

2024

# Polk County Behavioral Health Gap Analysis & Supporting Activities



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**Presented by**





# Introduction and Sentiments from Polk County Community Health Care

The purpose of the report is ultimately to improve mental health outcomes for youth in Polk County. This report summarizes the activities and results of the project: Mental Health Gap Analysis and Supporting Initiatives – Mental Health Resource Map / Process, Website, List of Strategies, and Communication Plan (the Mental Health Gap Analysis).

The Polk County Mental Health Gap Analysis project reflects the dedication, compassion, and insight of Polk County Community Health Care (CHC), Polk County Public Schools (PCPS), Polk Vision, and a highly diverse set of community partners. Collectively (and individually) these project leaders focus on embracing the community, learning their stories, and working

diligently to improve the quality of life for Polk County residents. The number and the quality of community partners involved reflect effective collaboration. The organizations represent community populations that can speak about mental health challenges from personal and professional perspectives.

The Mental Health Gap Analysis is funded by the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) in response to SAMHSA's FY23 Congressional Directive Spending Projects Notice of Funding Announcement FG-23-099 (Award Number IH79FG000944-01).



Throughout the process there were regular meetings and communications with partners; and the final gap analysis, prioritized needs, and strategies utilized expansive community input. Leaders from each organization have included a brief statement about their organization later in this section. Other key partners are listed below.

### Leadership Organizations



### Major Direct Care Organizations



### Other Contributing Organizations

- CareerSource Polk
- Central Florida Behavioral Health Network
- Heartland for Children
- Department of Children and Families
- St. Vincent de Paul Society
- University of South Florida
- Many others

## Polk County Community Health Care (CHC)

Polk County, the fastest growing county in Florida, stands out uniquely within the state. Strategically positioned between the Orlando and Tampa metro areas along the I-4 corridor, Polk County is a vital link connecting people, places, and potential. The county's northern region is rapidly urbanizing, while the southern part remains a rural expanse of ranches and scrub land, providing a harmonious blend of urban and rural lifestyles. This diverse setting offers unmatched access, affordability, and opportunities for residents, visitors, and businesses alike.

Amidst this growth and diversity, Polk County is committed to supporting its needy citizens through Polk County Community Health Care (CHC). CHC is dedicated to delivering high-quality healthcare to the county's indigent and medically underserved populations, forming a crucial part of the county's healthcare safety net program. Most of the CHC's initiatives are funded through a half-cent sales surtax specifically designated for indigent healthcare.

### Key Services Provided by Polk County Community Health Care:

**Polk HealthCare Plan:** This plan is designed for Polk County residents who have little or no income, lack health coverage or insurance, or are awaiting Medicaid qualification. The plan includes a network of over 800 local licensed medical providers offering:

- Primary and specialty care (including annual preventive screenings)
- Behavioral healthcare
- Emergency room care
- Urgent care
- In-patient services
- Prescriptions
- Medical tests
- YMCA membership

**Burial and Cremation Program:** Ensures that every eligible resident of Polk County without adequate resources receives simple but dignified burial services or cremation.

**Free Health Services:** In collaboration with the Department of Health in Polk, the Polk HealthCare Plan offers free health services and screenings, including eligibility screenings and plan enrollment via a mobile unit. Upcoming events are listed on the county's website (<https://polk.floridahealth.gov/>).

**Diabetes Nutrition Education:** Available to all Polk residents through a partnership with UF/IFAS Extension Polk County, these classes provide essential education on managing diabetes through proper nutrition.

Polk County Community Health Care is a vital resource, ensuring that even the most vulnerable populations have access to necessary healthcare services. Through its comprehensive programs and partnerships, the department not only addresses immediate health needs but also promotes long-term well-being and dignity for all residents.

## Polk County Public Schools (PCPS)

Polk County Public Schools is one of the largest school districts in the nation, encompassing more than 120 schools and serving more than 114,700 students through both traditional K-12 schools and a variety of other programs. While expanding its physical footprint, Polk County Public Schools has also built a reputation for educational excellence, as evidenced by its more than 20 nationally accredited workforce academies, five Florida Arts Model Schools, and rising number of schools offering Advanced Placement and Cambridge International programs.

Located in the heart of Central Florida, Polk County offers an unparalleled quality of life. Polk County spans 2,011 square miles, making it larger than the state of Delaware.

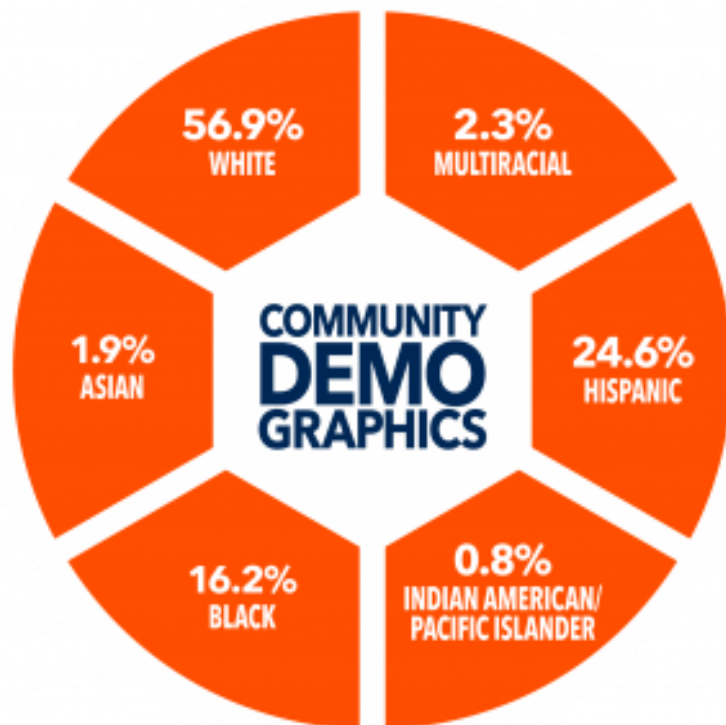


**POLK COUNTY  
PUBLIC SCHOOLS**  
STUDENTS FIRST

It includes 17 municipalities, ranging from Lakeland with a population of more than 110,000, to Dundee with a population of just over 5,000.

The area has a rich history in agriculture, and its landscape is still dotted with citrus groves, blueberry farms, cattle pastures and phosphate mines. In more recent years, Polk County has emerged as a hub for high-tech industries including logistics and supply chain distribution, advanced manufacturing, health sciences and aviation.

The mission of Polk County Public Schools is to provide a high-quality education for all students.



Polk County Public Schools serves students from a wide variety of backgrounds, with a broad spectrum of abilities, who possess unique educational and personal aspirations. PCPS offers educational programs for students of all ages and abilities. Polk County Public Schools is led by a seven-member elected School Board and an appointed superintendent, Mr. Frederick Heid.

#### EXHIBIT 1: NUMBER AND TYPES OF PCPS SCHOOLS

Type of School**	Number of Polk County Schools
Elementary Schools	66
Middle Schools	19
K through 8 Schools	5
High Schools	19
<b>Total</b>	<b>109</b>

\*\* PCPS also has several other non-traditional schools.

For more information,  
please visit:  
[www.polkschoolsfl.com](http://www.polkschoolsfl.com)



## Polk Vision

Polk Vision is an organization that LEADS collective impact serving the entire Polk County community.



Polk Vision provides central coordination to align the work of hundreds of dedicated volunteers through partnerships of public, private and civic organizations working collectively to make the shared vision of improving the Quality of Life in Polk County a reality.

Polk Vision's inclusive process offers opportunities for individuals to make a positive, lasting impact in areas challenging the community by strategically addressing:

- Pedestrian and Bicycle Safety and Safe Routes to School
- Broadband and the Growing Digital Divide
- Literacy
- Behavioral and Mental Health
- Workforce Talent Pipeline
- Career and College Preparedness
- Food Security

### Engaging Citizens

Polk Vision produces events and activities designed to inform and engage citizens across Polk County. This includes annual events such as the Mayors Roundtable and State of the County as well as a variety of timely topically relevant, dynamic experiences and activities.

### Leadership Polk

Leadership Polk brings together accomplished leaders from across the county with the goal of developing a diverse network of resourceful, informed, and proactive visionaries committed to building a more vibrant future for our community. Leadership Polk exposes participants to a broad range of perspectives through site visits, facilitated conversations and experiential learning.

### Inside Polk County Public Schools

Inside Polk County Public Schools is produced in partnership with the Polk County Public Schools and is designed to enlighten and demystify the complexities of our school district. Class members gain new appreciation for the challenges and triumphs of the second largest employer in Polk County and one of the largest school districts in the nation.

### Public Service Leadership Course

The Public Service Leadership Course is a four-session leadership engagement program designed to carry forward the legacy and outstanding tradition of civic, public, and non-profit leadership that has made Polk County a distinctive, prosperous, and vibrant community.



## Executive Summary

The following executive summary provides a high-level overview of the processes, research findings, and results of the report. A more detailed perusal of the body of the report and the appendices provide more granular insight to each. The executive summary includes five short sections:

1. Background and goals of the project
2. Approach used to conduct the project research
3. High-level research results
4. Summary of suggested strategies
5. Experiential insight and potential next steps

## Background and Goals of the Project

The goals of the project were to do the following:

- Ultimately, improve the lives of, and access to mental health care for, PCPS students (as well as staff)
- Complete a refined analysis of core issues impacting PCPS student mental health

As noted above, the purpose of the report is ultimately to improve mental health outcomes for youth in Polk County. More specifically, the Mental Health Gap Analysis is part of the broader effort to improve mental health and access to services – principally for youth. The project focuses on school students' access to, and use of, services within the Polk County Public School (PCPS) district. It provides a set of actionable strategies – structural ones and operational ones.

- Map the mental health process of care and understand the current system to identify priority needs and high-yield opportunities to improve mental health.
- Identify a set of strategies to address high-yield opportunities (i.e., a set of suggested activities and a general communications plan).
- Create resources to facilitate deployment of activities and strategies (e.g., website linked to the Polk County DoH website, community resource guide and map, dashboard to monitor Key Performance Indicators (KPIs), and repository of information about mental health and access to care, and others).

Aggregately, the project provides a means of charting a pathway forward to improve the well-being of Polk County residents. This resulting document creates a granular analysis of **mental health system “soft spots” in the school system, strategies to address them, and resources to facilitate success.**

# Approach Used to Conduct the Project Research

To accomplish the goals noted above, Crescendo and community partners executed the following research plan.

## Stage 1: PCPS Mental Health Gap Analysis

An expansive set of research techniques were deployed to conduct the gap analysis: surveys (one with PCPS parents, and one with PCPS staff members including teachers, counselors, District leaders, and many others) and qualitative research. In total, over 3,000 people participated in the surveys, and hundreds of others participated in qualitative research such as interviews or group discussions.

- Parent survey: Sample size = over 2,600
- PCPS staff survey: Sample size = over 400
- In-depth interviews: 195 one-on-one interviews
- Group discussions: 20 groups with a total of 257 participants
- Community intercept conversations: 32 interviews / discussions

## Stage 2: Strategy Development

This stage provides a set of potential strategies and insights to leverage and connect resources, improve access to care, and better manage current and future mental health care capacity. In addition, it includes sets of potential action items for community leaders to consider as they implement initiatives to address the seven core strategies. Finally, Stage 2 includes the Communications Plan, implementation strategies, and other guidance.

## Stage 3: Processes to Enhance Sustainability and Access

The purpose of this stage was to construct a sustainable set of tools that will facilitate school-focused mental health activities. Specific activities included website development and launch (resource guide, map of service sites in Polk County, dashboard of key performance indicators (KPIs)<sup>1</sup>, other items).

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<sup>1</sup> Note: KPIs were partially informed by subject matter experts.

# High-level Research Results

High-level research results were categorized into two sections: (1) a system map and (2) the gap analysis.

The system map presents a process workflow that illuminates the logic model by which PCPS students interact with the mental health system – from prevention, awareness and education to receiving treatment. The process is illustrated below, yet the body of this document includes detailed review of each stage, as well as strengths, weaknesses, and caveats at each stage.

## Prevention & Wellness

### Proactive Efforts

- Awareness, education, wellness in school or elsewhere

## Surveillance & Intervention

### Initial Contact / Referral

- Usually observed by teachers or others, initial referral to School Administrator

### Connection

- Often, the Administrator's office; suggested pathway for thorough evaluation

### Situation Evaluation

- Commonly, School Counselor; Situation evaluation or student assessment

## Treatment and Responding Groups

### Providers (in-school or in the community)

The gap analysis (i.e., the combined survey and qualitative research) generated a set of five core themes which were, in turn, foundational in the development of suggested strategies. The research results / key themes are listed below:

### **Core Theme 1: Awareness of, and access to, currently available resources; including the sharing of existing information and best practices**

- Awareness of currently available mental health-related resources within the PCPS system varies tremendously. Some school-based staff have comprehensive knowledge, while others have only a basic understanding. There is little identified correlation with geographic location, seniority, or other factors.
- For school staff members aware of currently available resources – including community-based solutions – to support student mental health, many struggle with knowing how to efficiently access those services and when it is appropriate to engage them. Many need additional onsite guidance to help implement District guidance and training.
- Access to social workers, mental health facilitators, and other school-based mental health providers is limited; there are also barriers to accessing community-based providers.

### **Core Theme 2: Student screening**

- Schools and educators miss some opportunities to capitalize on students' strengths, in addition to addressing emotional, developmental, or mental health deficits, because of inadequate early childhood screening capacity.
- Some PCPS parents are not fully aware of signs of mental health issues, effective ways to address them, the range of community resources, and/or ways to access them.

- For older students in middle school or high school, screening needs differ, tending to focus more on the higher-risk categories (e.g., students with histories of behavioral or mental health issues).

### **Core theme 3: Capacity and staffing**

- Capacity – lack of counselors, mental health facilitators, social workers, community-based mental health providers, and others – was the single most commonly identified deficit in the PCPS system of care.
- Though aggregate capacity is a true and significant need, current capacity may be enhanced through greater use of telehealth options (in select cases), greater awareness of available resources among PCPS staff (and other referral sources), and reduced barriers to care (i.e., better access to care).
- Capacity building involves practical challenges due to low reimbursement rates, bureaucracy, and other factors.

### **Core theme 4: Integrated care**

- Integrated care – medical/physical and mental – and continuity of care among levels of providers are critical components of the structural model needed to optimize mental health care for PCPS students.
- There is a high correlation among mental health issues, physical health, and positive life experiences.
- Bureaucracy and the current Medicaid reimbursement models limit access to integrated care.

### **Core theme 5: Societal impact**

- The role of the public school system – and all of those employed there – has morphed.
- Parents, families, guardians, and adults living with students (“home”) are a critical factor in addressing student mental health – school-based or otherwise. In some cases, home engagement suffers due to a lack of knowledge about mental health issues and impact, awareness of resources, inefficient communications between the schools and the home, (in a few cases) inability or unwillingness to address student mental health issues, available time to focus on a child’s health, or others.
- The COVID-19 pandemic impacted all Americans – in some ways, students more than others.

