Innovative Case Management Practices for Behaviorally Complex Youth

School District of Palm Beach County
Mr. Keith Oswald, Chief of Equity and Wellness
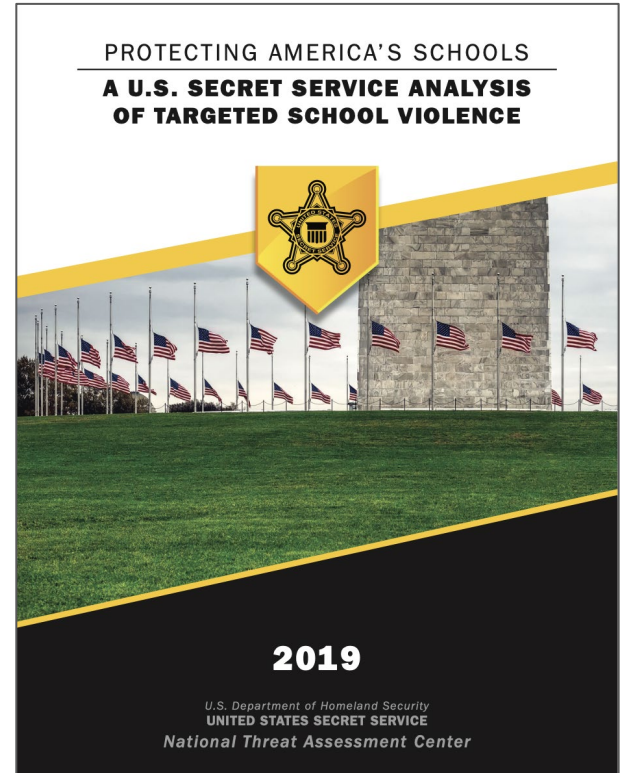Dr. Mary Claire Mucenic, Director Behavioral and Mental Health

10 Key Findings of NTAC
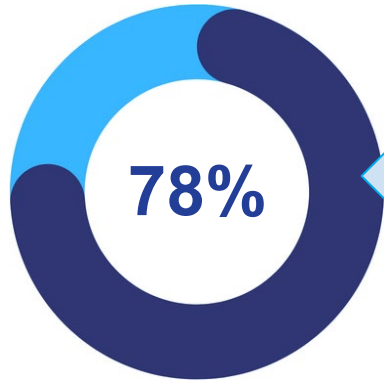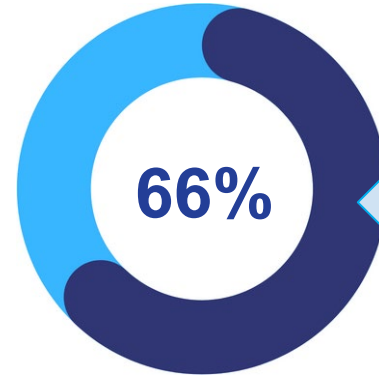
1. There is **no profile of a student attacker**, nor type of school

2. Attackers usually had **multiple motives**, the most common being a **grievanc**e with a classmate

3. Most attackers used **firearms**, and most often **obtained from home**

4. Most attackers had experienced **psychological, behavioral** and or **neurological/developmental delays** or **cognitive deficits**

5. Half of the attackers had **interests in violent topics**

6. All attackers experienced **social stressors involving their relationship**s with peers and or romantic partners

7. Nearly every attacker experienced **negative home life factors**

8. Most attackers were **victims of bullying**, which was often observed by others

9. Most attackers had a **history of school disciplinary actions**, and many had **prior contact with law enforcement**

10. All attackers **exhibited concerning behaviors**. Most elicited concern from others, and most communicated their intent to **attack (aka, "leakage").**

PROTECTING AMERICA'S SCHOOLS

A U.S. SECRET SERVICE ANALYSIS OF TARGETED SCHOOL VIOLENCE

2019

U.S. Department of Homeland Security
UNITED STATES SECRET SERVICE
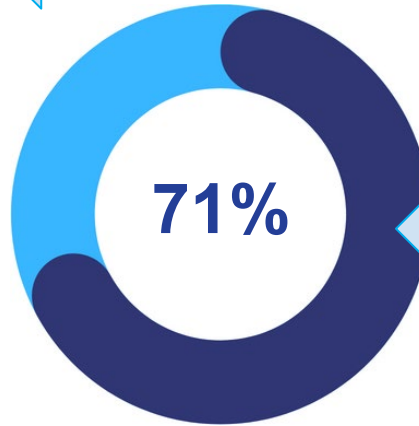*National Threat Assessment Center*

