementary	377	1	1:377
Belleview Elementary	688	1	1:688
Belleview -Santos Elementary	544	1	1:544
College Park Elementary	832	2	1:416
Dr. N.H. Jones Elementary	662	1	1:662
Dunnellon Elementary	594	1	1:594
East Marion Elementary	699	1	1:699
Eighth Street Elementary	416	1	1:416
Emerald Shores Elementary	602	1	1:602
Evergreen Elementary	600	1	1:600
Fessenden Elementary	465	1	1:465
Fort McCoy (Elementary)	490	1	1:490
Greenway Elementary	724	1	1:724
Hammett Bowen Elementary	846	2	1:423
Harbour View Elementary	842	2	1:421
Legacy Elementary	792	2	1:396
Madison Street Elementary	448	1	1:448
Maplewood Elementary	798	2	1:399
Marion Oaks Elementary	898	2	1:449
Oakcrest Elementary	614	2	1:307
Ocala Springs Elementary	638	1	1:638
Reddick-Collier Elementary	382	1	1:382
Romeo Elementary	763	1	1:763
Saddlewood Elementary	896	2	1:448
Shady Hill Elementary	657	1	1:657
South Ocala Elementary	665	1	1:665
Sparr Elementary	347	1	1:347
Stanton-Weirsdale Elementary	575	1	1:575
Sunrise Elementary	896	2	1:448
Ward-Highlands Elementary	880	2	1:440
Wyomina Park Elementary	602	1	1:602
Average			1:519

Middle Student to Counselor Ratios

School	Student Count	# of Counselors	Ratio
Belleview Middle	1263	3	1:421
Dunnellon Middle	612	2	1:306
Fort King Middle	1088	2	1:544
Fort McCoy (Middle)	516	1	1:516
Horizon Academy	790	2	1:395
Howard Middle	1050	2	1:525
Lake Weir Middle	1095	3	1:365
Liberty Middle	1278	3	1:426
North Marion Middle	846	2	1:423
Osceola Middle	936	2	1:468
Average			1:439

High Student to Counselor Ratios

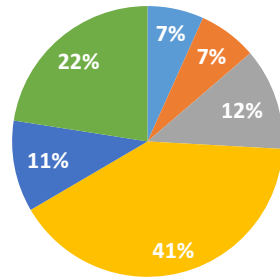
School	Student Count	# of Counselors	Ratio
Belleview High	1528	4	1:382
Dunnellon High	1200	4	1:300
Forest High	2110	5	1:422
Lake Weir High	1532	4	1:383
North Marion High	1316	4	1:329
Vanguard High	1652	4	1:413
West Port High	2610	5	1:522
Average			1:393

Use of Time Assessment

Elementary School Average

Full Week Results

Ex. 1.17.18

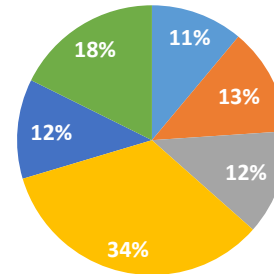


- School Counseling Core Curriculum
- Individual Student Planning
- Responsive Services
- Referrals/ Consultation/Collaboration
- Program Planning
- Non-School Counseling Tasks

Use of Time Assessment

Middle School Average

Full Week Results

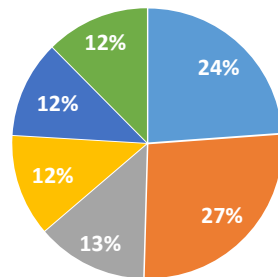


- School Counseling Core Curriculum
- Individual Student Planning
- Responsive Services
- Referrals/ Consultation/Collaboration
- Program Planning
- Non-School Counseling Tasks

Use of Time Assessment

High School Average

Full Week Results

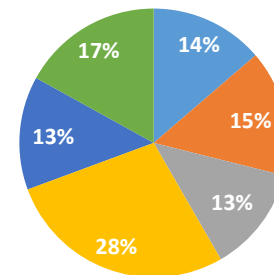


- School Counseling Core Curriculum
- Individual Student Planning
- Responsive Services
- Referrals/ Consultation/Collaboration
- Program Planning
- Non-School Counseling Tasks

Use of Time Assessment

All Level Averages

Full Week Results



- School Counseling Core Curriculum
- Individual Student Planning
- Responsive Services
- Referrals/ Consultation/Collaboration
- Program Planning
- Non-School Counseling Tasks

Student to Psychologist Ratios

School Level	Student Count	# of School Psychologists	Ratio
Elementary School	19,469	17	1:1145
Middle School	11,300	6	1:1883
High School	11,945	5	1:2389
Total Average	42,714	19	1:2248