**Together, these five research themes and the insight of community members worked to construct the suggested strategies reflected below.**

## Summary of Suggested Strategies

PCPS suggested strategies are best characterized as activities that capitalize on strengths in order to address higher priority issues identified in the research. The following subsection of the executive summary highlights seven suggested core strategies and provides some more granular insight. The body of the report contains a more illustrative section with additional quotes (and paraphrased comments) that further describe suggested strategies.

As noted, the suggested strategies are designed to pivot off the expansive set of PCPS system strengths. Not the following:

### Examples of PCPS System Assets and Capabilities include the following:

- Extremely capable and well-trained school-based staff
- A strong selection of academies, STEM programs, career-focused programs, and support
- Highly regarded PCPS district leadership
- The Multi-Tiered System of Support framework
- The expansive School Mental Health Team system
- Threat Assessment Training
- The FOCUS student information system
- An extensive roster of programs available to support student health or respond to acute situations

## Types of Strategies

Gap analysis suggested strategies fall into two (somewhat overlapping) categories.

### Structural Strategies

Structural strategies encapsulate the District’s mission, values, and goals – helping to keep all stakeholders (e.g., teachers, other PCPS staff, parents, community-based providers, and others) knowledgeable about goals and efficiently working to achieve them. Essentially, a structural strategy is about defining the core purpose of the organization and setting a framework for making strategic decisions that align with this purpose.

Structural strategies provide higher-level guidance – emphasizing the importance of organizational roles, reporting structures, and resource allocation. Without proper, consensus-supported roles and reporting, operational strategies will be ineffective.

### Operational strategies

Operational strategies are ones that tend to impact specific gaps or service needs more directly within the school system. They also tend to be supported by “action items” or “tasks” supporting each strategy.

## Core Strategies for Consideration by PCPS and Project Partners

The following mental health strategies are developed to be specific enough to provide clear direction regarding unique mental health system gaps that need to be addressed – without being too granular and, therefore, reducing the ability to respond to new or emerging issues.

### ***Key Strategy 1: Teacher Support and Program Sustainability (structural strategy)***

Create a sustainable project team and provide staff with needed resources and support – establishing a foundation for all other strategies and actions.

### ***Key Strategy 2: Integrated Care (structural strategy)***

Construct and, where existent, further embed, an integrated care / continuity of care collaborative model linking PCPS and community-based providers.

### ***Key Strategy 3: Communications and Operational Silos (operational strategy)***

Deconstruct existing silos between PCPS SMHT members (and other school-based staff) and community-based providers.

### ***Key Strategy 4: Awareness and Use of Existing Resources (operational strategy)***

Increase awareness of existing mental health-related resources, appropriate situations in which to use them, and those which are more highly recommended processes to deploy them.

### ***Key Strategy 5: Screening (operational strategy)***

Increase screening and early intervention programs and protocols.

### ***Key Strategy 6: Capacity (operational strategy)***

Expand the provider capacity in the PCPS system and the Polk County provider community.

### ***Key Strategy 7: Student Success and Resilience (operational strategy)***

Institute select, granular strategies to enhance student resilience (e.g., improve/sustain mental and emotional wellness).

As noted above, the body of this report provides a much more expansive description of each strategy and related operational issues.



## Experiential Insight and Potential Next Steps

This subsection includes a brief description of a framework to consider when constructing and/or deploying strategies such as those suggested in this report. It also includes some additional insight that the PCPS and other community members may consider when thinking about when (e.g., sequencing) and how to deploy strategies.

The set of seven suggested strategies was the product of the in-depth research conducted from 2023Q4 into 2024Q3 with Polk County school student parents, PCPS leaders, school-based staff, community-based providers, regional thought leaders, national subject matter experts, and others. Generally, successful strategies require the following **BLOSSM** approach:

### **Budget**

The strategy and subordinate tasks must be funded.

### **Locus of control**

Managers must have the authority to affect change (or build coalitions to do so); the strategy must be within the purview of the manager or lead organization.

### **Ownership**

Each strategy (or action items<sup>2</sup>) must be assigned to an individual or organization (i.e., the “manager”) to manage operational aspects, receive credit when successful, be accountable for timelines and task completion, and ultimately be responsible for performance.

### **Sustainable**

There are occasions where a strategy is considered short-term – designed to address an urgent or quickly remedied situation. However, most require longer-term planning and a pathway to assure sustainability.

### **Specific and timely**

A short list (seven or fewer) of core strategies is usually preferred. Strategies need to be specific, however, if they are too granular, they may be constrictive and inhibit organizations’ ability to respond to new or emerging issues.

### **Measurable**

Strategies need to include performance metrics and consequences (or next steps) for achieved or failed strategies.



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<sup>2</sup> “Action items” are subordinate tasks, programs, or “mini-strategies” required to operationalize the strategy; these are things that often populate an individual’s or organization’s weekly work schedule.

Crescendo accumulated insight for over 20 years (across the US). Based on past experiences and current, in-depth understanding of Polk County, the following experiential notes are offered.

### **Establish an Implementation Lead**

Create and authorize a team, organization, or other entity to drive implementation of strategies – one with the authority to drive accountability and aggregate results. Plans must include a refined set of activities (broken down by timeframe), parties responsible for carrying out tasks, reporting and completion timelines, required resources and avenues to get the required resources, and performance metrics.

### **Support School-based Staff**

Continually connect with the people providing care and those (i.e., teachers) who have the greatest exposure to school-based mental health issues. It is critically important to [in the words of one of the parents], “take care of the teachers who take care of our kids.”

### **Get Some Early Wins**

There are several tasks which can be quickly deployed and provide near-term benefits to students and school-based staff providing mental health care.

### **Keep the List of Strategies Succinct**

One of the biggest challenges in the gap analysis and strategy development phase was to identify the short-list of strategies – ones that either (1) impact the greatest number of students, or (2) impact those students most acute or most highly at-risk.

### **Sequence the Strategies**

Consider structural strategies and some “early win” operational strategies first, as they frame other strategies. Secondly, implement strategies (and supporting action items) that can be readily implemented – ones for which the PCPS District and community partners have the authority/power to deploy (also known as having the “locus of control”). Third, recognize that long-term projects (e.g., “increasing mental health provider capacity”) may be an ongoing effort that takes years to come to fruition. For them, regularly contribute on a sustainable basis.

### **Focus on the Students**

Implementing strategic actions can be time consuming and resource intense. Polk County has an excellent school system and a very strong cadre of community providers, a highly involved and insightful Department of Health and Polk County Community Health Care, and a fantastic set of community partners.

Even with these great assets, strategy implementation can be difficult, sometimes there are competing interests, and occasionally priorities do not align. To achieve stronger mental health outcomes for students, community partners may need to modify their existing processes and protocols.

# Report Map

**The following report has five major sections. The map below orients the reader.**

## Background and Introduction

- Report introduction, page 1

- Mental health overview, page 16

- Research approach, page 24

## Stage 1 Gap Analysis

- High-level map of the PCPS mental health system, page 30

- Qualitative research and survey research results, page 51

## Stage 2 Suggested priorities and strategies

- Activities and suggested strategies to address priority needs and service gaps, page 108

Communications Plan, page 135

Stage 3 Public-facing website description, page 136

# Mental Health Overview

## Youth Mental Health in America

To better understand the vulnerabilities and develop focused strategies to address the issues below, the Behavioral Health Gap Analysis and Supporting Initiatives project brought together core partners within Polk County. The partners worked to map the system of mental health care in the Polk County Public School System (PCPS) and develop strategies to address core issues. The goal was to identify a select number of highly impactful initiatives – the five to seven key strategies that would positively impact the greatest number of Polk County youth and/or those with the greatest, urgent need for care and support.

In recent years, the mental health landscape for youth has garnered increasing attention due to concerning trends and statistics. According to the National Institute of Mental Health (NIMH), approximately one in six US youth aged 6-17 experience a mental health disorder each year. This translates to about 17.1 million youth, making mental health disorders one of the most prevalent health challenges among young people. Across the US, as well as in Polk County, the prevalence of mental health issues among youth appears to be on the rise, with rates of depression, anxiety, and suicidal ideation climbing steadily over the past decade. **Suicide is now the second leading cause of death in the U.S. among individuals aged 10-24**, highlighting the urgent need for comprehensive mental health support and intervention strategies targeted at this vulnerable demographic.

Suicide attempts and completions are particularly elevated among teen girls, youth members of the LGBTQ+ community, and others.<sup>3</sup>



“I’ve been in the [Polk County] School District for over 25 years. Everybody talks about how COVID made student behavior and mental health worse – which it did – but even before that, there was a steady drumbeat of kids increasingly struggling to cope.”

PCPS Middle School Administrator

Despite the growing prevalence of youth mental health issues nationally, significant gaps persist in the accessibility and quality of mental health care services. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that nearly 60% of youth with major depression do not receive any mental health treatment. Barriers to care include limited access to mental health professionals, particularly in under served and rural areas; and mental illness stigma also prevents many from seeking help. Moreover, disparities in access to care based on socioeconomic status and race/ethnicity exacerbate the issue.

<sup>3</sup> National Public Radio, 2023. See <https://www.pbs.org/newshour/health/cdc-data-shows-u-s-teen-girls-in-crisis-with-unprecedented-rise-in-suicidal-behavior>

In Polk County, there has been a noticeable escalation in youth mental health concerns in recent years.



**According to the Polk County Health Department's latest report, approximately one in five adolescents in the county exhibit symptoms of a mental health disorder, marking a significant increase compared to previous years.** Notably, rates of depression, anxiety, and substance abuse disorders among youth have seen an uptick, with a particularly sharp rise observed among high school-aged students.<sup>4</sup> Completed suicide rates among young people ages 10 to 24 in Polk County have also increased.<sup>5</sup>

## History of Mental Health in Florida

Florida has a complex history regarding youth mental health laws and regulations, reflecting a growing recognition of the importance of addressing mental health issues. Historically, Florida's approach to mental health care has evolved from a predominantly institutionalized model to one emphasizing community-based services. This shift was prompted by federal mandates and state initiatives to deinstitutionalize mental health care and promote community integration for those with mental illness, including youth. Over the past 30 or more years, Florida witnessed significant reforms in mental health policy, with an increasing emphasis on early intervention and prevention strategies in the school setting.

In the realm of youth mental health, Florida has enacted several key laws and regulations aimed at improving access to mental health services and support for students.

One significant legislative development was the passage of the "Baker Act" (i.e., the Florida Mental Health Act). The Baker Act provides a legal framework for the involuntary examination and temporary detention of individuals who are a danger to themselves or others due to mental illness. While primarily designed for adults, the Baker Act has also been applied to minors. This raises concerns about its impact on youth mental health and the need for safeguards to protect minors' rights during the evaluation and treatment process.<sup>6</sup>

Similarly, the Florida Marchman Act, officially known as the Hal S. Marchman Alcohol and Other Drug Services Act of 1993, is a law that allows for the involuntary and voluntary assessment, stabilization, and treatment of individuals who are struggling with substance abuse. This act enables families, friends, or healthcare professionals to petition the court to mandate substance abuse treatment for

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<sup>4</sup> FLHEALTH Charts, 2022. See <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.Dataviewer>

<sup>5</sup> Ibid.

<sup>6</sup> The Baker Act: This law allows for the involuntary examination and temporary detention of individuals,

including minors, who are suspected of having a mental illness and are deemed to be a danger to themselves or others. In Polk County, the implementation of the Baker Act involves coordination among law enforcement, mental health professionals, and healthcare facilities to ensure proper evaluation and treatment of individuals in crisis.

individuals deemed unable to make rational decisions regarding their need for care due to their substance use. The goal of the Marchman Act is to ensure individuals receive the necessary intervention to address their addiction and prevent harm to themselves or others, balancing personal rights with public safety.<sup>7</sup>

Recently, Florida enhanced mental health services within schools through various legislative initiatives and policy reforms. The 2018 Marjory Stoneman Douglas High School Public Safety Act was a significant milestone. The bill allocated funding for the expansion of mental health services in schools, including the establishment of school-based mental health programs and additional mental health professionals. These efforts reflect the critical role that schools play in promoting mental health and well-being among students and highlight ongoing work to strengthen the mental health support infrastructure.<sup>8</sup>



In Polk County, efforts to address youth mental health through the implementation of school-based mental health initiatives and training programs (in addition to the laws noted above) continue to positively impact student health. Despite these strides, ongoing collaboration among stakeholders remains crucial to effectively support the mental well-being of PCPS students.

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<sup>7</sup> For more information about the Marchman Act, see the resource located here: [Marchman Act Link](#).

<sup>8</sup> Marjory Stoneman Douglas High School Public Safety Act: This state-level legislation, enacted in response to the tragic school shooting in Parkland, Florida, includes

provisions aimed at improving school safety and mental health services. In Polk County, this act has led to increased funding for mental health resources within schools, such as hiring additional counselors and implementing mental health awareness programs.



## Purpose of the Report

The purpose of the report is ultimately to improve mental health outcomes for youth in Polk County. More specifically, the Mental Health Gap Analysis is part of the broader effort to improve mental health and access to services – principally for youth. The project focuses on school students’ access to, and use of, services within the Polk County Public School (PCPS) district. It provides a set of actionable strategies – structural ones and operational ones.

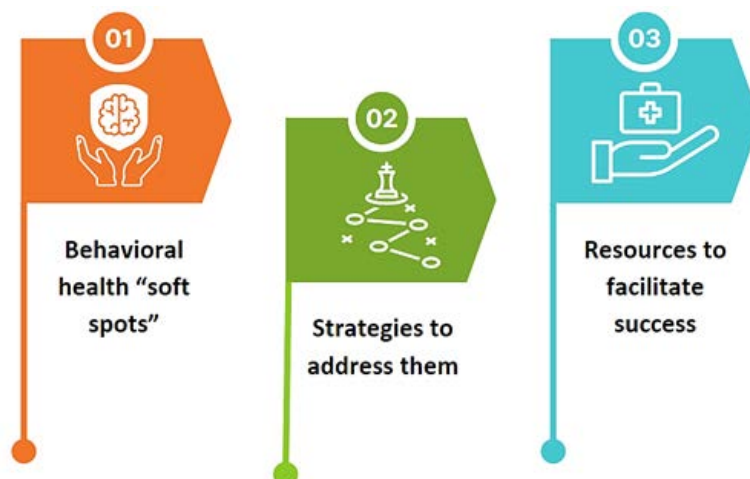
### To do so, the project purpose has three components:

- Map the mental health process of care and understanding the current system to identify priority needs and high-yield opportunities to improve mental health.
- Identify a set of strategies to address high-yield opportunities (i.e., a set of suggested activities and a general communications plan).
- Create resources to facilitate deployment of activities and strategies (e.g., website linked to the Polk County DoH website, community resource guide and map, dashboard to monitor Key Performance Indicators (KPIs), and repository of information about mental health and access to care, and others).