MENTAL HEALTH & SCHOOL SAFETY

78% 78% of school shooters have a history of suicide attempt or ideations

66% 66% of school shooters have **NO** mental health evaluation

71% 71% of school shooters were victims of bullying

Policy 5.20 Student Mental Health Crisis Response

PREVENTION

- Continuous professional development: YMHFA, Suicide Awareness and Prevention, De-escalation Strategies and staff training on the continuum of behavioral and mental health services offered to students and referral methods

- 988 Crisis Hotline is on student IDs grades 6-12

INTERVENTION

- Utilization of a mental health professional on the school campus to de-escalate students in crisis

- The District CAPE Team for crisis support **MUST** be notified if a student is in crisis and requires an assessment to consider transport for hospitalization

- CAPE team members who perform the assessment are licensed mental health professionals

POSTVENTION

- Student support plans, safety monitoring, and transition services after hospitalization

- District monitoring of crisis intervention data

How Do We Manage Threats?

- Florida Schools use the Florida Harm Prevention and Threat Management Model

- Threat Management is: A fact-based method to identify levels of concern and is an ongoing process to include a Student Support Management Plan

- Each school is required to have a trained Threat Management Team that includes law enforcement, expert in school counseling or mental health professional, teacher/educator, and administrator

- Documenting and sharing student information is critical to monitoring

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Why is Behavioral Threat Assessment Important?

- It is the best practice for preventing targeted school violence

- It is a way to intervene and de-escalate situations before a student becomes violent

- When done properly, a threat assessment provides robust interventions and support for students in distress

- The primary objective of the BTA is to provide the student with help while working to ensure positive outcomes for the student and community

Source: Averting Targeted School Violence, A U.S. Secret Service Analysis of Plots Against Schools

Concerning Behaviors

- Unusual social distancing or isolation of subjects from peers and family members
- Sullen or depressed behavior from an otherwise friendly and positive person
- Out-of-context outbursts of verbal or physical aggression
- Increased levels of agitation, frustration and anger
- Confrontational, accusatory or blaming behavior
- An unusual interest in or fascination with weapons
- Fixation on violence as a means of addressing a grievance
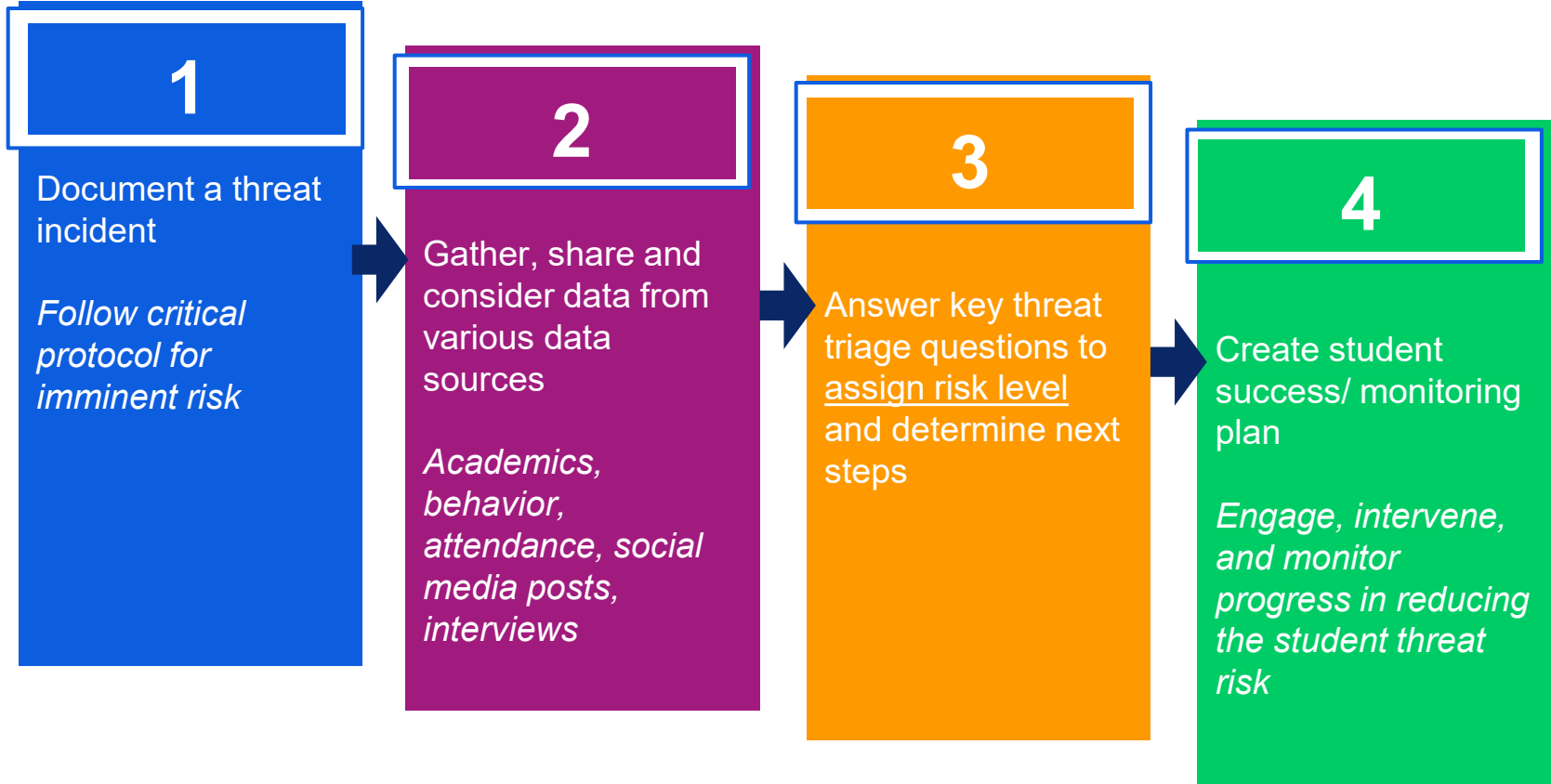- Aggression toward animals