Behavioral/Emotional Screening Instrument Review

Behavioral/Emotional Screening Instrument	Validity and Reliability	Administration of Assessment & Scoring	Student Data Accessibility	Cost
Behavioral and Emotional Screening System (BESS)	.71-.97 reliability .51-.94 validity (range based on multiple study outcomes)	<ul style="list-style-type: none"> • Computer-based 5-minute screening instrument. • Teacher rater (elementary) and student self-report (secondary) options available. • No forms to hand score. • Our student information system, Skyward, has already been set up to interface with the BESS instrument. 	<ul style="list-style-type: none"> • Student scores available in real time. • Results and reports available to school administrators and teachers by access level. 	\$1.00 per student for unlimited assessments and reports for 1 year.
Pediatric Symptoms Checklist (PSC)	.84-.91 reliability .68 - .95 validity (range based on multiple study outcomes)	<ul style="list-style-type: none"> • Includes a rating form for parents and/or students with 30 items describing specific and observable behaviors that the rater scores the student on. • No rating form for educator available. • Requires 1 school personnel to administer the screener; an examiner (psychologist, social worker, or school counselor). • Forms are hand scored by examiner. 	<ul style="list-style-type: none"> • Scores would need to be hand entered into a spreadsheet or designated data system by school personnel. • Limited access to student data and reports. 	Cost of printed assessments.
Strengths and Difficulties Questionnaire (SDQ)	Research only performed on multi-informant ratings	<ul style="list-style-type: none"> • Includes a rating form with 30 items describing specific and observable behaviors that the rater scores the student on. • Hand scoring requires 2 school personnel to administer the screener; an examiner (psychologist, social worker, or school counselor) and a rater (teacher who is familiar with the student). • Hand scoring requires the forms to be hand scored by the examiner. • Computer-based assessment option would take 5 minutes. 	<ul style="list-style-type: none"> • Hand Scoring and Online Assessment options available. • Hand scores would need to be hand entered into a spreadsheet or designated data system by school personnel. • Online program is based out of UK with limited technological support. Website states the server may have difficulty working with cohorts larger than 30 students. • Limited access to student data and reports. 	<p>Hand Scoring:</p> <p>Cost of printed assessments.</p> <p>Online Assessment and Scoring:</p> <p>\$0.25 per assessment \$0.25 per scoring report</p> <p>\$1.00 per self-assessment (secondary students)</p>

Behavioral/Emotional Screening Instrument Review

Behavioral/Emotional Screening Instrument	Validity and Reliability	Administration of Assessment & Scoring	Student Data Accessibility	Cost
Student Risk Screening Scale (SRSS)	No scores available	<ul style="list-style-type: none"> • Includes a rating form with 7 items describing specific and observable behaviors that the rater scores the student on. • Requires 2 school personnel to administer the screener: an examiner (psychologist, social worker, or school counselor) and a rater (teacher who is familiar with the student). • Forms are hand scored by the examiner. 	<ul style="list-style-type: none"> • Scores would need to be hand entered into a spreadsheet or designated data system by school personnel. • Limited access to student data and reports. 	Cost of printed assessments.
Youth Internalizing Problems Screener (YIPS)	No scores available	<ul style="list-style-type: none"> • Includes a rating form with 10 items describing specific and observable behaviors that the rater scores the student on. • Requires 2 school personnel to administer the screener: an examiner (psychologist, social worker, or school counselor) and a rater (teacher who is familiar with the student). • Forms are hand scored by the examiner. 	<ul style="list-style-type: none"> • Scores would need to be hand entered into a spreadsheet or designated data system by school personnel. • Limited access to student data and reports. 	Cost of printed assessments.

MCPS MDT Referral: School Staff

Name of student: _____

Your name: _____

Relationship to student: _____

The school's problem-solving team may wish to contact you to discuss your referral concerns. Please provide your contact information and the best time to reach you.

Phone: _____ Best time to contact: _____

Does this student have a current mental health diagnosis?

- Yes
- No

If yes, what is the student's diagnosis? _____

If yes, who is the student's primary care provider? _____

Area of concern (please describe):

- Academic Concerns:
- Behavioral Concerns:
- Social Concerns:
- Emotional Concerns:
- Physical Health Concerns:
- Family Concerns:
- Other: _____

Behavioral concerns (please mark all boxes that apply):