Aggregately, the project provides a means of charting a pathway forward to improve the well-being of Polk County residents. This resulting document creates a granular analysis of **mental health system “soft spots” in the school system, strategies to address them, and resources to facilitate success.**

Specifically, the expansive mapping and research culminate by highlighting the five prioritized needs (or “core themes”), seven key strategies, and a large number of potential action items to impact the greatest number of Polk County youth and/or those with the greatest, urgent need for care and support. The process itself has been a collaborative effort among several core partners and with the additional insight and support of hundreds of Polk County-based organizations and individuals.

### EXHIBIT 2: PROJECT COMPONENTS



# Equitably Engaging a Breadth of Diverse Community Partners and Insights

The gap analysis and the set of suggested strategies work to reduce disparities and learn from experts embedded with, or intimately knowledgeable about, diverse challenges in the community. The project leadership took a proactive approach to collaborating with diverse communities by creating subcommittees that engaged a breadth of higher-risk groups. Project outreach – with subcommittee support – engaged a broad set of Polk County perspectives. **Subcommittees and targeted community group members included the following:**

**Youth Subcommittee: The Youth Subcommittee helped engage the following youth populations**

- Children in the foster care system
- Other children in the child welfare system

**Representatives of Higher-risk Communities: The participants helped engage the following populations**

- African American, Hispanic, or other racial or ethnic minority groups
- LGBTQ+
- Youth with disabilities
- The community of those experiencing homelessness or housing instability
- New Americans/immigrants/children of migrant workers
- Youth involved with the Juvenile Justice System

**Subcommittees and other community representatives completed tasks such as the following:**

- Reviewing research instruments.
- Participating in stakeholder interviews; facilitated additional interviews and other research with higher-risk community members.
- Participating in strategy development discussions.
- Providing guidance regarding the most effective ways to engage unique community members (e.g., via interviews, surveys, or other methods).



Informing and guiding the communications plan and other activities are designed to engage various community group members.

## Strengths and Valued Assets Within the PCPS District from the Qualitative Research

The Polk County Public School system is a very large, highly diverse, and highly impactful leader in the Polk County community. This gap analysis includes many observations that reflect suggestions to enhance mental health care, yet they do not overshadow the expansive array of strengths, capabilities, and assets that the PCPS contributes to Polk County students and their families.

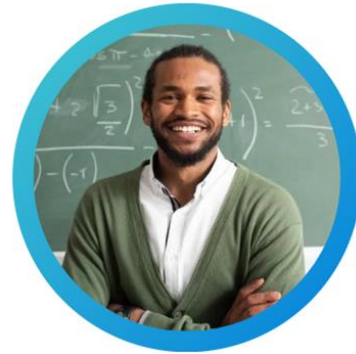
Project research identified a number of high-value benefits or assets. The PCPS system provides a dynamic and robust school system that stands out for its commitment to academic excellence, innovative programs, and community engagement. With a diverse array of educational opportunities, the PCPS district is home to innovative STEM initiatives, career-focused academies, and comprehensive support services that cater to the varied needs of its students.

- Extremely capable and well-training school-based staff – teachers, administrators, counselors, school nurses, and others
- A strong selection of academies, STEM programs, career-focused programs, and support

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<sup>9</sup> The MTSS approach is highly regarded, yet some suggest that some of the program nuances could be realigned to better achieve the goals.

<sup>10</sup> Comprised of school psychologists, social workers, mental health facilitators, and (at the school level)



Additionally, the district's strong partnerships with local businesses and higher education institutions provide invaluable resources and real-world experiences that enrich the curriculum. Parents and other community members say these high-value assets collectively foster a nurturing and forward-thinking educational environment, preparing students for success in an increasingly complex world while simultaneously working to support students who struggle or have special needs.

**Some of the specific characteristics, programs, or operational components noted are identified below.**

- Highly regarded PCPS district leadership such as Mr. Heid, Mr. Green, Ms. Santos, Ms. Scott, and others
- The Multi-Tiered System of Support (MTSS) framework<sup>9</sup>
- The expansive School Mental Health Team (SMHT) system<sup>10</sup>
- Threat Assessment Training

counselors. The SMHTs are itinerant – serving a group of schools assigned to each team. There are approximately eight SMHTs.

- The FOCUS student information system
- An extensive roster of programs available to support student health or respond to acute situations
- Behavior Academic Clusters (BAC)<sup>11</sup>
- Behavior Intervention Plan (BIP)<sup>12</sup>
- BEST<sup>13</sup>
- Crisis Intervention Teams (CIT)<sup>14</sup>
- PACE Center for Girls<sup>15</sup>
- Secondary Alternative Education Programs<sup>16</sup>
- Student Support Team (SST)<sup>17</sup>
- A “community school” (i.e., Crystal Lake Elementary in Lakeland) that provides a holistic learning and support environment that addresses social and basic living needs, as well as academic and health-related needs
- A broad array of athletics, arts, social development, and community outreach opportunities for students
- At the district level, measurable improvement as reflected in standardized test scores and school ratings
- Many others

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<sup>11</sup> Behavior Academic Clusters (BAC) are classrooms for special education students who have severe behavior challenges that have not been able to be met in other instructional settings. Students are placed in BAC by an IEP team based on data reviewed by the team. This is considered a more restrictive placement. There are up to 8 students in the classroom, one teacher and 2 paraeducators in addition to a Qualified Mental Health provider and a Board Certified Behavior Analyst (BCBA).

<sup>12</sup> The Behavior Intervention Plan (BIP) is typically put into place for a student after a Functional Behavior Assessment (FBA) is completed. This is for students with significant behavior concerns who have not responded to Tier 1, Tier 2 or Tier 3 interventions. An FBA is an assessment that is required for students with disabilities in certain situations.

<sup>13</sup> The BEST program is an Alternative Education Program for students K-5. The Alternative Education Program is a form of discipline involving assignment and transfer to an Alternative Education Program designed to meet the needs of students who violate the Code of Student Conduct. Students in grades K-5 may only be assigned to an alternative education program for an expellable offense as outlined in the Code of Student Conduct.

<sup>14</sup> Crisis Intervention Teams (CIT). Like SMHTs, CITs are comprised of mental health facilitators, school psychologists, and school social workers. School counselors are also asked to support both teams if there is a concern at their school. CITs and SMHTs have different purposes.

The CIT only responds in the event of a death or serious injury/illness impacting a student or staff member at the school. The SMHT address any emotional or mental health concern for students at the school – a crisis is not required.

<sup>15</sup> PACE Center for Girls is a non-profit organization with locations throughout Florida that offers academic classes, counseling, and social services to middle and high school girls. Learn more about the program here: <https://www.pacecenter.org/>

<sup>16</sup> Don Woods Opportunity Center and Bill Duncan Opportunity Center are both Secondary Alternative Education Programs (grades six through twelve). The Secondary Alternative Education Programs are a form of discipline designed to meet the needs of students who violate the Code of Student Conduct. Students assigned to Alternative Education Programs will be denied participation in any activities sponsored by any school or by the District.

<sup>17</sup> All schools should have a Student Support Team (SST). This is the team that meets to problem solve students who are not responding to Tier 1 and Tier 2 interventions through the MTSS process. A parent or a teacher can refer a student to SST. If a parent requests evaluation, that referral is addressed through SST. The team members vary based on the student concern. Core members include teachers, parents, school counselors, coaches, and school psychologists.

Enriched with these resources, PCPS is perceived by research participants as working to create a holistic and nurturing environment for students. Such a multifaceted approach enhances not only academic excellence but also the physical, emotional, and social well-being of the students, fostering a well-rounded education. This diversity of opportunities prepares students for future challenges, encourages personal growth, and cultivates a strong sense of community and belonging.

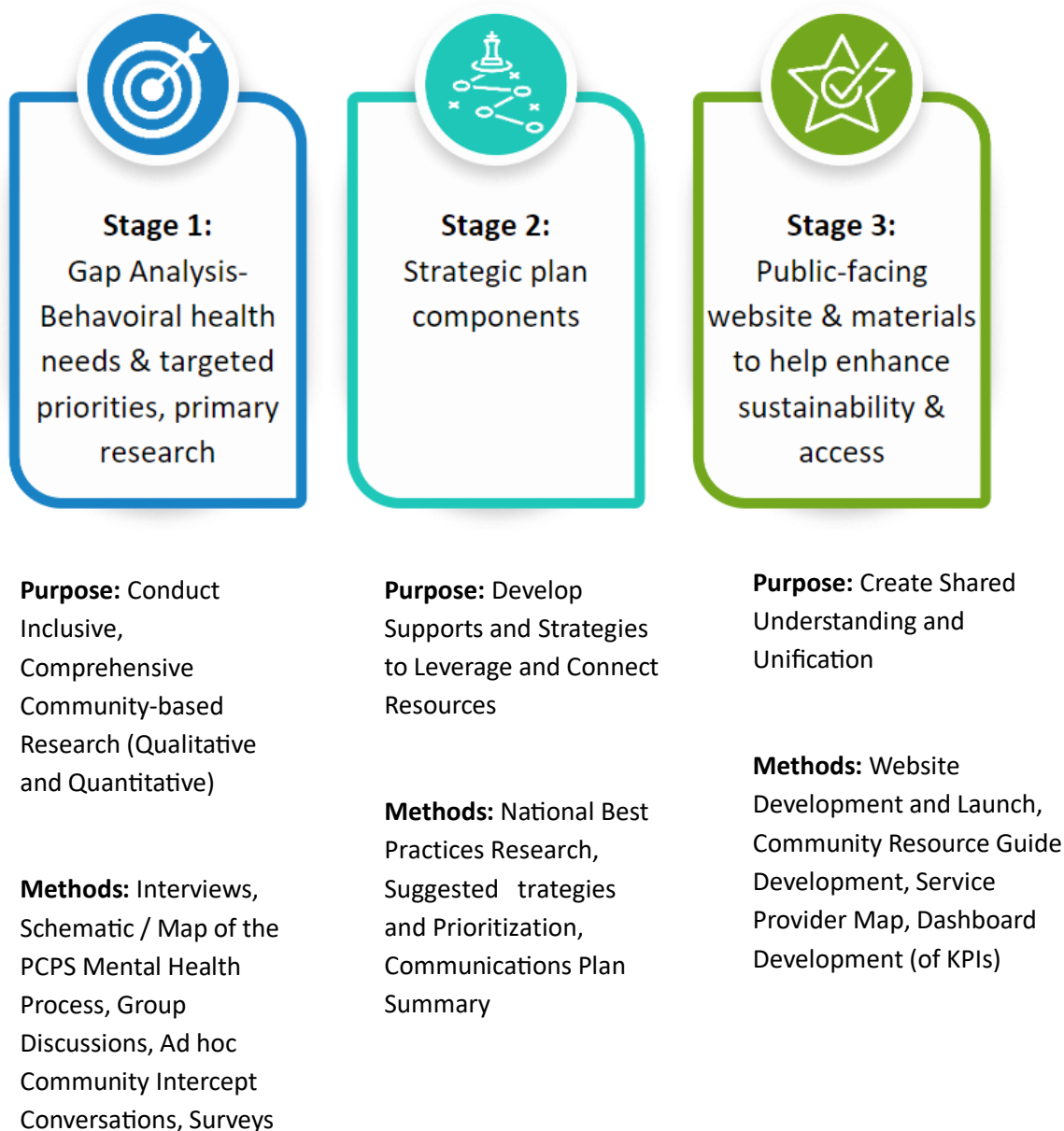
Notwithstanding the strengths and assets, the gap analysis engaged a breadth of PCPS partners, school-based staff, community-based providers, national experts, and others to identify structural and operational gaps impacting PCPS students' mental health.



# Research Approach and Methodology

Between October 2023 and August 2024, Crescendo Consulting Group worked in collaboration with Polk County Community Health Care, the PCPS system, Polk Vision, and other partners to implement a mixed methodology approach consisting of a combination of quantitative (survey) and qualitative research methods to evaluate the perspectives and opinions of parents, school-based staff (e.g., teachers, principals, counselors, and others), community-based mental health providers, representatives from higher-risk community groups, and others.

## EXHIBIT 3: MAJOR SECTIONS OF THE METHODOLOGY





### Stage 1: PCPS Mental Health Gap Analysis

Primary Research provides critical insight into Polk County Public Schools mental health-related issues, current strengths and resources, perceived value of existing programs, gaps or “soft spots” in the mental health processes that need additional attention and focus, and other matters. Qualitative Research (a type of primary research) includes interviews or group discussions with over **400** Polk County school-based staff, parents and family members of PCPS students, counselors, direct care providers, and others (including higher-risk

community members). Primary research also utilized Quantitative Research – surveys of parents, school-based staff, and others. The surveys were conducted via SurveyMonkey to evaluate and address perceptions about mental health resources and access to care – strengths, resources, challenges. The surveys included high-level themes that emerged from secondary research analysis, qualitative research, and other research activities. In total, over 3,000 people participated in the surveys. Stage 1 includes mapping of the PCPS mental health process and gap analysis reporting.

### Stage 2: Strategy Development

This stage provides a set of potential strategies and insights to leverage and connect resources, improve access to care, and better manage current and future mental health care capacity.

In addition, it includes sets of potential action items for community leaders to consider as they implement initiatives to address the seven core strategies. Finally, Stage 2 includes the Communications Plan, implementation strategies, and other guidance.

### Stage 3: Processes to Enhance Sustainability and Access

The purpose of this stage was to construct a sustainable set of tools that will facilitate school-focused mental health activities. Specific activities included website development and launch (resource guide, map of service sites in Polk County, dashboard of key performance indicators (KPIs)<sup>18</sup>, other items).



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<sup>18</sup> Note: KPIs were partially informed by subject matter experts.

## How to Read This Report

The following report contains quantitative and qualitative summary findings of mental health-related research in Polk County. Stage 1 of the report contains key primary data findings, summary-level findings from the stakeholder interviews and focus groups, analysis of community survey data, and other materials. Additional secondary data, research materials, and other information is in the appendix.

## Data Limitations

### Participation and Data Integrity

It is important to acknowledge that due to the methodology used in community-based participatory research there may be some level of research bias. The research conducted was done voluntarily and participants had to opt-in to participate in stakeholder interviews, focus groups, and the surveys. There is likely some participant bias where participants might respond to the questions based on what they think is the right answer or what is socially acceptable rather than what they really feel.

In general, qualitative research responses and survey results (for open-ended questions) reflect the most current perceptions available at the time. Each individual's opinions and insight regarding the mental health capabilities and related issues in Polk County are formed by personal experiences, research, media (traditional and social), and other factors. Therefore, qualitative research is generally analyzed differently than objective data and statistics. Qualitative research analysis involved engaging adequate numbers of people representing diverse perspectives; then triangulating the results whenever possible.

