



Comprehensive School-Based Mental Health Services: Using MTSS In A System of Care

Bureau of Exceptional Education and Student Services
Student Support Services Project

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Learning Supports

Addressing Barriers and Re-engaging Students in Classroom Instruction

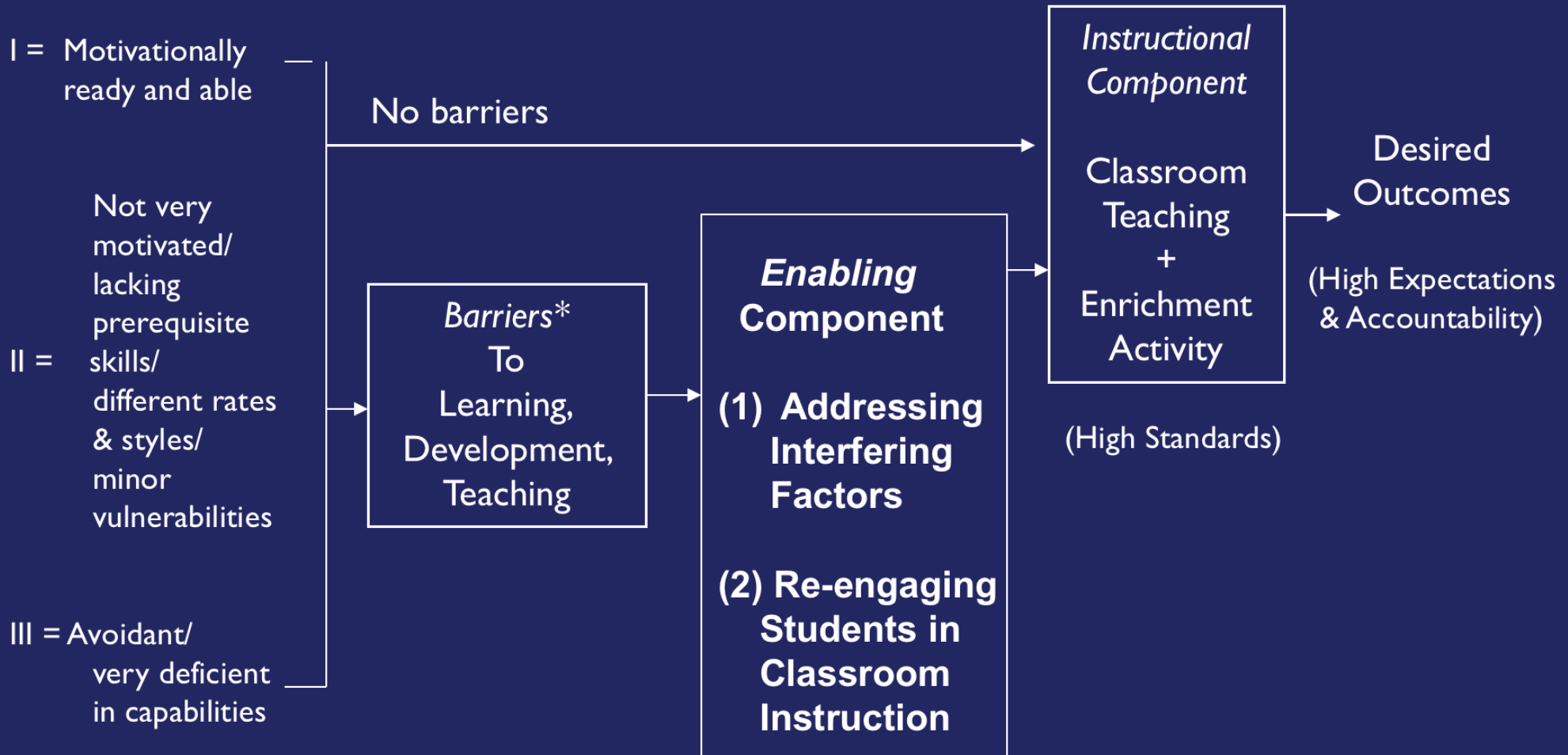
Defining Learning Supports

- **Learning supports** are the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports to directly address barriers to learning and teaching and re-engage disconnected students.
- **A comprehensive system** of learning supports provides supportive interventions in classrooms and schoolwide and is fully integrated with efforts to improve instruction and management at a school.



