



## *Position Statement on the Involuntary Commitment of Students in Schools in Florida*

### **The Involuntary Commitment of Youth from School & the Role of School Psychologists**

The data has been clear for some time now – 1 in 5 youth will develop mental health difficulties eventually warranting a diagnosis and 1 in 10 youth will be impacted significantly enough by their mental health difficulties that they will require additional supports from the schools. Almost ½ of these youths will drop out of school.<sup>1</sup>

Approximately 75% to 80% of youth in need of mental health services do not receive them because existing mental health services are inadequate.<sup>2</sup> Of those who do receive assistance, the vast majority – approximately 70% to 80% of youth - receive mental health services in schools.<sup>3</sup> In fact, students were found to be 21 times more likely to visit school-based health centers for mental health concerns than community-based centers.<sup>4</sup>

### **Involuntary Commitment of Youth in Florida**

The Baker Act Task Force Report<sup>7</sup> indicates that the number of youth involuntarily committed under the Baker Act increased 49% over the last five years. The Task Force found that in FY 2015-16, 22% of Baker Acts of youth were initiated in schools with the largest increases in school-initiated Baker Acts seen in younger children. Currently, Baker Acts are largely processed through School Resource Officers (SROs) and, while many SROs across the state have now received extensive training in crisis de-escalation and response, SROs are not mental health professionals. A recent poll conducted by the University of North Florida asked 607 registered voters surveyed whether SROs or school psychologists were better equipped to evaluate a student in a mental health crisis and the results were overwhelming - 98% of those surveyed indicated that school psychologists would be the better evaluator.<sup>8</sup> While the factors influencing the rise of involuntary commitments across the state are many and it is difficult to entangle these influences, we can be certain that the lack of school-based mental health services in schools in Florida plays an important role.

### **The State of School Psychology in Florida**

In Florida during the 2016-17 school year, 1 school psychologist served on average, more than 2,000 students. That means more than 200 students on the average school psychologist's caseload required psychological services in the schools – an impossible need to meet.

This is nearly twice the average national ratio (approximately 1:1,200) and around 4 times the ratio recommended by the National Association of School Psychologists (NASP) which is between 1 school psychologist for every 500 to 700 students in order to provide a comprehensive model of school psychological services.

### **How Can School Psychologists Help?**

Due to current ratios, many school psychologists are limited in terms of the services that they provide. School psychologists, however, have extensive training in mental health – arguably the most training in mental health of any school-based professional in a school building. We are uniquely qualified to work in school setting because we are not only trained in the mental health needs of youth, but we also understand the impact of mental and behavioral health on academics and how to work within school systems. More specifically, school psychologists are trained to assist with:<sup>9</sup>

- Consultation to school staff and parents regarding the social/emotional/behavioral needs of children/youth, as well as classroom and school-wide approaches to positive behavior supports and interventions.
- Screening, evaluation, identification, and referral for children exhibiting emotional disturbances.
- Planning and implementing appropriate academic and other educational supports.
- Conducting functional behavior assessments and/or social skills instruction.
- Interventions to students with chronic behavior/emotional needs including small group or individual counseling for such issues as social skills, anger control, etc.
- Staff development on topics such as positive behavior supports and intervention, prevention of violence, crisis planning and intervention, etc. including providing resources regarding characteristics, intervention, and treatment of disorders.

## Why School-Based Mental Health Matters

When examining the impact of school-based mental health programming in schools we see that the influence of these programs extends beyond simply addressing mental health concerns for youth. More specifically, there is evidence that school-based mental health programs improve educational outcomes by decreasing absences and discipline referrals and improving test scores.<sup>10</sup> School-based mental health programs have also been shown to improve educational outcomes by reducing out-of-school suspensions, increasing promotions to the next grade level,<sup>11</sup> decreasing behavior problems,<sup>12</sup> decreasing absences, decreasing discipline referrals, and increasing test scores.<sup>13</sup>

## Policy Implications & Recommendations

- FASP believes more school psychologists are needed in schools.
  - Schools are able to bill Medicaid for their services, offsetting much of the cost of adding additional staff.
  - Additionally, adding school psychologists to schools would mean decreasing chronic absenteeism – a source of revenue loss for many districts – and decreasing out-of-school suspensions which often drive absenteeism rates
- FASP believes that school-initiated Baker Acts should be tracked and the data should be published by the Florida Department of Education.
- FASP believes that schools need better guidance regarding how to interpret “threat of substantial harm” or “likely to inflict, physical harm on himself, herself or another.”
- FASP also believes that schools would benefit from including school psychologists in threat assessment teams that are considering involuntary commitment of students, as recommended by the Task Force.
- FASP agrees with the Task Force’s recommendation that school districts adopt a standardized suicide risk assessment tool that school-based mental health professionals would implement prior to the initiation of Baker Act examination.
- Finally, FASP encourages school districts to work with their school psychologists on developing crisis response teams trained in the PREPaRE model to assist with threat assessment and crisis response.

<sup>1</sup> Association for Children’s Mental Health (2016). Problems at school. Retrieved online: <http://www.acmh-mi.org/get-help/navigating/problems-at-school/>

<sup>2</sup> U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity. A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: Author. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK44243/>

<sup>3</sup> Farmer, E. M., Burns, B. J., Philip, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services, 54*, 60–67. doi:10.1176/appi.ps.54.1.60

<sup>4</sup> Juszczak L., Melinkovich P., & Kaplan, D. (2003). Use of health and mental health services by adolescents across multiple delivery sites. *Journal of Adolescent Health, 32*, 108–118. doi:10.1016/S1054-139X(03)00073-9

<sup>5</sup> Carvahlo, A. (2018). Miami Dade public schools has revised how we treat children under the Baker Act. *Miami Herald*. Retrieved online: <http://www.miamiherald.com/opinion/op-ed/article199603389.html>

<sup>6</sup> K.N., individually and on behalf of A.M., a minor vs. Duval County School Board. (U.S. District Court for the Middle District of Florida, 2018).

<sup>7</sup> Florida Department of Children and Families Office of Substance Abuse (2017). Task force on involuntary examination of minors. Retrieved online: [http://www.usf.edu/cbcs/baker-act/documents/annual\\_report.pdf](http://www.usf.edu/cbcs/baker-act/documents/annual_report.pdf)

<sup>8</sup> University of North Florida Public Opinion Research Lab. (2018). *Spring statewide omnibus survey*. Retrieved via personal communication, 2/14/18.

<sup>9</sup> National Association of School Psychologists. (2012). School-based mental health services and school psychologists. *Communique, 40*(6), handout.

<sup>10</sup> Jennings, J., Pearson, G., & Harris, M. (2000). Implementing and maintaining school-based mental health services in a large, urban school district. *Journal of School Health, 70*, 201–205.

<sup>11</sup> Kang-Yi, C. D., Mandell, D. S., & Hadley, T. (2013). School-based mental health program evaluation: Children's school outcomes and acute mental health service use. *Journal of School Health, 83*, 463–472.

<sup>12</sup> Wolpert, M., Deighton, J., Patalay, P., Martin, A., Fitzgerald-Yau, N., Demir, E. ... Meadows, P. (2011). Me and my school: Findings from the national evaluation of Targeted Mental Health in Schools 2008–2011 (Research Report DFE-RR177). London: University College London/Anna Freud Centre.

<sup>13</sup> President’s New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. DHHS Pub. No. SMA-03-3832. Rockville, MD: U.S. Department of Health and Human Services.