Built on the quantitative and qualitative findings, suggested strategies are supported by research as well as insight from national subject matter experts and evidence-based best practices and peer-reviewed literature. It is important to note that some strategies and recommendations may be difficult to implement in Polk County due to barriers such as regulatory, funding, or other issues.

“Triangulation” involves collecting data, finding themes, categorizing or organizing them, and then comparing the data from different data sources and different data collection methods.

Additionally, many in-person interviews were conducted by telephone and virtual formats. Although some interviews were conducted face-to-face, the decision to conduct most interviews via telephone or virtually may have impacted some of the traditional in-person dynamics.

Survey response rates were very good. However, a portion of targeted respondents chose not to participate in the survey. Non-response bias in survey results is largely addressed by increasing sample sizes where possible and triangulating results with qualitative work, yet the potential of a limited amount of non-response bias exists.

**Terms:** “Behavioral health” and “Mental health”

According to the American Medical Association, the term “behavioral health” refers to “... mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.”

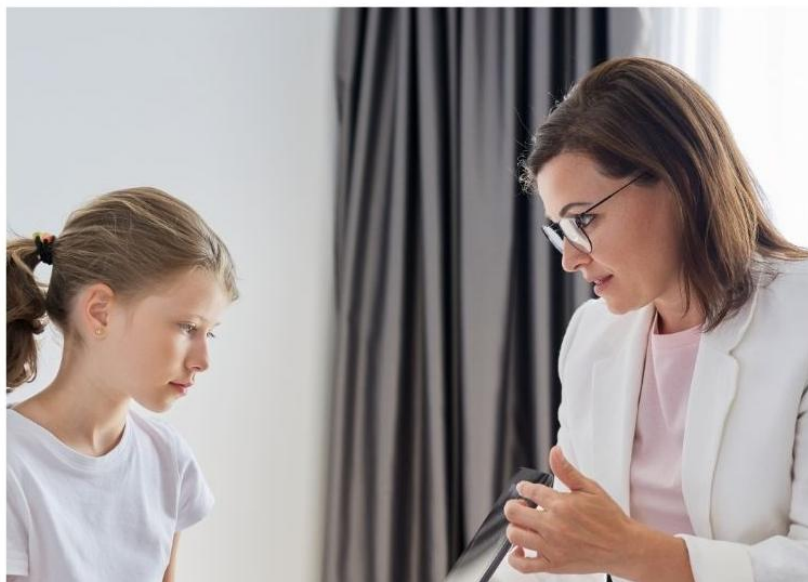
In the PCPS environment, the term is less used in that way. Instead, the terminology refers to “behavioral issues” (e.g., student defiance, inappropriate actions or speech, or other unacceptable behavior). “Mental health” refers to actions or speech suggesting depression, anxiety, emotional pain, or other type of social, emotional, or psychological issue. In the gap analysis, even though the project title includes the term “behavioral health,” the focus is on “mental health” as considered in the PCPS system setting.



“These kids mean the world to us. It’s heartbreaking to see what so many of them are going through. Some of it is related to COVID, some to stressors outside the classroom, some in school. My job as an educator has changed over the past 20 years I’ve been doing this in Polk County. There are more kids of ALL backgrounds that struggle with mental health issues. I do the best I can to help them, and sometimes the best thing I can do is connect them with others who specialize in mental health care – I’m an educator, but first, I’m one of a hundred people in this school who cares about these kids. The District does a great job, and there’s more we can do. We have to do something more.”

PCPS Administrator & Former Classroom Teacher





# Stage 1: Gap Analysis – Behavioral Health Needs and Targeted Priorities, Primary Research

## Mapping the Mental Health Process and Understanding the Current System

**The high-level process by which the majority of students receive mental health support may not initially appear uniquely complex:**

1. The student is identified in the classroom or elsewhere in school as needing help.
2. The student either is sent to the administrator's office or to the school counselor in order to initially evaluate the situation.
3. Then if it is determined that mental health support would be helpful, the student is channeled into school-based or community-based avenues for care.

The system gets notably complex in practice. The PCPS system has put into place some initiatives that have benefitted many students (and staff members) needing mental health support. However, there remain instances – some structural, some operational – in which change, where implemented, would further enhance student care. Potential changes may have secondary benefits such as improved teacher (and other school-based staff) job satisfaction, reduced turnover, and enhanced recruitment and retention strategies.

Conversely, insufficient actions to resolve the complexity of the mental health system and increase coordination or integration of care may result in diminished access to care, unaddressed student mental health resulting in lingering health and emotional struggles, missed opportunities to positively impact a student's life trajectory, reduced staff job satisfaction (and elevated stress), and other maladies. Additionally, the lack of fully integrated medical and mental health resources creates a structural framework limiting any broad-based efforts to provide effective, holistic care.

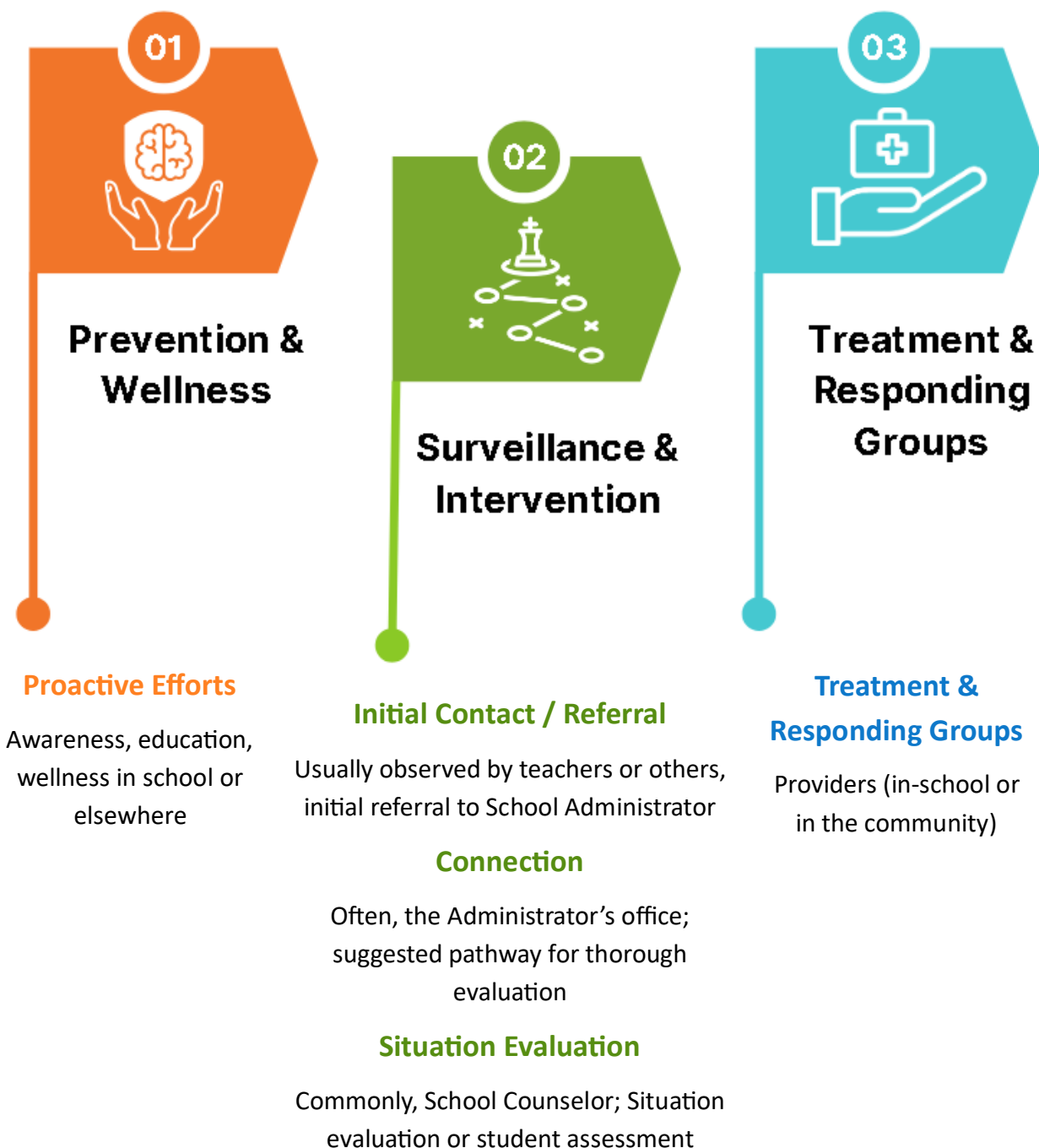
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<sup>19</sup> The project contract refers to "behavioral health," and for reasons described in the "Data Limitations exhibit, this report uses the term "mental health" in most instances.

## High-level Map of the PCPS Mental Health System

The mental health system of care includes multiple components with various entry and exit points. While there is not necessarily a single “correct” system of mental health care, the diagrams below provide a high-level view of a typical mental health system for youth within the Polk County Public School (PCPS) system. The PCPS mental health system can be thought of and mapped as a sequential process. **The system includes three primary phases:**

### EXHIBIT 4: PCPS MENTAL HEALTH SYSTEM PHASES



Please note that parents/guardians are a critical component of each stage above. Though not explicitly displayed in the graphic, parental communications are vitally important at each stage and are referenced in the following pages.

The following few pages summarize each of the three phases, the background and description, practical activities around the way that PCPS teachers and administrators address the issue, the implication of the practical activities, and illustrative comments.

### Note

The detailed steps and activities within the major phases represent the conventional processes, however, students' needs and situations, school staff members' approaches, and other factors vary greatly.

The PCPS District established a mental health support framework that is flexible and works to address conventional needs, as well as situations that require unique approaches or expertise.



## Phase I: Prevention and Wellness


Prevention and wellness include all activities that may help students maintain healthy, resilient outlooks and behaviors while minimizing the onset or manifestation of mental health challenges – including awareness of existing services, insight and education regarding access to resources, healthful activities that strengthen students (mentally, emotionally, and/or physically), as well as initiatives that position students for success as they transition between grades.

### Protective Factors

Awareness

Education

Wellness in School  
or Elsewhere



“In Polk County [among school teachers and administrators], awareness of mental health is modest. Most have received Mental Health First Aid training and are familiar with District-provided foundational training and education. However, we are first educators. We love our kids [students], too, but as much as we’d like to be, we aren’t mental health providers.”

## Background

Proactive mental health prevention and awareness programs – including those helping transition students from one grade level to another – significantly reduce the incidence of mental health challenges among youth.<sup>20</sup>

- Currently, there is minimal early childhood (i.e., pre-screening in Polk County. Research participants say that the Early Learning Coalition, Healthy Start, and Head Start are underutilized venues at which more screening could/should be conducted but may be hampered by incomplete awareness of services or access issues.
- Supporting the need for more proactive efforts, some school principals say that the severity of academic, developmental, and emotional/mental health needs among kindergarteners is worsening.

The District has several programs to help provide staff with awareness and education around school-based mental health issues (see right). Additionally, they offer programs to help students and parents transition between grades.

## Practical Activities and School-based Observations

PCPS system administrators, counselors, teachers, and others say that resources noted above are helpful, but proactive efforts to improve mental health and the transition process for students entering their schools do not fully (1) prepare students to take advantage of all school-based opportunities, (2) identify the vast majority of potential mental health challenges, or, (3) inform teachers and administrators about students' strengths, challenges, learning abilities, behavioral issues, or other characteristics.

### District-Led (or Involved) Training And Education For Staff Include:

- Florida Harm and Threat Prevention Management/Threat Assessment training
- Youth Mental Health First Aid
- The IGNITE program (mentoring)
- School Mental Health Team approach
- Crisis Prevention Intervention
- Crisis intervention training – administrators, District Mental Health staff, and School counselors
- Regionals conduct bi-monthly training: Principals can request certain topics to the Regionals

<sup>20</sup> Brunwasser, S. M., Gillham, J. E., & Kim, E. S. (2009). A meta-analytic review of the Penn Resiliency Program's effect on depressive symptoms. *Journal of Consulting and Clinical Psychology*, 77(6), 1042–1054. <https://doi.org/10.1037/a0017671>

Barriers to more effective transitions and wellness include (1) inadequate funding for additional Head Start or other preschool programs, (2) inconsistent parent engagement, (3) staffing challenges, as some staff members actively use the student information system (FOCUS) to enter and retrieve helpful information while others do not, (4) lack of available time within the school setting, as teachers and others may not have additional time to plan and execute additional mental health and wellness initiatives.

Given other highly important demands (e.g., academic excellence, meeting State or Federal curricula requirements, etc.), there are competing interests for available time. In the words of a Winter Haven area high school administrator, *“There isn’t enough time in the day to complete our requirements and spend more time addressing these important mental health issues.”*

In order to address issues, school administrators and others have become highly innovative. They say that District training is helpful, their own education and experiences are critically important, and when confronted with real-life, daily school issues, they must find creative ways to manage student wellness/prevention and mental health issues. **Some examples of PCPS initiatives include:**

- An elementary school principal visits each classroom four or five times each day to build relationships with students, proactively address behavior or other health issues (and to celebrate successes) and show teacher support. As a result, the principal reports having almost zero behavioral/discipline issues.
- When students are referred to his office for disciplinary or mental health issues, a high school principal in southern Polk County works to de-escalate student tension by asking the student to sit near him while he [i.e., the principal] works on other paperwork or activities. The student is told to relax, cool down, and when ready, notify

### Important Difference

School-based staff in small Polk County towns at middle and high schools (and to a lesser extent, elementary schools) say that they may not have formal insight regarding students’ unique needs and capabilities, but they usually are aware of them. The small town environment often means that teachers or administrators are aware of individual student and/or familial issues of their students.

the principal that he or she is ready to talk about the event that led to the referral. The principal reports that issues – mental health or otherwise – are managed more effectively and student relationships are better established.

- A middle school administrator in central Polk County has each student submit the names of at least two trusted adults in the school. The “support network” initiative has allowed the principal to enhance student wellness and quickly engage students’ support if/when there is a need to do so. The results are reported to have led to more rapid de-escalation of mental health (and other) issues.

## Implications

Proactive efforts to build mental health awareness and educate students, parents, and the community regarding key issues<sup>21</sup> reduce the occurrence of mental health problems among school children and young adults – reducing long-term capacity demands (i.e., the need for more counselors and other providers). Effective initiatives that build awareness and support early intervention may dramatically change the life trajectory of young students.

Currently, the PCPS District has resources that work to help provide staff with training and

## Opportunities

**Some specific opportunities to enhance proactive efforts to address mental health in the PCPS schools include but are not limited to, the following:**

- Expand pre-school offerings via Head Start; Early Head Start; conventional, school-based pre-school; or community-based (private) pre-school.
- Integrate strengths-based screening<sup>23</sup> for all children entering kindergarten or within the first few weeks of school.
- Provide enhanced training. Most school-based staff have not received training or other formal education regarding mental health and ways to helpfully engage students who may have mental health needs. Additional suggested training includes Trauma Informed Care, Crisis De-escalation,

education regarding general mental health issues and ways to respond to them.<sup>22</sup> However, school-based staff indicate that training is insufficient given the volume and acuity of students with behaviors suggesting mental health challenges.