An Enabling or Learning Supports Component to Address Barriers and Re-engage Students in Classroom Instruction

Range of Learners



Multi-tiered System of Support (MTSS) and System of Care

- Multi-Tiered System of Supports are services provided across three tiers to ensure that all students have access to programs and services that are matched to their strengths and needs.
- School-based mental health providers (i.e. school counselors, school psychologists, school social-workers) are specially trained in school system functioning and learning, as well as how students' behavior and mental health impacts their ability to be successful in school.
- System of care is a collaborative network of services and supports in each circuit that, in partnership with families, is intended to help children diagnosed with serious emotional disturbance live at home, do well in school, and successfully live in the community.
- What does it look like when these programs work in unison?



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Comprehensive School Mental Health Program

School-Based Mental Health Services

Comprehensive School Mental Health Programs

- Comprehensive School Mental Health Programs provide a full array of services at three tiers including:
 - Tier 1 or universal mental health promotion activities for all students,
 - Tier 2 or selective prevention services for students identified as at risk for a mental health concern or problem, and
 - Tier 3 or indicated services for students who already display a mental health concern or problem.

A Comprehensive, Multifaceted, and Integrated Approach to Addressing Barriers to Learning and Promoting Healthy Development

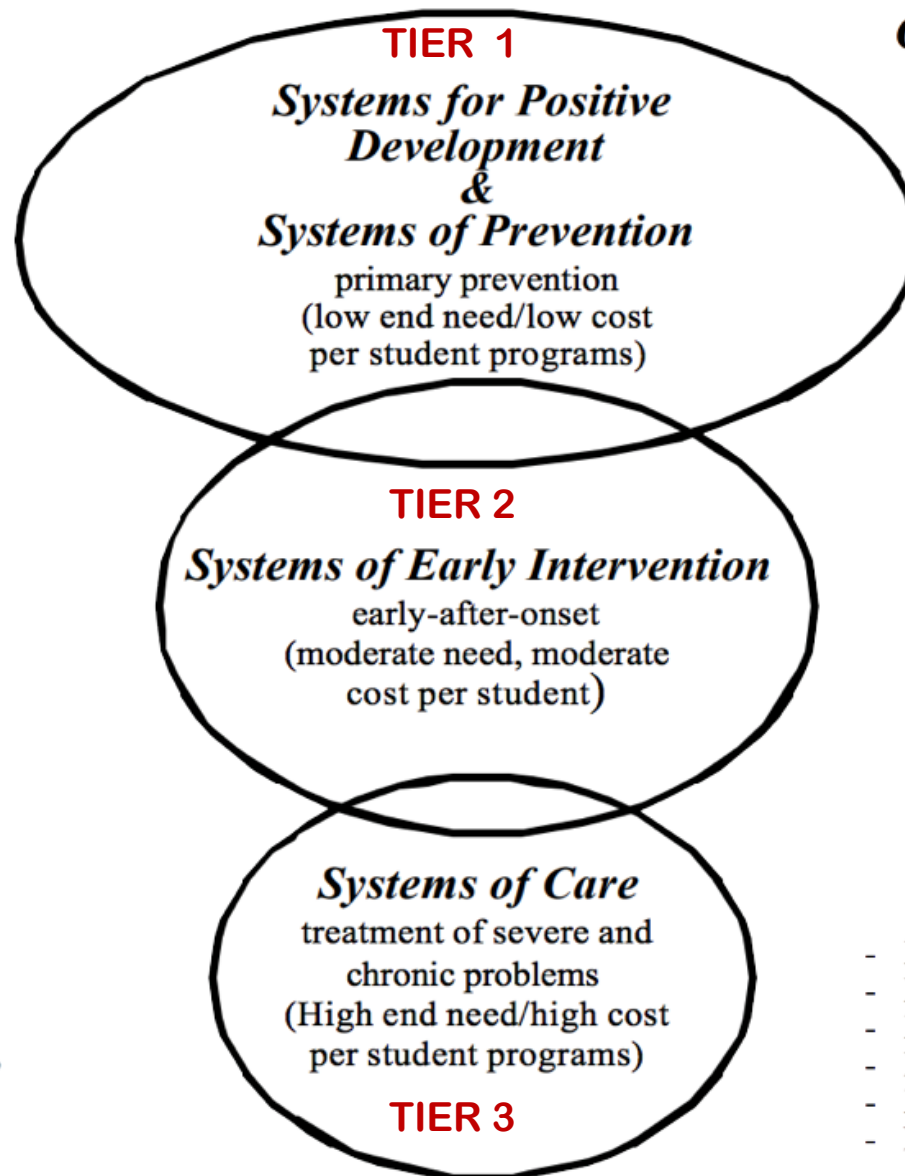
School Resources (facilities, stakeholders, programs, services)