- | | |
|--|--|
| <input type="checkbox"/> Exposed to community violence, other trauma | <input type="checkbox"/> Sad, depressed or irritable mood |
| <input type="checkbox"/> Nightmares, intrusive thoughts | <input type="checkbox"/> Hopelessness, negative view of future |
| <input type="checkbox"/> Anxious, fearful or irritable mood | <input type="checkbox"/> Low self-esteem, negative self-statements |
| <input type="checkbox"/> Jumpy or easily startled | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Avoids reminders of trauma | <input type="checkbox"/> Diminished interest in activities |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Low or decreased motivation |
| <input type="checkbox"/> Sexualized play or behaviors | <input type="checkbox"/> Anxious and fearful |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Worries excessively |
| <input type="checkbox"/> Talks excessively | <input type="checkbox"/> Difficulty sleeping |
| <input type="checkbox"/> Gets out of seat and moves constantly | <input type="checkbox"/> Restless and on edge |
| <input type="checkbox"/> Interrupts and blurts out responses | <input type="checkbox"/> Specific fears or phobias |
| <input type="checkbox"/> Inattentive, distractible, forgetful | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Disorganized, makes careless mistakes | <input type="checkbox"/> Clingy behavior |
| <input type="checkbox"/> Angry towards others, blames others | <input type="checkbox"/> Appears distracted |
| <input type="checkbox"/> Fights and is aggressive | |
| <input type="checkbox"/> Argumentative and defiant | |

How often is this behavior occurring? (e.g., several times per day; 1-2 times per week)

How long has this behavior been occurring? (e.g., several weeks, several months)

To your knowledge, what interventions have previously been tried?

- In school supports:

- Outside of school supports:

To your knowledge, what interventions are currently in place?

- In school supports:

- Outside of school supports:

What do you think will help the student to experience success?

MCPS MDT Referral: Parent or Guardian

Date: _____

Name of child: _____

Your name: _____

Relationship to child: _____

The school's care team may wish to contact you to discuss your referral concerns. Please provide your contact information and the best time to reach you.

Phone: _____ Best time to contact: _____

Who does your child live with?

- Biological parents
- Adoptive parents
- Foster parents
- Relative care
- Group home
- Other: _____

Does your child have a current mental health diagnosis?

- Yes
- No

If yes, what your child's diagnosis? _____

If yes, who is your child's primary care provider? _____

Does your child have an individualized education plan (IEP)?

- Yes
- No
- I don't know

Area of concern (please describe):

- Academic Concerns:
- Behavioral Concerns:
- Social Concerns:
- Emotional Concerns:
- Physical Health Concerns:
- Family Concerns:
- Other: _____

Behavioral concerns (please mark all boxes that apply):

- Exposed to community violence, other trauma
- Nightmares, intrusive thoughts
- Anxious, fearful or irritable mood
- Jumpy or easily startled
- Avoids reminders of trauma
- Aggressive
- Sexualized play or behaviors
- Difficulty concentrating
- Talks excessively
- Gets out of seat and moves constantly
- Interrupts and blurts out responses
- Inattentive, distractible, forgetful
- Disorganized, makes careless mistakes
- Angry towards others, blames others
- Fights and is aggressive
- Argumentative and defiant

- Sad, depressed or irritable mood
- Hopelessness, negative view of future
- Low self-esteem, negative self-statements
- Difficulty concentrating
- Diminished interest in activities
- Low or decreased motivation

- Anxious and fearful
- Worries excessively
- Difficulty sleeping
- Restless and on edge
- Specific fears or phobias
- Difficulty concentrating
- Clingy behavior
- Appears distracted

How often is this behavior occurring? (e.g., several times per day; 1-2 times per week)

How long have you had this concern about your child?