“Screening can be so very helpful! It can potentially provide a positive impact on a young student’s life and academic trajectory – capitalizing on strengths and aptitudes and catching things that could hinder that success early.”

Middle School Counselor &  
Former Elementary School

Conflict Resolution, and Motivational Interviewing. Additionally, the Youth Mental Health First Aid course required of many school-based staff are regarded as helpful by staff, but insufficient to respond to current classroom challenges.

- Continually work with parents – increase engagement – to build a shared understanding of student strengths, insights, and challenges. See [Kaleidoscope Connect](#) and the included Database of National Best Practices Research.

<sup>21</sup> For example, healthy lifestyles, wellness, mental health challenges, and related issues.

<sup>22</sup> PCPS also offers activities and programs to help students transition between grades.

<sup>23</sup> This includes, but is not limited to, academic screening, communications skills, leadership skills, social / emotional development (identifying mental health concerns, if needed), and speech and language skills.



Proactive initiatives, awareness, and similar activities will also better support administrators and others with initial referrals and the continuing process of providing mental health services and support in the school system.

Additional details are included in the Stage 2: Suggested Strategies section of the report.

### Illustrative Comments About Proactive Efforts

Throughout the qualitative research, participants shared a wealth of insight. Quotations or paraphrased comments from those conversations help illuminate perspectives, opinions, observations, and strategies relative to the wellness, awareness, and proactive efforts described in this section.

“It’s complicated, but it isn’t. What I mean is that – of course – if we know more about students before they step through the front door in August, we can better meet their needs or otherwise help position them to succeed. Not complicated. Figuring out how to do it, how to afford it, how to do it while meeting a million other academic and regulatory requirements, how to do it while not burning out staff – that is the complicated part.”

Lakeland Area High School Principal (with 10+ years of experience with middle school administration & over 20 years total experience in Polk County)

“As an elementary school principal and former teacher, we know little to nothing about these little angels when they show up for the first day of kindergarten. Unless they have been to preschool, it takes a while for us to learn about their developmental skills, social skills, other strengths and abilities, and of course those who struggle for whatever reason. I wish that either more kids participated in preschool, or we had a better screening system to look for those strengths and the challenges that kids have. It would help us to better connect with them and help them succeed.”

Elementary School Administrator, Lakeland

“Connecting with LSE [low socio economic] families – particularly in higher-risk communities [e.g., racial or ethnic communities] is critically important as a prevention, early intervention, holistic support, and care mechanism. Broad-sweeping District programs will miss them; they’ll require a different type of approach.”

County-level Specialist Representing  
Higher-risk Community Groups

“I heard that to prepare elementary school kids for middle school, Walter Caldwell Elementary used to provide special sessions (pre-COVID) one for boys ‘The Agents of Leadership,’ one for girls ‘Beautiful’ but no longer. That’s too bad; I heard great things about those programs.”

Middle School Administrator & Former Teacher,  
Winter Haven

“I know that the District is trying to expand preschool and Head Start programs. That’s good because – yes, it helps us know the kids better and helps the kids get off to a good start; but it also gives us a window to connect with parents. Parents can really be the key to better connecting with kids to make them successful, as well as being able to work with them to address behavioral or mental health issues, if they come up.”

Counselor & Former Elementary School  
Administrator, Southern Polk County

“Student groups such as Drum Beats, any group-format counseling, and increased access to any extracurricular activities – any of these things, all of these things [sic] help students. It’s not just about mental health. Only part of the student is mental health. I want these kids to enjoy life and make a difference in this world. Counseling, Drum Beats (which we don’t have any more), and other things improve the young man or young woman. That’s what I want.”

Teacher (with over 35 years’ experience  
teaching in Polk County & currently in the  
northeast portion of the county)





## Phase II: Surveillance and Intervention

The surveillance and intervention phase within PCPS has three steps, as shown below.<sup>24</sup>

### 1. Initial Contact/Referral

This includes any situation in which a student is acting out or otherwise demonstrating a behavioral or mental health issue. In practice, this involves teachers, administrators, or others aware of a situation and having that initial contact. Typically, after the **initial contact**, which might be in a classroom or elsewhere, the student goes to the administrative office.

### 2. Connection

The principal or other staff member then takes the time to make an initial **connection** by talking with the student and learning the student's perspective and generally understanding the situation. Based on that interaction and relationship, the administrator may either manage the situation him or herself or ask the school counselor to meet with the student.

### 3. Situation Evaluation

After the initial connection, if referred to the school counselor, he or she may (1) handle the situation, when within the scope of their work or (2) refer the student for further evaluation. If needed, a counselor may refer the student for additional care or evaluation (school-based or community-based).

The following information describes the process related to the most common (conventional) occurrence. Insets describe crisis and imminent threat events and the associated mental health support process. In short, crisis issues typically require intervention by the School Mental Health Team and/or the Peace River Center Mobile Response Team (MRT) who will evaluate the need of an involuntary examination using a Columbia<sup>25</sup> Assessment or other tool. The Imminent threat response involves support from the Polk County Sheriff's Office and adherence to SAFE Schools protocols.<sup>26</sup>

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<sup>24</sup> Note that during a crisis situation, protocols are far different and involve immediate responses that protect the student, classmates, school staff members, and the community, as needed.

<sup>25</sup> For more information, see Substance Abuse and Mental Health Services Administration (SAMHSA) resources. Available at <https://www.samhsa.gov/resource/dbhis/columbia-suicide-severity-rating-scale-c-srs>

<sup>26</sup> PCPS has a Critical Incident Response Plan (CIRP) created in conjunction with the Polk County Sheriff's Office, directing schools to take certain actions in the event of an emergency or crime occurring on campus. For more information, see State of Florida Department of Education, FLORIDA SAFE SCHOOLS ASSESSMENT TOOL (FSSAT). Available at <https://www.fldoe.org/safe-schools/fssat-tool.stml>



As noted, this includes initial contact/referral, connection with the counselor or administrator, and situation evaluation.

### Background

As initially described above, Intervention includes three steps that may have some overlap:

- Initial contact (e.g., when a student is observed with a behavior or potential mental health issue).
- Connection (when, as a first action, the student is sent to an administrator, counselor, school nurse, or other).

**NOTE:** The student may be sent to the counselor as an initial step or referred to them from an administrator or other staff member.

- Situation evaluation (when the student is subsequently referred to someone in the school who can better assess the situation for any mental health-related issues).

A care or safety plan is then usually developed for the student who has ongoing needs.

### Practical activities, school-based observations and barriers for conventional occurrence

PCPS protocols indicate that in a classroom setting, when a student is disruptive or otherwise in need of additional support, he or she is sent to the administrator's office or to the counselor as an initial connection. The administrator or counselor will speak with the student and review the situation – noting if it appears to be a behavioral/discipline issue or something more entrenched such as a mental health issue. The administrator then decides if a visit with the school counselor is warranted (or helpful) or what other course of action is needed. If the initial connection is with the counselor, he or she may resolve the situation (if minor) or engage the SMHT members or others to further evaluate the situation and assess student needs, if necessary.

In practice, teachers and others who may make an initial referral put the student's interest as a priority; if a student in need would prefer to speak with a particular counselor, administrator, or other staff

#### Initial Contact/Referral

Usually observed by teachers or others, initial referral to School Administrator

#### Connection

Often, the Administrator's office; suggested pathway for thorough evaluation

#### Situation Evaluation

Commonly, School Counselor; Situation evaluation or student assessment

#### PCPS District Intervention Protocols Include Situations, Such As:

- How to respond to a student in crisis – threat of self-harm or harm to others
- How to respond to a student in the classroom with defiant or disruptive behavior
- How to respond to student aggression
- How to respond to student demonstrating sadness, isolation, or other mental health indicators

member, the teacher will typically oblige the request. In crisis situations, the teacher notifies all administrators, counselors, and others; any who are available immediately (or, as soon as possible) respond.

Given the variety of unique situations, varying counselor (and other school staff) abilities to support student mental health needs, and student situations, a flexible protocol that ensures student safety and rapid response tends to be the most effective in PCPS. Generally, the research indicates that administrators, parents, counselors, and other school-based staff are fairly confident in the school's ability to quickly connect with students when there is a behavioral or possible mental health issue. Barriers and challenges exist, though.

Barriers to more efficient intervention tend to be “operational” – that is, related to processes, capacities, and communications structures within the school and/or PCPS district framework. Whereas some of the barriers to efficient access to treatment and recovery services (i.e., the subsequent phase of the PCPS mental health process model), include “structural issues.”



**The research section of this report includes additional details, yet some of the intervention barriers include the following:**

#### **Awareness and Training**

Inconsistent ability of teachers and other school staff to recognize possible behavioral and mental health issues; some are excellent, others would benefit from additional training.

#### **Processes and Protocols**

Even though PCPS provides training, some teachers and other school-based staff are unsure when to initiate an initial referral, to whom to connect the student (e.g., administrator, counselor, others), and how to de-escalate immediate situations. Again, most are excellent; others need some additional insight. Note, though, that processes and protocols are said to be less helpful where there is chronic defiance or other longer-term student issues.

#### **Capacity**

Although capacity – the number and availability of staff members needed to address in-school behavioral or mental health issues – is a “structural” issue, it has operational impact. As the research section suggests, even if teachers (or others) have the needed insight and training and are fully knowledgeable of processes and protocols, there are occasions when in-school staff are not available to meet the students’ needs. In those situations, teachers (or others) will typically work with administrators to deploy a safety plan for the student – often engaging the School Mental Health Team or other District-level supports. Though helpful, care for the student is sometimes delayed.

#### **Implication**

The PCPS system is home to a wealth of insightful and talented professionals, including teachers, counselors, administrators, school-based staff, district-level personnel, and more. Several protocols to support intervention are in place, yet there is an opportunity to strengthen efficiency and effectiveness.

**Some specific opportunities to enhance intervention in the PCPS schools include, but are not limited to, the following:**

- Provide additional mental health-related training to school staff (Trauma Informed Care, de-escalation, motivational interviewing, and others). Of course, the challenge is often time and resources, and follow-through for the training.
- Strengthen integrated care relationships with community providers to increase capacity.
- Expand healthy, proactive activities such as mentoring, peer counseling, group counseling sessions, parent engagement activities, and others that increase healthy communication among students, staff, parents, and other community groups.



“Training is helpful and needed. But what I really want to see is ongoing support from the district or others to help me implement these things we learn about in these trainings!”

Teacher at a Higher-risk School



The research section of this report provides additional details; **Phase 2: Suggested Strategies** includes additional actions and ways to address the issue. After some illustrative comments and paraphrases remarks on the next page, additional details continue in the next section.

### Illustrative Comments About Intervention

As noted above, participants in the qualitative research shared a wealth of insight. Some of the quotations or paraphrased comments from those conversations are shown below. The comments suggest some of the highly valued assets, as well as some of the challenges to providing helpful care for students who may have mental health issues.

“We have a really big school. A lot of students need support of one type or another. There is so much going on every day that being aware of school-based, District [SMHT], community-based, tele [i.e., telehealth/Hazel Health], and every other kind of support can be overwhelming. Some teachers – and even me, sometimes – are just not sure where to turn in every situation.”

High school Administrator, Winter Haven

“Teachers, administrators, and counselors are all stretched SO THIN that it is difficult to manage each situation – especially when (1) there is inadequate guidance about ways to handle situation, (2) many kids who get services STILL have terrible behavior, (3) parents are sometimes not involved, (4) there just are not enough mental health resources, and (5) the response when a student is referred for SMHT care or other services is sometime delayed.”

K-8 Administrator, Northeast Polk County

“I’m lucky to have an excellent principal! She’s amazing. She responds to me almost immediately when or how I’m not sure how to address ANY type of classroom situation. Two weeks ago, one of my students got an amazing honor [a national award]. I wanted to recognize the student in a way not to embarrass her. I connected with the parents, of course, but my principal had some great ideas. She is just as helpful when I’m pulling my hair out in class, too!”

High School Teacher, Lakeland

“Here’s how it works in my high school: For potential crisis issues – a threat to self or others – anyone who observes the event (teacher, administrator, dean, anyone) sends an email to the entire team which includes all counselors, administrators, and others. The first person available goes to the student and brings him or her to the first available counselor. If no counselor is available at the moment, we have a secure, quiet room where the student can rest safely until a counselor is available. Of course, if there is an imminent threat, Public Safety is immediately notified, and we have additional protocols. In all other cases, parents are notified and, if needed, the District Mental Health Facilitator overseeing our school is brought in. If needed, Public Safety and others are engaged, too. In more common situations where a student has a behavioral problem and is sent to the office, the administrator quickly reviews the situation then usually calls me in. We know the kids well, so when there is an issue, we can often tell if it is a regular behavior issue or something deeper. We also have FOCUS and the “At-Risk Report” to reference – which we always do, if needed. My work with students is mostly around academic guidance and personal support and guidance. If we see that there is or may be a mental health issue, we call in the School Mental Health Team Mental Health Facilitator. They then direct the care for the student.”

High School Counselor, Winter Haven

“I wish we [PCPS system] would develop a guide to resources – a database – that helps access to care. ... We need resources that are sustainable because people come and go!”

Middle School Administrator, Northeast Polk County

“I taught middle school and elementary school for over 20 years. Sometimes – especially as a young teacher – I’d wind up in the principal’s office myself in tears because I was so frustrated by a student’s behavior. I had protocols; we’ve all read them. But, I didn’t have that guidance or mentoring I needed to know when to send a kid to the office, when to just deal with it myself, and how to still teach the other kids while trying to manage a student who was out of control. Eventually, I found out what worked for me. That said, the best protocols don’t always work in reality [an actual classroom situation].”

Middle School Counselor, Southern Polk County

### Phase III: Treatment and Recovery Services

The treatment and recovery phase is the critical link to provide students with needed services. The following section describes strengths, challenges, and observations regarding the current model, as well as constructive comments.

#### EXHIBIT 5: RECOVERY CYCLEC



“

“The school does a good job helping kids [students] with social issues, minor stress issues, and the like – things we’re trained to do. I hear that [community-based providers] do a good job doing what THEY do. The problem is that it’s not a smooth process for schools to benefit from [community-based providers], and I’d bet they’d say they’d have a hard time working with schools. It’s a shame; we all want the same thing for these kids.”

Teacher at a Higher-risk School

## Background

As described above, after the initial intervention, the student is sent to the counselor or administrator during the Situation Evaluation phase where his or her needs are assessed and then a care plan is devised. **There are four treatment or response channels for mental health issues with increasing levels of acuity:**

### Low Acuity

- The counselor or administrator can talk with the student about the current situation, refocus the student, confirm that he or she can return to class, and appears to be stable. Therefore, no further action is required. Note: If issues are behavioral, students are given appropriate support or consequences.