Examples:

- Enrichment & recreation
- General health education
- Promotion of social and emotional development
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement

- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accommodations
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments



Community Resources (facilities, stakeholders, programs, services)

Examples:

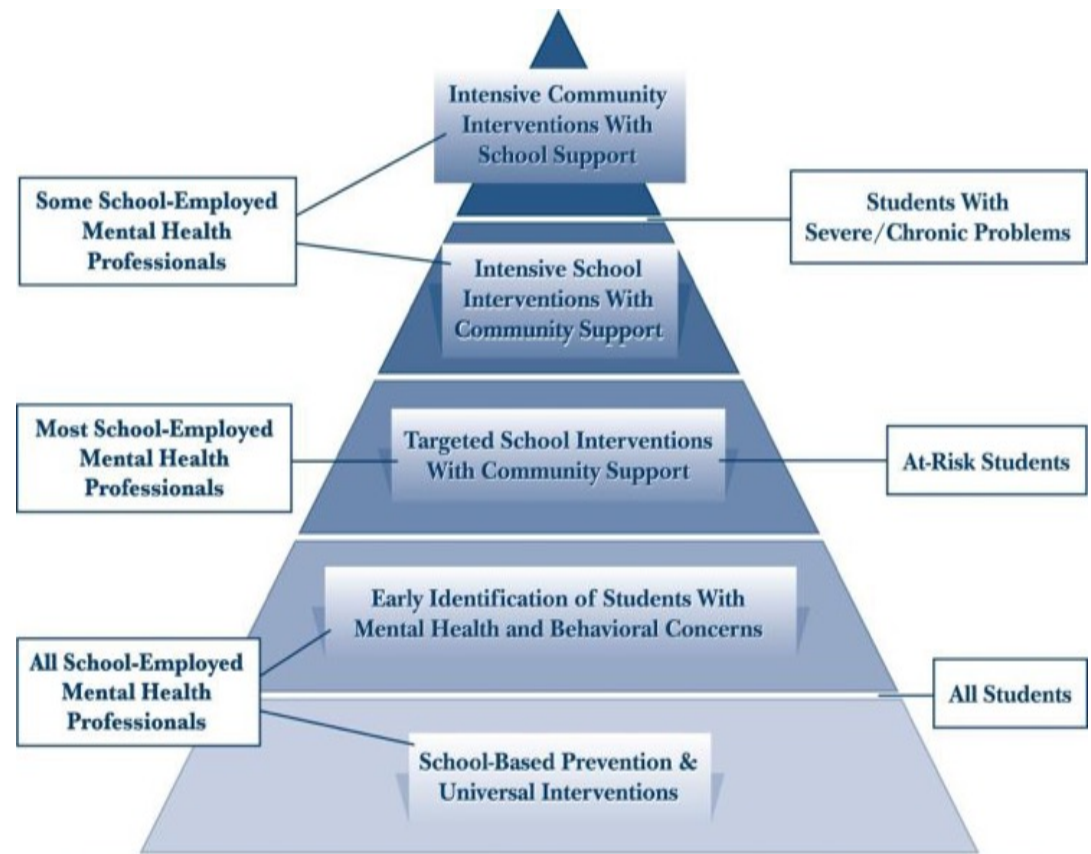
- Youth development programs
- Public health & safety programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization

Comprehensive School Mental Health Programs continued...