Stressors Could Lead to Concerning Behaviors

A stressor can be anything in the person of concern's life that causes tension or anxiety. Examples include:

- Bullying/Cyber Bullying

- School or work-related failure or disappointment

- An unhappy home environment

- Social isolation

- Peer rejection or sudden change in peer group

- Grades

- Financial distress (primarily family related)

- Relationship issues

- Potential future events, such as divorce (parents), terminal illnesses, chronic pain and health issues

- Social media

Flow of Information - 4 Key Steps

1

Document a threat incident

Follow critical protocol for imminent risk

2

Gather, share and consider data from various data sources

Academics, behavior, attendance, social media posts, interviews

3

Answer key threat triage questions to assign risk level and determine next steps

4

Create student success/ monitoring plan

Engage, intervene, and monitor progress in reducing the student threat risk

Beyond the Roles of the Multidisciplinary School Threat Management Team

- Role of policies and procedures

- Role of the District Mobile Crisis Response Teams - CAPE

- Role of District School Police/Behavioral Services Unit

- Role of inter-agency cooperation and collaboration/multiple stakeholders

- Role of parent and community

- Role of Behavioral Health Agencies

Role of District Mobile Crisis Teams - CAPE

- The role of CAPE Team is to help support a student who is experiencing a Mental Health Crisis

- CAPE Team provides Crisis Assessment, Prevention, and Education services

- Mental Health Assessment Consultation with Licensed Mental Health Professional

- Mental Health Assessments (students expressing suicidal ideation with or without plan)

- Consultations with schools with additional mental health support/questions/next steps

- Student Support Plans (Safety Plans)

- Reentry Meetings – after hospitalization or residential placement

- Attend additional support meetings as needed (SBT, FBA, IEP, etc.)

Role of District School Police Behavioral Services Unit

- Oversight of current district cases

- Referrals to district services

- Referrals to Out of District Services Home Visits

- Risk Protection Orders

- Custodial encounters (Baker Acts and/or Arrest)

- Monitoring

- Response and / or oversight of all threats

- Social media oversight

- Anonymous Reporting oversight

- Collaboration with municipalities

- Assistance with officers on mental health related cases that require monitoring and safety plan implementation

- Continued collaboration with all stakeholders

Role of Behavioral Health Agencies

- Crisis services should not be viewed as a "one and done" stand-alone service independent of the local community mental health hospital system and community agencies.

- Services must be part of an integrated coordinated system of care.

- Agency-to-agency collaboration is essential and is evidenced through personal relationships, shared vision, Memorandums of Understanding (MOUs), shared protocols, and shared data and technology solutions.

- Regularly scheduled collaborative community agency meetings

- MOUs with community agencies – 36 BHAs with SDPBC

- Shared SRA protocols with community Crisis mobile response team

- Caring First Application

- Crisis System coordination – (Level 4 on a continuum of community coordination and collaboration)

Student Support Management Plan

It is a plan which uses direct and indirect interventions to help create an environment less likely to produce violence. Examples of interventions are:

- Potential schedule changes

- Assign a mentor

- Consideration regarding extracurricular activities

- Regular meetings with a counselor (w/parental permission) or referrals to outside behavioral health services