### Unknown or moderate acuity. The counselor or administrator suspects that additional care may be helpful

- For what appear to be short-term cases in which regular but limited counseling would be helpful, the counselor may set up a series of meetings with the student (perhaps, once per week for four or five weeks), to discuss guidance-related issues – not diagnosable mental health needs.
- Based on the counselor's (or administrator's) evaluation, the student may be referred to school-based care providers (e.g., the behavior interventionist or the School Mental Health Team), community-based providers (see inset later in this section), telehealth services (i.e., Hazel Health), or others.

### Potential Crisis<sup>27</sup> Situations

- The PCPS crisis teams have specific protocols and procedures that they follow when responding to a school after a crisis event. These come from the PREPaRE Curriculum created by the National Association of School Psychologists. All crisis team members are PREPaRE trained and use this method of crisis intervention when working with schools. It is a crisis protocol designed specifically by and for use in school crisis situations.
- For crisis protocols regarding an individual student, if the student is threatening to hurt themselves, they are referred immediately to a mental health professional for a risk assessment. Schools can also contact Peace River Center for assistance with students who are deemed moderate or higher risk, if needed. If the student is threatening to hurt others, the student is referred immediately to the School Threat Management Team for a threat assessment using the Florida Threat Management Model. If the student is experiencing a behavior crisis, the student should be referred to the school's CPI (Crisis Prevention & Intervention) team. Those team members are trained to de-escalate the situation and safely restrain the student if necessary.

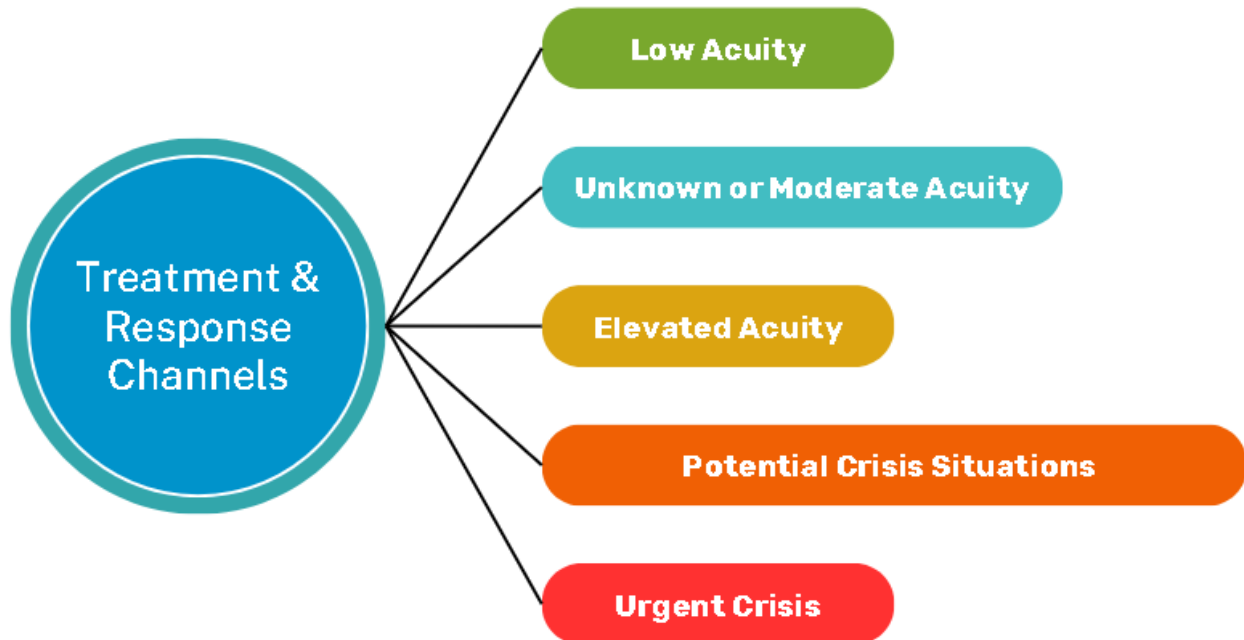
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<sup>27</sup> In the PCPS environment, a "crisis" situation is when there is a risk of harm to one's self or others.



- In situations in which the student may require involuntary admission to a psychiatric care facility (i.e., Baker Act) or similar intervention, the counselor may also request the services of the Peace River Center Mobile Response Team (MRT). With parental approval, the MRT will immediately come to the school and evaluate the students' level of risk to themselves or others – often administering the Columbia Suicide Severity Rating Screener. Based on the results of the MRT evaluation, a student may or may not be returned to class (or home), referred to school-based or community-based providers for ongoing care, or referred for a Baker Act examination.

#### EXHIBIT 6: TREATMENT RESPONSE CHANNELS



#### Urgent Crisis

- In an urgent crisis, there is an imminent threat or occurrence of violence. If there is an imminent threat impacting either students or staff at a school, administration should immediately call 911 and then notify their regional assistant superintendent and the Office of Safe Schools regarding the concern. In these situations, 911 is called and the Polk County Sheriff's Office is immediately engaged, and other emergency protocols at the school are enacted.

## Practical Activities and School-based Observations

As above, during the intervention phase, PCPS staff (e.g., teachers, counselors, and others) work to respond quickly to students' needs. After the initial connection and removing the student to a safer, more stable environment, the immediate tasks are to further assess the student's needs and design a care plan. The five treatment and response channels rely on the insight and professionalism of school-based staff to chart the next steps. The research shows that school staff members collaborate with colleagues (within the school, with SMHT members, and others,<sup>28</sup> as needed) to make the best decisions. However, the process is not always efficient or effective.

The PCPS system offers a wide range of school-based resources. Most schools have at least one on-site counselor and a school nurse. Every school also has access to SMHTs and a series of programs designed to assist and support mental health or behavioral needs. In addition, PCPS regularly engages community-based providers and telehealth support (i.e., Hazel Health).

**Even though substantial resources are in place, access to care and support varies. Barriers to more effective treatment include the following:**

- One of the most common refrains from research participants is that there are not enough school-based mental health providers. All categories of research participants – parents, administrators, counselors, community providers, and others – uniformly state that in-school capacity to provide mental health care is insufficient.
- Training and understanding of the protocols (e.g., when and how to use each of the response channels) are inconsistent.
- Some counselors are eager to provide mental health support<sup>29</sup> while others have little to no interest in doing so; they often would prefer to focus on social support, attendance issues,



“From my perspective as a middle school principal who’s been doing this work for over a decade, we have a fantastic school system! The absolute best I’ve seen. Yet even here, (1) demand exceeds [mental health] capacity, (2) the referral process to further integrate with BayCare, Tri County, PRC, or others who are NOT part of the school system is murky, and (3) teachers and everyone else have a million other things on their plates. We are siloed – school and community mental health providers. Capacity – yes, that takes a while to fully address. But silos? We can tear them down.”

Middle School Principal, Lakeland

<sup>28</sup> Note: School-based staff commonly connect with others such as speech and language therapists, occupational therapists, and other professionals within the PCPS system, as needed, to help inform and guide decisions.

<sup>29</sup> Note: During the research, several counselors indicated that it was important for them and other counselors to avoid providing per se mental health care, unless licensed to do so; engaging in these activities could potentially increase their personal liability.

scheduling, and similar focus areas (all of which are within their assigned duties).

- Processes and protocols for PCPS schools to refer students to community-based clinicians for seamless care and support for students are inefficient. In some schools, mental health providers from BayCare or others are co-located at schools. Here, the link between the school and community providers works well – the student may see the BayCare (for example) provider in his or her school and if additional community-based care is needed, the referral tends to be efficiently managed by the onsite BayCare staff member in collaboration with the school counselor and others. **Otherwise, school-based staff and PCPS leaders mention barriers such as the following:**
  - Varying understanding of referral processes (i.e., how to actually make the referral)
  - Perceived long wait times for students to be seen
  - Generally insufficient integration of care between school and community-based providers
  - Challenges getting parental approval<sup>30</sup>
  - Perceived pigeon-holing – the understanding of school staff and others that they can refer to BayCare only for “X” service, Tri-County Human Services for “Y,” and Peace River Center for “Z.”
  - Communication is challenging. When a student sees a community-based provider, there are few protocols for schools to learn about the student’s progress and how they can support the student. Clearly HIPAA and other important privacy concerns must be followed, yet lack of feedback can serve to dissuade referrals to community-based providers.

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<sup>30</sup> The research shows that parental approval can be impacted by perceived mental health care stigma, the availability of financial support and insurances accepted, travel and student transport requirements, lack of understanding and trust in the mental health system, and other issues.

## Implication

The barriers to treatment and recovery services do not impact most students who go to the counselor or administrator's office for a routine issue. However, some in need of mental health support may be impacted. The list of in-school resources is lengthy, yet structural and operational issues are vexing.

**Some specific opportunities to enhance proactive efforts to address mental health in the PCPS schools include, but are not limited to, the following:**

- Expand integrated care across the PCPS system. For example, further engage community-based medical care (pediatric) providers who can improve access to medication management for students, when appropriate. Reconfigure school nurse (or others) assignments to help provide referral management services between the schools and community-based providers.
- Establish a school/community workgroup to establish a workplan to de-construct perceived siloes of information and operations.
- Regarding communications between the school and a community-based provider, establish a protocol in which a mental health licensed professional from within the school contacts the student's parents and requests a meeting with the community-based provider (with the parent and student, if appropriate). By gaining approval for the two providers (one in the school system, one community-based) to discuss treatment, updates can be confidentially shared. Importantly, the school-based, licensed provider can share limited guidance to teachers and others in the school so they can best support the student.
- Capacity can be marginally expanded by improving awareness of, and access to, telehealth options such as Hazel Health. Many counselors and others report incomplete knowledge of telehealth options and ways to access it. Schools can assign a private room for telehealth visits to occur.



Additional strategies and opportunities are included in the **Research and Suggested Strategies** sections. A **team** some illustrative comments and paraphrased remarks on the next page, additional details continue in the next section.

## Illustrative Comments About Treatment and Recovery Services

Participants in surveys, as well as the qualitative research, shared a wealth of insight. Some of the quotations or paraphrased comments from those surveys or conversations are shown below.

“I would have a full-time mental health staff at every school, I would have yoga or some type of intentional movement and art class for expression of thought.”

Parent of a High School Student, Winter Haven

“[We need] One or more dedicated mental health counselors per school, depending on need, as well as resources for family counseling. MUCH stronger anti-bullying programs and counseling for students who are bullying others.”

Parent of Elementary School & Middle School Students, Lake Wales

“I needed to have a ‘Come to Jesus’ conversation with my [colleague]. She thought that I should counsel a really depressed student. I told her that I could be held liable if I treat the child and then he hurts himself; I would have been the last one to speak with him. As a counselor, I don’t provide mental health care; I’m not licensed to do so.”

High School Counselor, Bartow

“If I had a magic wand, I would wish for greater capacity for us to help these kids; a therapist or some licensed provider in every school who only does THIS. Maybe this is unrealistic, but if we can’t support these kids, they either (1) wind up with untreated mental health issues, or, (2) get suboptimal care.”

Elementary School Teacher, Central Polk County School

Note: This comment or its sentiments were mentioned over 75 times in interviews

“A lot of our students have a belly ache or headache – a behavioral or mental health issue manifesting physically. Our school nurse is wonderful, but I don’t think that she is too involved in student mental health generally. It’s too bad; she sees a lot of kids before I do.”

Elementary School Counselor, Central Polk County School

# Qualitative Research and Survey Research Results

In order to better understand the intricacies of the PCPS mental health system, perceptions about its impact, the strengths, “hidden gems,” opportunities for improvement, and other issues, project partners conducted primary research in Polk County. **The research engaged communities such as the following:**

- Parents of PCPS students
- Teachers
- School administrators, counselors, and other on-site staff
- PCPS executives, regional superintendents, School Mental Health Team (SMHT) members
- Community-based providers of mental health services (inpatient, outpatient, residential care, and others)
- Members of higher-risk community groups

## The primary research consisted of two major sections:

### 1. Qualitative Research Analysis:

- One-on-One Interviews
- Group Discussions
- Community Intercept Conversations

### 2. Quantitative Survey Research Analysis:

- Two Surveys: (1) Polk County Public Schools System school-based leaders, providers, and, (2) parents of PCPS system students

In total, the primary research engaged over 3,500 Polk County residents. The purpose of the research strategy was to engage a broad spectrum of residents – demographically, professionally, those with a variety of life experiences, and those who are touched by school-based mental health issues in various ways.

## EXHIBIT 7: MEASURE AND TYPES OF PARTICIPANTS

	Qualitative Research			Quantitative Survey Research	Total
	In-depth Interviews	Group Discussions	Community Intercept Conversations	Survey Participants	
Number of Occasions	185	20	30	--	235
Total Participants (Approx.)	195	257	32	3,078	3,562



A set of key themes emerged from the expansive set of interviews, group discussions, and other qualitative methods. Survey data served to quantify some of the major issues identified in the qualitative research.

Together, the primary research components present a well-developed perspective of opinions about the PCPS system mental health capabilities, strengths, opportunities for improvement (or, “soft spots”), and strategies to capitalize on strengths while addressing soft spots.





## Qualitative Research Analysis

The qualitative research included an expansive set of interviews, small and larger group discussions, and community intercept (impromptu) conversations. The research included oversampling of insights from disadvantaged or historically difficult to reach communities – lower socioeconomic communities, Black or African American communities, and other higher-risk community groups. The purpose of the sample design was to learn the personal stories of families, school staff, providers, and others to identify factors that drive mental health – surveillance/prevention, awareness, intervention, and treatment – in the school district.