- Comprehensive School Mental Health Programs are built on partnerships between schools and community systems such as:
- Community mental health centers,
- Hospitals,
- Universities

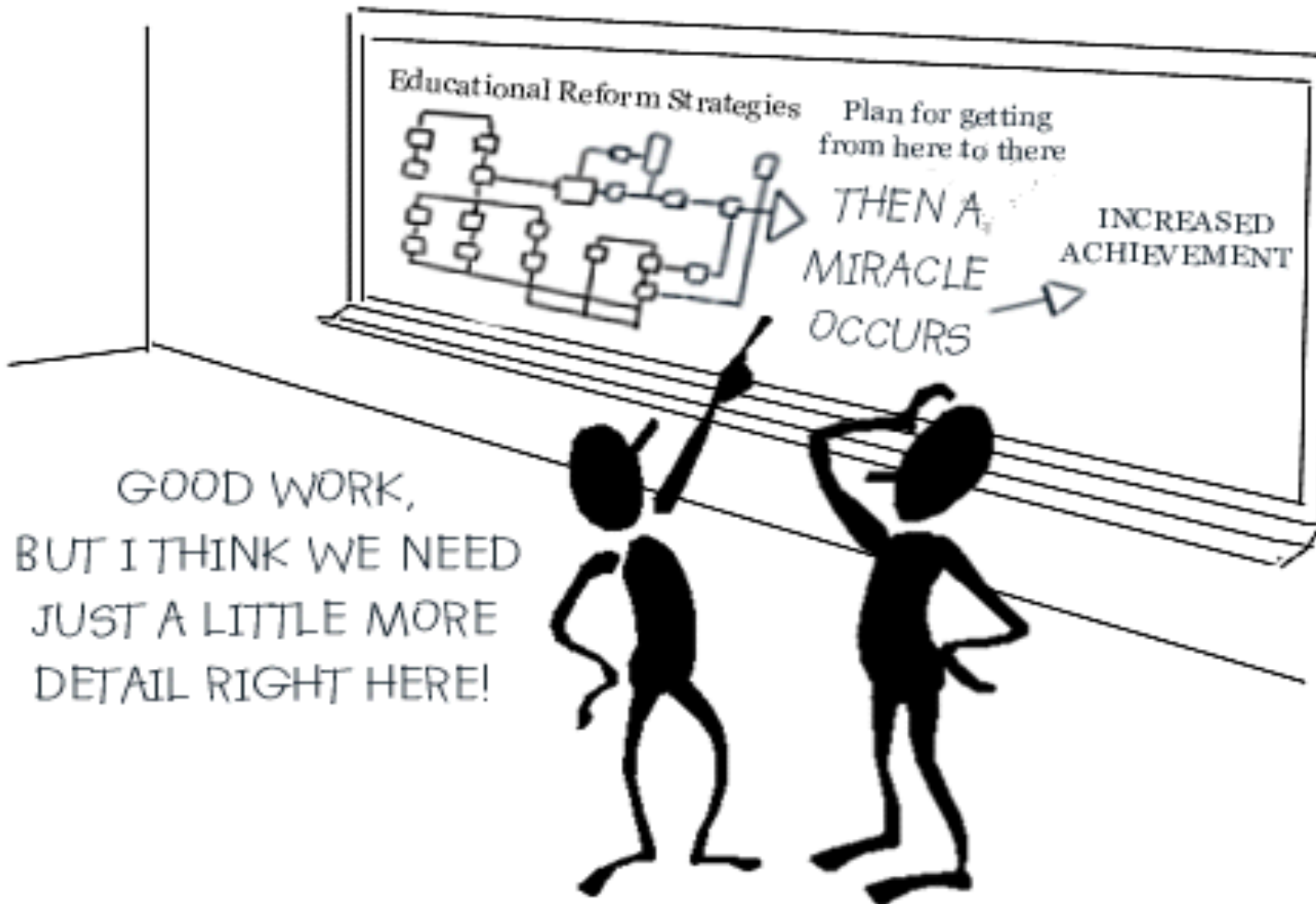


The Continuum of School Mental Health Services

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.

Best Practices

- Comprehensive School Mental Health Programs employ evidence- based practices. The more of these best practices a program is able to incorporate, the better the program's overall quality and sustainability and the greater its likelihood of success:
 - Effective partnerships
 - Multi- tiered systems of support
 - Needs assessment and resource mapping
 - Evidence- Based treatments
 - In family- school- community teaming
 - Data collection, analysis, utilization, and reporting
 - Funding stream diversity