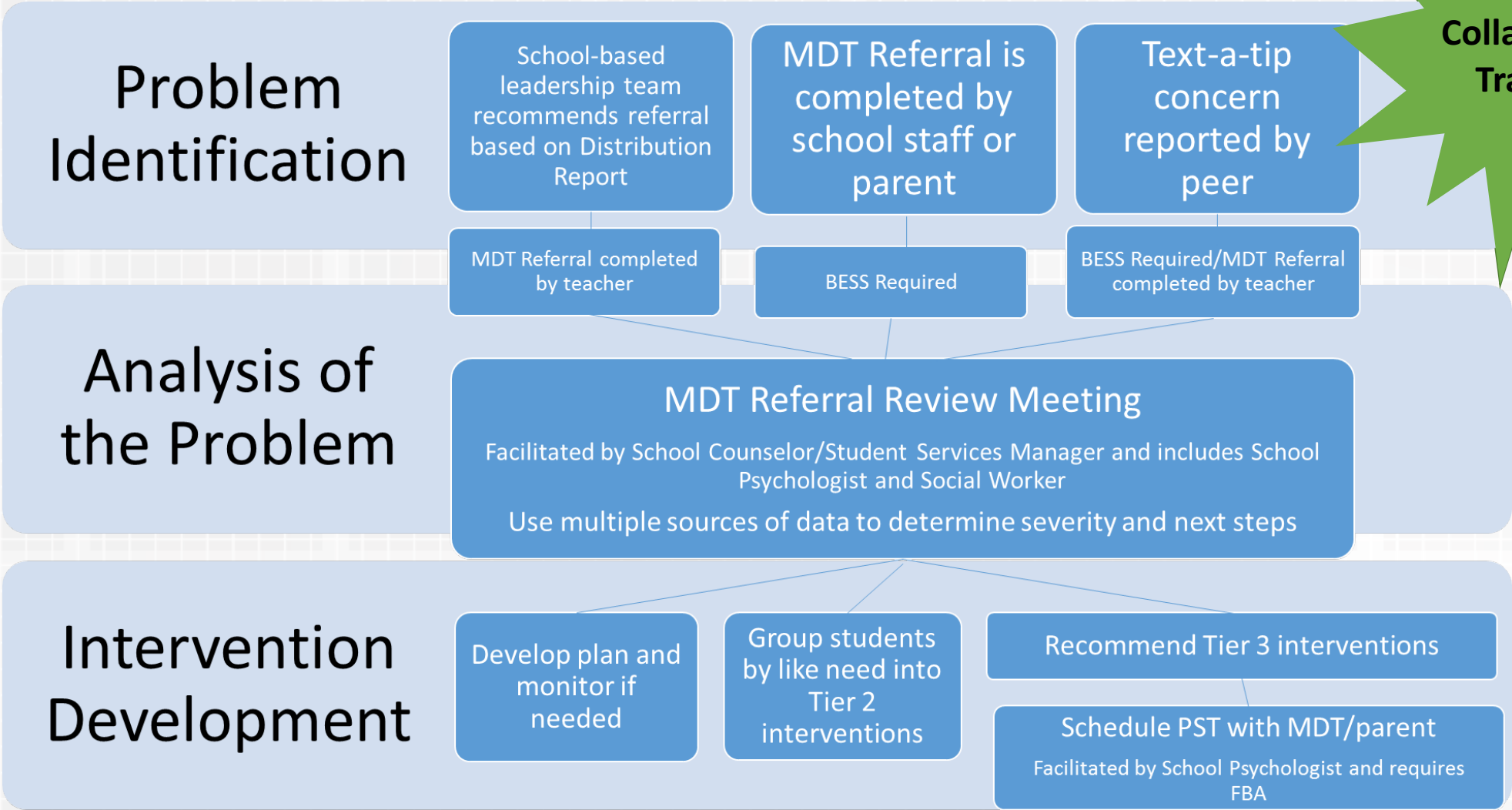
To your knowledge, has your child ever received any supports or interventions for this behavior in the past?

To your knowledge, is your child receiving any supports or interventions for this behavior currently?

What do you think will help your child experience success?

Adapted from: Los Angeles Unified School District School Mental Health Referral Form, available at: <http://achieve.lausd.net/Page/7249>

Multi-Disciplinary Team Referral Process



Concern is reported by teacher/staff, peer, parent, community agency, and/or Law Enforcement

Consultation with campus Mental Health Professional, Administrator, and Parent

Mental Health Screening by school-based Multi-Disciplinary Team (MDT)

Social/Emotional/Behavioral screening results are medium to high level of need

Social/Emotional/Behavioral screening results are low level of need

Medium Need: Referral to campus PST for T2/T3 intervention planning (include parent)

High Need/Severe Symptoms: Referral to Community-Based practitioner or agency


Develop monitoring plan, if needed

Provide parent with referral resources

Initiate community-based referral/urgent referral/school-based crisis team

May include: referral to on-site mental health practitioner, communication with agency for same-day/urgent appointment, Baker Act, SIT intervention on campus (with follow-up by community agency)

TIERED INTERVENTIONS AND SUPPORTS

Tier 1 Sandy Hook
Promise
Curriculum
Sanford Harmony
(Elementary)
Signs of Suicide
(Secondary)
Social Emotional
Learning
Substance Abuse
Prevention
Bullying
Prevention

Tier 2 Social Skills
Coping skills
Conflict
Resolution
Relational
Aggression
Mental Health
Awareness
Training for
Students
Mentoring

Tier 3 Individualized
Behavior
Intervention Plans
Mentoring
Behavior and
Safety Contracts
Short-term
Individualized
Counseling
IEP Counseling

Concern is reported by teacher/staff, peer, parent, community agency, and/or Law Enforcement

Consultation with campus Mental Health Professional, Administrator, and Parent

Mental Health Screening by school-based Multi-Disciplinary Team (MDT)

Social/Emotional/Behavioral screening results are medium to high level of need

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