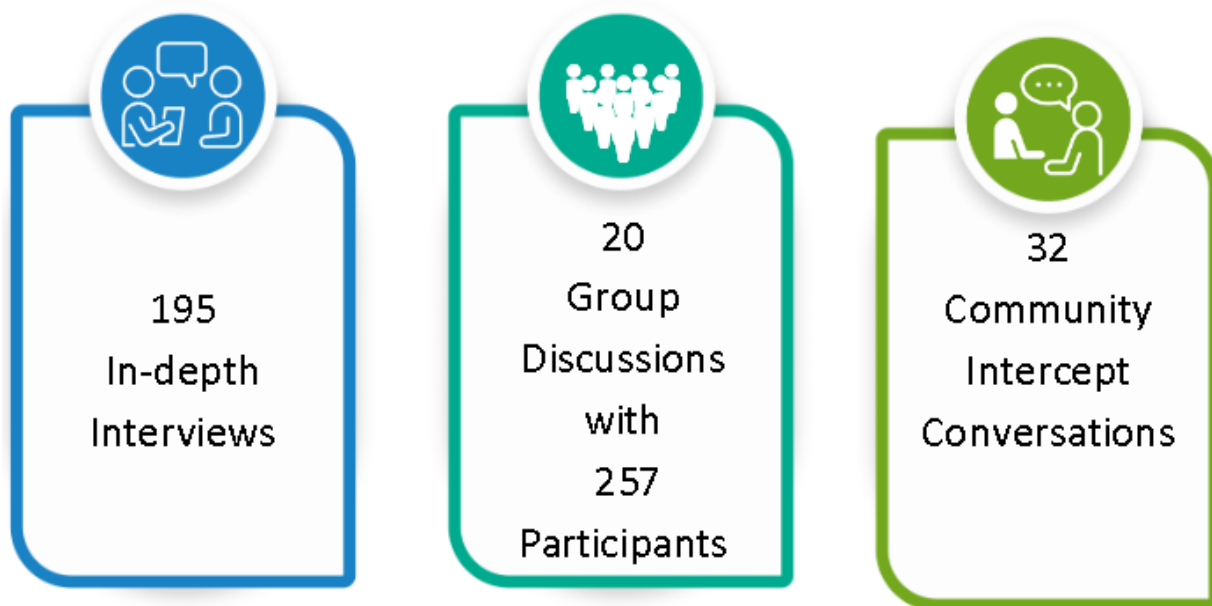
**The following section has three parts that summarize the results of the qualitative research.**

- Qualitative Research Approach
- Key Themes of the One-on-One Interviews, Group Discussions, and Community Intercept Conversations
- Qualitative Research Summary

## Qualitative Research Approach

The qualitative research included a series of in-depth interviews (in-person, telephonic, or video-conference), group discussions (in-person or video-conferences), and community intercept conversations.

### EXHIBIT 8: RESEARCH METHODOLOGIES



### Some of the community groups included in the research are listed below:

- Black/African American community members
- Community-based providers
- Haitian Creole community members
- Hispanic community members
- Parents of PCPS students
- PCPS Regional Superintendents
- PCPS social workers, mental health facilitators, and other members of School Mental Health Teams
- Polk County Government Leaders
- School Administrators
- School District Leaders
- School nurses
- School-based counselors
- Other general community members

### One-on-One Interviews, Group Discussions and Community Intercept Conversations

Nearly **200** community members across Polk County were interviewed via one-on-one in-person, Zoom, and phone interviews. Each lasted approximately 30 minutes, although some participants chose to share a great deal of information and exceeded 30 minutes. These conversations provided the opportunity for in-depth conversations about mental health awareness and prevention efforts, the process of receiving care, strengths/resources and challenges, and suggested strategies to improve the mental health of students.

#### Interviews generally focused on the following topics:

- High-level observations – longer-term trends and overall perceptions of mental health trends in the school district
- Prevention and awareness – ways that students are identified as having speech and language strengths and challenges, academic strengths, unique skill sets, behavioral issues or mental health needs, learning styles requiring accommodations, or other characteristics that may impact the student’s educational process
- School-based mental health surveillance and intervention
- Treatment and recovery services

Many of the group discussions in this study were informally constructed, but each used the standard interview guide. The participants ranged in age from adults recently graduated from Polk County schools to seniors. In-person settings included informal interviews in community locations (e.g., bus stops, shopping areas, or other public spaces), non-profit agency offices, conferences, and others. Many interviews were also conducted by telephone or using Zoom (or similar video-conference tool). Most interviews started with a brief

introduction, followed by hearing a little about participants’ background and broad thoughts about topic areas. Participants were encouraged to speak about their particular areas of concern, interest, or experience, as many opinions and observations were grounded in both personal and professional experiences. Most interviewees were eager to share their insights, experiences, and ideas. Typically, interviewees and those who participated in group discussions also shared their observations about Polk County and PCPS strengths and their insight

about the effective and helpful programs in the school system. Those, too, are noted beginning on the next page.

Approximately **32** community intercept conversations were held in Polk County. The interactions were impromptu situations in which Crescendo staff members met with community members at bus stops, parks (e.g., Munn Park in Lakeland), boat launches in Winter Haven, convenient stores in Frostproof, and many other locations. Participants

represented a variety of community groups such as those experiencing homelessness, young adults, African American community members, Hispanic community members, fulltime stay-at-home dads and moms, mid-career adults, and others. Their insights are reflected throughout the following section. Each of the key themes emerging from the qualitative research impacts the strategies suggested later in this report. The interview and discussion group guides used to facilitate the conversations can be found in the appendices.

### Key Themes of the One-on-One Interviews, Group Discussions, Community Intercept Conversations

Qualitative data collection resulted in a consensus of several top issues, strategies, or opportunities to improve mental health in the PCPS District – collectively, called Key Themes. The five themes reflect the insight of qualitative interviews and community intercept conversations, conversations with people in approximately **20** focus group discussions, and comments from approximately 80 people participating in the Polk County Mental Health Conference workshops (May 1, 2024).

The research was inclusive – geographically, racially/ethnically, socio-economically, professionally, and in other ways. Research results point out differences based on geography, race/ethnicity, or otherwise, where helpful. Insights from community conversations touched upon a breadth of topics, interests, and opinions. The most commonly identified ones are encapsulated in the following themes.

**Please note that the Key Themes are not prioritized.**

#### EXHIBIT 9: KEY QUALITATIVE THEMES



The following sections include discussions of the five key themes, general observations about each, a more detailed discussion of practical impact, and “voices from the community” – quotes or paraphrased comments from community members.

KEY THEME #1	FINDINGS
<b>Awareness of, and access to, currently available resources; including best practices sharing</b>	<ul style="list-style-type: none"> <li>• Awareness of currently available mental health-related resources within the PCPS system varies tremendously. Some school-based staff have comprehensive knowledge, while others have only a basic understanding. There is little identified correlation with geographic location, seniority, or other factors.</li> <li>• For school staff members aware of currently available resources – including community-based solutions – to support student mental health, many struggle with knowing how to efficiently access those services and when it is appropriate to engage them. Many need additional onsite guidance to help implement District guidance and training.</li> <li>• Access to social workers, mental health facilitators, and other school-based mental health providers is limited; there are also barriers to accessing community-based providers.</li> </ul>

## Overview

The Multi-Tiered System of Supports (MTSS)<sup>31</sup> in the PCPS system is strong. It and other PCPS resources include, for example, helpful training and resources for teachers and other school-based staff; written protocols and flow charts to help school-based staff with student behavior, mental health, or other situations; and a framework to enhance outcomes for students who fall behind.

However, many school administrators, counselors, and others do not know about all available mental health-related resources (including, but not limited to, school-based options, community-based providers and resources, telehealth resources, District-level/itinerant providers, and others), in what situations they can be best used, and how to access them.

<sup>31</sup> Polk County Public Schools, “MTSS is a framework many schools use to provide targeted support to struggling students.”

## Detailed Discussion

Many say there is a lack of knowledge of existing mental health resources, the process to deploy them, and appropriate situations in which to use them. Most school administrators and counselors know the role of SMHT members and on-site school mental health support resources. However, there is not a consistent understanding of when to engage them.

Protocols are helpful, yet many school staff members need additional onsite support to help implement protocols in their unique situations. Standardization of protocols may be helpful in some instances, yet it is important that schools retain the ability to be innovative and enact policies flexible enough to address their unique environment. In addition, there are several challenges inhibiting implementation of mental health protocols and the ability to enhance awareness/access to mental health services.



“I’m so lucky! As a social worker, I cover a few schools. In [this school], they gave me an office, so kids see me all the time, and they feel comfortable coming to me. In my other schools and in this one prior to me having an office, they didn’t because I was only around once in a while – no relationship.”

Social Worker, Eastern Polk County

- **Schools have different on-site resources.** Variable staffing levels mean that while most schools have access to a counselor and nurse, only a few have ready access to a mental health facilitator or social worker; fewer still have a consistent on-site presence of a social worker, mental health facilitator, or other who can provide mental health support.
- **School staff members’ capabilities and interests vary.** Like anyone, administrators’, counselors’, and others’ personalities differ. Some feel eager to step into a supporting role while others do not. As examples, see the two sets of quotations below – one set from two administrators in high schools near each other and one set from counselors in similar middle schools in Lakeland and Winter Haven.

The comparative paraphrased comments below reflect very different perceptions about roles and authorities: those on the left reflect a more hands-on, direct role, while the two on the right reflect more of a triage and referral role.

#### EXHIBIT 10: ROLES AND AUTHORITIES

	More Hands-on or Direct Role	Triage and Referral Role
<b>High School</b>	<p>“My staff and I try to handle things ourselves. It is really important to train staff in preventive care; train them to read cues, know the available resources and actions. Trauma Informed Care, Motivational Interviewing, crisis de-escalation.”</p> <p>Southern Polk County High School Administrator</p>	<p>“I know my own and my staff’s strengths. The best thing that I can do for most kids that have a mental health problem is for me not to see them but connect them with others ASAP.”</p> <p>Southern Polk County High School Administrator</p>
<b>Middle School</b>	<p>“I love these kids. I know them. For most situations, I can connect with them and help. Of course, I can’t and never would provide long-term [mental health] counseling but work with them as long as I can – as long as that is what’s best for them.”</p> <p>Lakeland Middle School Counselor</p>	<p>“We have great kids! But I’m not a mental health professional. I focus on scheduling, attendance issues, college and career, and similar things. Sorry, if there is a mental health issue, I’ll call [the principal] or the District. If I provide mental health care, I’m not licensed to do so and I’m liable.”</p> <p>Winter Haven Middle School Counselor</p>

Schools serve diverse communities. Generally, access to services varies based on school size, location, demographic make-up, type (e.g., elementary school, middle school, high school), disability status (including autism spectrum), and other factors. Schools in Lakeland, Winter Haven, Bartow, and (to some degree) northeast Polk County tend to have greater access to services than those in areas, for example, south of Bartow.

Administrators at schools in areas other than Lakeland, Winter Haven, and Bartow also say that they receive less support (e.g., onsite services and consultations) from SMHTs or PCPS district leaders than their more urban counterparts than those in areas, for example, south of Bartow.



“Teachers and administration [should be] trained in Trauma Informed Care and how to recognize self-harming and child exploitation behaviors.”

Parent of a High School Student,  
Lake Wales

### **Limited access to SMHT members**

Without exception, qualitative research respondents indicated that they desire to keep students' health as their utmost focus. Regarding SMHT members, many school administrators, counselors, and others say that social workers and others (i.e., SMHT staff) provide a great service. The service is limited by capacity, though. Being itinerant, most SMHT members are not stationed in a particular school on a regular basis – diminishing the ability of counselors (or other on-site staff) to refer to the SMHT member since they are unsure of when they are at the school. This lessens the ability of SMHT members to build relationships with students.

### **Uncertainty about when to request Baker Act examinations resulting in over-reliance or under-reliance on the Peace River Center Mobile Response Team (MRT)**

For example, when a potential Baker Act situation occurs at a school, there is a mandatory effort to de-escalate the situation, notify/consult parents, and document the situation. At that point, the school may request a Baker Act examination by contacting the Peace River Center Mobile Response Team (MRT).

When requested, a member of the MRT immediately goes to the school and begins situation evaluation – sometimes recommending that a Baker Act examination is necessary; other times, not recommending it. According to leaders from an institution directly impacted by Baker Act examinations, some schools use the Baker Act option much too often while others have a very different approach.



“We need to archive what we know and how to help kids. We currently have a program where the Behavior Interventionist meets with the most difficult kids daily (two classes per day) to learn coping skills and how to be a good student. The course goal is to help them regulate and be good in society. I am seeing some improvement, but a lot of my peers have never heard of our work.”

K-8 School Administrator



“Someone from my [SMHT] is here a lot. Scheduling time is usually pretty good. Before I was [here], I was at [another school] we didn't see them [SMHT members] as often. We'd call them with a referral, and sometimes it would take weeks to get the kid seen. Things are better now, I think.”

Leader of a County-level Service Provider Organization



### **Lack of training required to recognize mental health issues in the classroom (or elsewhere at school)**

Teachers, counselors, administrators, and others on-site at PCPS are professional educators. Though well trained and highly innovative, most have not had formal mental health care licensing or education. PCPS students' parents, and others recommended additional training in Trauma Informed Care, Crisis De-escalation, Motivational Interviewing, and similar topics. Of course, there are challenges embedded within requiring additional training – available time, budget, pay for attendees, and others. These issues, too, limit access.



“There needs to be [some additional training] about when to Baker Act kids! We got 11 referrals from one [Auburndale-area] high school last month! That’s more than four-times more than [a similarly sized school serving a similar community]!”

Leader of a County-level Service Provider Organization

### **Silos, bureaucracy, and the referral link**

Community-based providers as well as school administrators and PCPS district leaders acknowledge some degree of “siloeing.” Community-based providers state that they want to better support PCPS students and would be willing to make additional efforts to do so. Conversely, PCPS staff (school-based and district level) acknowledge the benefits of stronger relationships with community-based providers, yet referrals are limited. Most commonly, the stated reasons include the following:

- There appears to be a void of any overarching set of integrated care protocols linking PCPS and community-based providers
- Referral and reporting requirements are highly bureaucratic and time consuming; school staff (including SMHT members) often lack the time to complete tasks needed for seamless transitions to community-based providers
- Subsequent wait times to see a community-based provider are perceived as being long [Note: Some respondents say that this is more of a perception than a reality; others point to a four to six month wait list to see a community-based psychiatrist.]
- Medicaid reimbursement rates are a disincentive for community-based providers to expand outpatient counseling slots for PCPS students

### **Telehealth is an underutilized resource**

Research respondents are largely polarized on their awareness and opinions about telehealth services – namely, Hazel Health. The majority of respondents say that they are aware of Hazel Health but rarely engage them – mostly because they are unsure of the benefits, ways to access care, and perceived technological issues. Others though, (an estimated one of four schools) actively refer students to Hazel Health and tend to be very pleased with the experience – noting quick response (i.e., within 48 hours) and the ability to receive appropriate updates (within HIPAA guidelines) that help the school better support the student. Those most knowledgeable about Hazel Health also indicate that care could be

further enhanced if continuity of care relationships with local in-school or community-based providers were established prior to Hazel Health discharge. In either case, respondents agree that telehealth is an underutilized resource.

## In Summary

PCPS system school-based staff are education professionals who also support and encourage the health and development of their students – within their capacity. The unique learning environment at each school requires staff to be innovative and capitalize on their own education and experiences. There are many, expansive numbers of instances in which they are successful – as reflected in improving academic outcomes, participating in PCPS academies, and other performance measures. However, as reflected above, the ability of the PCPS to address evolving mental health needs is limited due to – in part – a lack of knowledge of existing mental health resources, the processes to deploy them, and appropriate situations in which to use them. **According to research participants, contributing issues include the following:**

### Standardization

Revised training on the high-level protocols would help make some processes more uniform while still providing the flexibility for school leaders to modify mental health response to uniquely cater their students' (and community's) needs. Some research participants suggested an expanded mentoring system to support district-level training.

### Sharing Knowledge

School-based staff say that they (and students) would benefit from learning strategies effectively implemented by peers at other schools. However, there is currently no broadly implemented venue by which administrators, teachers, and others can share “best practice” strategies and learn from others.