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District Examples



Seminole County Public Schools

Mental Health Plan



/SeminoleCountySchools

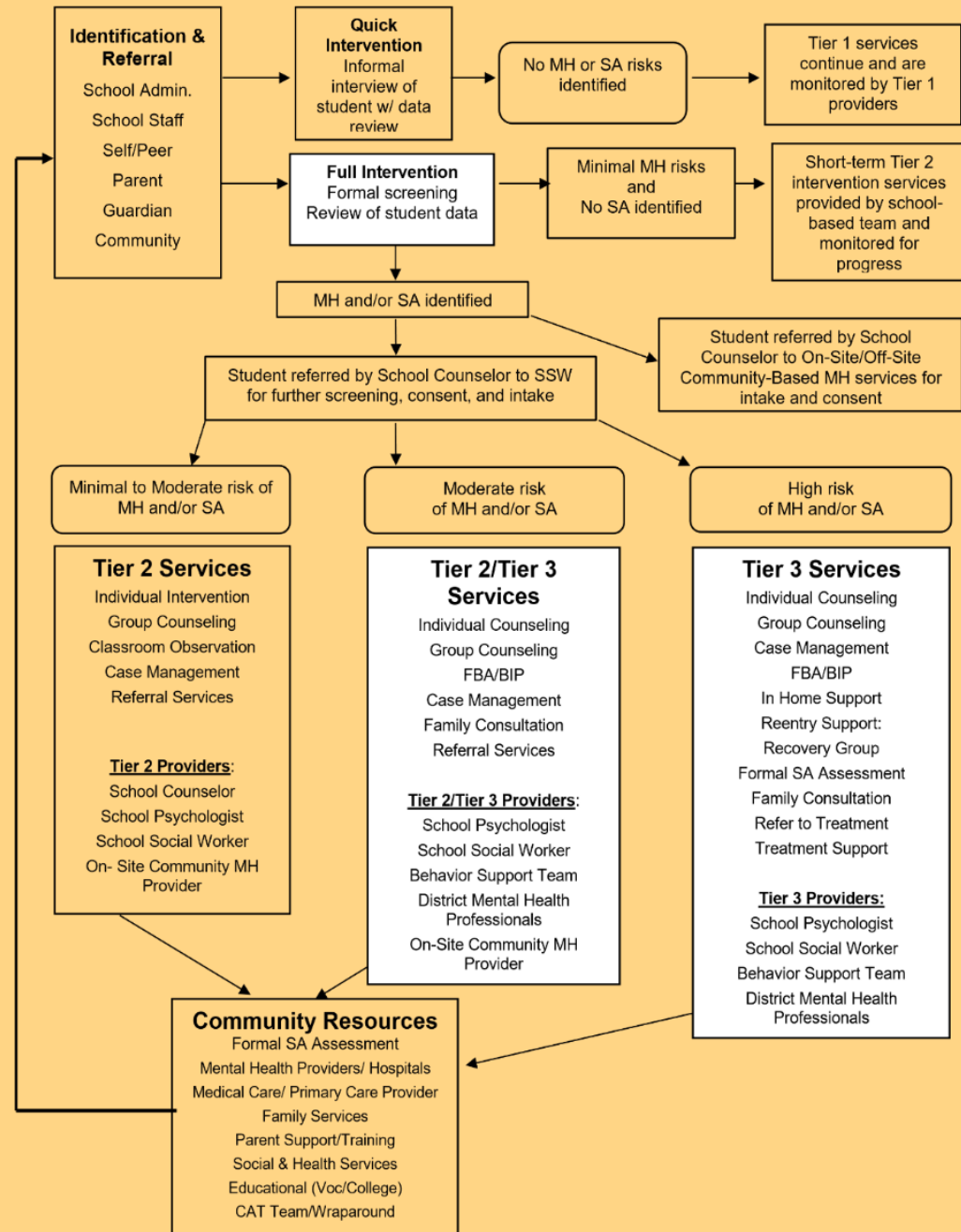
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Mental Health Services Referral Process





Access Agreement



Seminole County
Public Schools

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Mental Health Services Provider Agreement



Marion County Public Schools

*Developing Successful Citizens --
Every Student, Every Day*

Marion County Schools Mental Health Allocation Plan

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 |

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 |
|---|---|--|---|
| <p>Objective #1:</p> <p>Meet with community-agencies to discuss and problem-solve barriers to student and family services.</p> | <p>Step 1</p> <p>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.</p> <p>Step 2</p> <p>Identify barriers to referral process and/or provision of school-based services, and develop solutions to address concerns and improve process</p> | <p><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.</p> <p><i>Perception Data:</i> SHAPE needs assessment survey.</p> <p><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.</p> | <p>District and School-based mental health personnel and community agency representatives</p> |

Table Talk





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