- Random searches

- Social media monitoring

- Teacher or staff escorts throughout school campus

- Restricted use of computers or other electronic devices

EDUCATE • AFFIRM • INSPIRE

Examples of Protective Factors

- Relationship with a trusted adult
- Short and long-term goals
- Pursuit of non-violent, legally and socially sanctioned conflict resolution
- Sense of humor
- Mentorship
- Membership in appropriate groups
- Knowledge of self-regulation strategies
- Involvement in extracurricular activities
- Involvement in community organizations

Nathaniel (Mentoring) - Case Study 1

The school administration, teachers, and staff at F. S. Elementary school had been dealing with a **significant behavioral problem** involving a **4th grader**. The students behavioral difficulties included **frequent disruptive outbursts** in class, **refusal to follow school rules**, **illicit stories**, and **unexplained larceny**. He displayed **signs of emotional distress**, **self-harm** and teachers reported incidents of alarming statements. One example include, the student's **outburst during class** stating, "I don't want to be here anymore" and "I want to kill myself". The student's behavior not only **disrupted** their own **education** but also **impacted the learning environment** for their peers.

The school initiated a **comprehensive response t**o address the students behavioral issues including the **school ESE contact**, the school's **guidance counselors**, **special education specialists** also assisted with monitoring the student. **CAPE services** were requested and **CBHP was assigned** as the students mentor. He formed a **strong rapport** with them, providing a **consistent and empathetic presence** in their life. The student's behavior significantly improved as he felt as if someone believed in him. Recognizing the severity of students' self-harming behavior, the School Counselor was able to make a referral to another external mentoring agency. CBHP engaged in **one-on-one mentoring sessions** with the student, offering emotional support, a safe space for her to express their feelings, and guidance on coping strategies. After mentoring concluded the student began attending **sessions with an external mental health agency**. The CBHP began commencing **daily check-ins** with the student.

Over the course of several months, the students **behavior and emotional well-being significantly improved.** The student's **instances of self-harm declined** markedly as they began to utilize healthier coping mechanisms. The student showed a **marked reduction in disruptive outbursts** and a **more cooperative attitude** in class. Through consistent **mentoring**, **structure**, and the **collaborative efforts** of the school, alongside a professional mentorship, played a vital role in preventing a potential tragedy. The **close relationship established** with the student allowed the CBHP to identify red flags and intervene effectively. The student's improvement not only benefited them academically and emotionally but also contributed to a **healthier and more positive school environment**.

This case study underscores the importance of **comprehensive systems**, **mentorship**, and **external agency referrals** in addressing complex student behavioral difficulties while highlighting the critical role individual staff members can play in **fostering positive outcomes and preventing tragic events**.

Jennifer P. (Mental Health Collaboration) - Case Study 2

CAPE Support Team became involved with a **14 year old, 8th grade male** student in January 2023 until April 2023. Student presented with **suicidal ideation** and **harm to others** with a plan and **intent to act** on the plan on **multiple occassions** and **exhibited self-harm behaviors**. Student was **involuntarily hospitalized at least 3 times** by the CAPE Support Team and **transported by School Police Officer** each time to ensure safety for the student. A **DCF referral** had been made during this time as well due to the student reporting that his father was continuously intoxicated, inappropriate supervision, and reported his uncle made him do physical labor as punishment. **Student felt unsafe in the home**.

 CAPE Support team and **CAPE administration worked collaboratively with** the following **multidisciplinary teams**: s*chool's mental health team, ESE department, SEDNET Project Manager, Southeast Florida Behavioral Health Network (SEFBHN), BoysTown, Department of Children and Families, and JFK Hospital administrative and educational staff.*

Staffings were held multiple times to **ensure the student's safety** as well as **advocate** for his **mental and emotional well-being** and **educational support**. **Consent for ESE services** was obtained during this time; therefore, there was an open evaluation for student to receive these educational services. Student was able to get the mental and emotional support through **stabilization at JFK North, partial hospitalization out patient program,** and connection to services through **SEFBHN and BoysTown**. **DCF sheltered** student after last hospitalization and placed student in **out-of-home placements** for his physical safety.

Because of the **multidisciplinary teams' consistent collaborations**, student was able to be placed at a **residential facility** to obtain the level of **care needed for continued safety** and to address his significant mental health challenges.

Follow-up and Monitoring

- Families and caregivers play a critical role in providing safe, stable, and nurturing environments for young people to thrive

- Look out for warning signs and distress, and seek help and support

- Use student support plans and safety monitoring plans to keep youth safe, follow-up and monitoring is crucial

Resources for Families:

- Healthychildren.org (American Academy of Pediatrics)

- What's on your mind? (UNICEF)

- Family Resource Center (Child Mind Institute)

- Mentalhealth.gov or samhsa.gov/mental-health

- NAMI.org