Suggestions included a venue – online database, presentation at PCPS “all staff” meetings, or other mechanism – to share unique approaches to improve contact with students, address mental health or behavioral issues, and others.

### Bureaucracy and Referrals

The current barriers between PCPS and community-based providers limit access to care for many PCPS students needing mental health support. Also, District-supplied onsite support to help schools implement mental health and other protocols (and training) is needed.

### Flexibility, Innovation, and Enhanced Training

A “one size fits all” approach may not be desirable since schools, students, parents, staff members, and many other factors make each unique. However, additional guidance and training regarding the following would be helpful:

- Trauma Informed Care
- De-escalation
- Motivational Interviewing
- Autism Spectrum Communications and Training
- Emotional Competency and Resilience

## Voices from the Community

"We all do the best we can with what we have. The [PCPS] district has the Youth Mental Health First Aid and some other trainings and education that are helpful, but I'm the one onsite; my kids don't fit into the mold! To make it work, I needed to be creative. I personally go to each classroom four or five times per day. I congratulate 'Mary' for her perfect score on a spelling test, 'Danny' for helping his sister with her homework. I also pull 'Paulette' aside when she's having a bad day or someone else is acting out. I defuse situations before they get out of control and then wind up in my office for a discipline or mental health issue. It takes a while but the time I save – I've had ZERO discipline issues in three months – makes up for it and then some! One problem though, is that a lot of us are doing some really good things – things no one really teaches – but we keep them to ourselves. Others, especially younger teachers, might really benefit!

Elementary School Principal,  
Northern Polk County

"A child doesn't have to be struggling in school to need mental health assistance. We are all responsible for a child's wellbeing. The child might not be able to recognize it. A parent might be working 14 hours a day and might be too tired to notice. Grandparents might not recognize what to look for. Some tend to confuse sadness with laziness. Teachers may be too busy and tired to notice. However, if we all take responsibility someone may notice something – even if it's nothing. The child needs to feel seen, safe and soothed. We can do this, sometimes, in five minutes so it doesn't become a bigger issue."

Parent of a High School Student, Winter Haven

"Teachers and administrators and counselors are all stretched SO THIN that it is difficult to be intentional and manage each situation - especially when (1) there is inadequate guidance about ways to handle situations, (2) many kids who get serviced STILL have terrible behavior, (3) parents are sometimes not involved and themselves misbehave [sic], (4) there just are not enough MH resources within the school to correctly manage the volume of cases, and (5) the response when a student is referred for SMHT care or other services is slow, and often, the school is not informed about a student's care and/or appropriate info about student progress." [Also reported in the "Intervention" section above.]

K-8 Administrator

“Develop a system of resources – a database – that helps guide access to resources. A self-paced system of resource training. Self-help videos for kids - behavior modification and wellness. SIM-center!”

K-8 Administrator

“Social/emotional learning need to be worked into the curriculum so students learn to manage their feelings and teachers can pick up on which students may need further support.”

Parent of a Middle School Student, Davenport

“Over the past two years, three of my kids used Hazel Health. I’m not sure what they [Hazel Health and the student] did, but I haven’t seen the students in my office nearly as much. We all receive the same or similar training. As individuals, we implement what we have been taught differently.”

Principal, Central Polk County

## Student Screening

- Schools and educators miss some opportunities to capitalize on students' strengths, in addition to addressing emotional, developmental, or mental health deficits, because of inadequate early childhood screening capacity.
- Some PCPS parents are not fully aware of signs of mental health issues, effective ways to address them, the range of community resources, and/or ways to access them.
- For older students in middle school or high school, screening needs differ, tending to focus more on the higher-risk categories (e.g., students with histories of behavioral or mental health issues).

### Overview

The qualitative research highlighted a general lack of student screening resources. Some academic screening is in place, yet screening for other strengths (e.g., speech & language skills, leadership capability), and deficits (e.g., emotional, developmental, and mental health) is lacking.

### Detailed Discussion

Student screening challenges exist on two levels: (1) Pre-K and early childhood development, and (2) transitions into middle school and into high school.

#### Pre-K and Early Childhood Development

Interviewees frequently mentioned that there is a large, missed opportunity to identify children's academic, social, developmental, hearing and eyesight, and other strengths prior to entering kindergarten. Subsequently, children with deficits in these areas, including mental health challenges, are also being missed. The result is – in some instances – some children's potential is being unrecognized and others with potential challenges are missing opportunities to receive early intervention that could potentially change the child's educational and developmental trajectory. Additionally, many research participants say that general community awareness of mental health issues is low – how to



“Little ones [kindergarteners] come into school for the first time. Some cry, many do okay, others begin to get used to the routine – which is all normal. Many of these sweet babies, yet, come in already being impacted by trauma or other problems. We do the best we can to catch things early, but we sometimes miss an opportunity because we get no heads-up.”

recognize them and how to address them – until a situation directly impacting them and their family arises.

### Transitions in Middle School and Into High School

There is limited communication between middle schools and high schools regarding mental health care resulting in a “support gap” unless a student has in place an IEP or 504 Plan. However, opinions about screening differ when students transition into middle school compared to when students transition into high school.

- Middle school teachers and administrators tend to have a different outlook than their high school counterparts. Though acknowledging that prior alert for high-need students is important (and lacking), many suggest that broad-based screening for mental health challenges may not be dependable since students are changing rapidly during the middle school years.
- High school staff often say that high school years present a “last chance” to positively influence a young person’s life. While screenings exist for academic aptitude and career pathways, research participants note a lack of sufficient screening for emotional, mental health, and Social Determinants of Health (SDoH) needs.



“High school is our last chance. Early intervention [needs] to connect with freshmen – ID and supplement emotional, social determinants, academic, mental health, and other issues early to change the trajectory.”

High School Administrator, Lakeland

### In Summary

Nationally, mental health screening in schools has become increasingly crucial as recent data highlights a surge in mental health issues among students. According to the Centers for Disease Control and Prevention (CDC), the prevalence of mental health disorders such as anxiety and depression has risen significantly, with approximately one of six children aged 6-17 experiencing a mental health disorder each year.<sup>32</sup>

Early identification through school-based screening programs can lead to timely interventions, reducing the risk of severe outcomes like academic decline, substance abuse, chronic mental health problems, and even suicide. Moreover, these screenings help destigmatize mental health issues, fostering a supportive environment where students feel safe to seek help. Implementing comprehensive mental health screening in schools promotes the well-being of individual students and enhances the overall fundamental educational environment. Finally, screenings help to illuminate strengths and aptitudes that can be further developed in school.

<sup>32</sup> National Institute of Mental Health, 2021.

## Voices from the Community

“Mental Health Screening in school. More teacher monitoring of in-class bullying that goes on. More teacher/administration awareness of the mental load put on students regarding coursework and extra curriculars. Work together to find a balanced and safe environment for learning and growing.”

Parent of an Elementary School Student, Lakeland

“Expert mental health early interventionist (fulltime) that would change the trajectory early on is my greatest wish and need.”

Elementary School  
Administrator & Counselor

“[My biggest wish to address mental health issues in school would be to] add mental health screenings to the vision, hearing and scoliosis screenings.”

Parent of a High School Student,  
Central Polk County

“Bring in counselors to create an after-school student support group for kids who have been bullied and unite them with kids who are against bullying to create a unified front and a safe space to share feelings, coping strategies, and to know they’re not alone!!! Offer more mental health screenings on campus on a regular basis!”

Parent of a Middle School Student, Lakeland



## Capacity and Staffing

- Capacity – lack of counselors, mental health facilitators, social workers, community-based mental health providers, and others – was the single most commonly identified deficit in the PCPS system of care.
- Though aggregate capacity is a true and significant need, current capacity may be enhanced through greater use of telehealth options (in select cases), greater awareness of available resources among PCPS staff (and other referral sources), and reduced barriers to care (i.e., better access to care).
- Capacity building involves practical challenges due to low reimbursement rates, bureaucracy, and other factors.

### Overview

The most common sentiment among qualitative research participants is that the magnitude of student mental health needs – the number of students with needs, as well as the acuity of needs – far outstrips the resources currently available at schools (onsite, itinerant, or telehealth) – creating a “capacity gap.”<sup>33</sup>

Not all research groups agree on the best ways to address capacity (i.e., priorities). Some prioritize the hiring of new providers. Others favor access to integrated services. The diagram below summarizes the capacity-related top priorities for several research groups.

### EXHIBIT 11: CAPACITY PRIORITIES FOR MAJOR RESEARCH GROUPS



<sup>33</sup> “Capacity gap” – The unmet demand for mental health services.

## Detailed Discussion

The core outcome is that addressing capacity gaps will require a multipronged approach – beginning with enhanced awareness of current resources, improving access and creating a more seamless, integrated system of care, enhancing use of alternative resources such as telehealth, and – of course – expanding the provider base.

### Supply and Demand as it Related to PCPS Mental Health Provider Capacity

Capacity refers to the aggregate supply (total county-level, all providers) of available, licensed mental health professionals able to serve Polk County residents. Capacity gaps are impacted by both the supply of available providers, as well as the demand for their services. The current “supply” is simply the number of available, licensed mental health professionals (or Full Time Equivalents, FTEs) in Polk County, plus alternative forms of care such as telehealth. The supply obviously grows as licensed professionals move to Polk County or choose to provide services here while living elsewhere. It is also expanded as new licensees become available and telehealth service options expand.

Demand for services, according to research respondents, is more complex – being impacted by population growth rates, changing acuity levels, lack of reliable transportation leading to missed visits and other factors. Demand for mental health services also increases due to some helpful, important, and meaningful initiatives such as enhanced health literacy, better awareness of mental health warning signs, better access to care, and similar things. In those cases, people are more aware of mental health issues, the need to address them, and ways to access care, so demand for services increases. Increased demand for these reasons is a good thing if adequate resources exist to support the greater demand.

Qualitative research participants say that awareness and access-building initiatives must be accompanied by efforts to expand the number of providers and/or early intervention or other diversion efforts. Without these efforts, the capacity gap will grow.



## Suggestions to Address Supply and Demand Issues

Although additional strategies are provided in the **Stage 2: Suggested Strategies** (see page 108) section, qualitative research participants say that system capacity and efficient access to services can be enhanced with the following:

- Increasing collaboration at all levels between PCPS and community-based providers to develop, deploy, and manage a unified County-level strategy to expand the provider base.
- Hiring additional licensed providers (especially those who move to, or can work in, Polk County but did not previously do so).
- Training uncredentialed people for careers as a mental health care professional (e.g., post-secondary and college students, working adults already in the workforce but not providing mental health care, training peer specialists, connecting with and re-certifying workers who were previously licensed to provide care but no longer do so).
- Reviewing and revising licensure requirements and training requirements for some credentialed professionals.
- Working to revise Medicaid reimbursement rate; higher rates would provide a financial incentive to direct care staff numbers.
- More efficiently using existing resources by providing more opportunities for group counseling in PCPS or elsewhere.
- Adding community-based resources to PCPS that are used in other counties throughout Florida. For example, Miami-Dade County's public school system supports mental-health focused organizations such as Health Information Project (HIP) and Guitars Over Guns on campuses throughout the county.
- Expunging criminal records of individuals interested in pursuing careers in mental health, where appropriate.<sup>34</sup>
- Expanding awareness, prevention, and early intervention initiatives including general health literacy in the community, as well as among PCPS staff. Some of these initiatives may increase demand for services in the short-term. Doing so will lessen long-term demand for services.

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<sup>34</sup> Note: In some Florida sites, (e.g., Douglas Gardens in Miami Beach) locations can expunge certain criminal records to enable more people to work as peer leaders for

mental health. This helps to create capacity and get people with lived experience jobs that otherwise may not have been able to work in the field.

**Addressing the capacity issue requires a multipronged approach. PCPS and the community partners are already actively pursuing some important initiatives.**

### **Examples of Current Efforts**

Many active, productive efforts exist within Polk County to impact capacity, however, additional linkage with PCPS would help address current needs. Community partners are working to lower the short-term and longer-term need for service, as well as creatively working to enhance the supply (as per the ‘supply and demand’ discussion above). A few examples of current initiatives are shown below.

- PCPS has modified internal policies to expand counseling support for students with IEPs to PCPS direct hire staff rather than relying solely on outside contracts.
- (BayCare) An earn as you learn program wherein team members can gain skills for career advancement while they work. This is frequently used in the nursing track; BayCare hires people out of high school for tech roles including nursing assistants, medical assistants and mental/behavioral health techs. BayCare also helps pay for their nursing school.
- (BayCare) From a community investment perspective, BayCare partners with Polk for Recovery – a Recovery Community Organization led by people in recovery.
- Polk For Recovery is offering a 40-hour peer counseling training program (<https://www.polkforrecovery.org/>).
- County leaders are working to recruit a national subject matter expert to supplement current and new PCPS mental health strategies (e.g., some such as Lisa Strohman, PhD, who was the keynote speaker for the May 1, 2024, mental health summit).
- PCPS system is continuing to advocate for additional staff members to improve access to direct care.
- (BayCare) On the mental health or behavioral health side, many case managers or other bachelors-level staff pursue master’s training and eventually licensure as LMHC/LCSW/LMFT; BayCare covers the cost of supervision during the internship phase of their training. They have also extended the Hazel Health telehealth services contract for three more years.

### **Challenges to Capacity Building**

As reflected above, Polk County providers are actively working on many fronts to improve care in Polk County. They are doing so as they try to efficiently manage structural and operational challenges. **Based on the responses from qualitative research participants, the capacity challenges include:**

- **Structural Impediments**

Some community-based providers are reluctant to provide additional outpatient resources to schools because of structural impediments such as low Medicaid reimbursement rates and burdensome bureaucracy requirements.

- **Cannibalization**

There is competition within Polk County for many of the same, licensed providers.

“Cannibalization” can occur when one organization hires a provider from another Polk County-based organization. Meanwhile the aggregate number of Polk County providers is unchanged. In some instances, “hiring staff away” from other [often competing] organizations can create ill-will among organizations and inhibit cooperative efforts.<sup>35</sup>

- **Low Supply Pool**

When trying to hire licensed people, the available pool of candidates is very low.

- **Competition Across Geographies For Workers**

Some licensed providers are being lured to other parts of Florida (or other states) because of hiring incentives.<sup>36</sup> In addition, some are choosing to provide telehealth services from the convenience of their own homes – effectively removing them from the available cadre of providers for Polk County (including PCPS).

- **Lengthy Educational Process**

Partnerships with educational institutions who can train/educate students who will eventually qualify to be licensed mental health professionals take a long time to mature. Though certainly a helpful and viable part of a long-term strategy, short-term impact is low.

- **Other Operational Issues**

Managing “no shows” can require some providers to either overbook appointments (potentially increasing wait times if everyone shows up for their appointments) or have several slots open (in case no-shows occur) and unnecessarily reducing patients seen.

- **Insurance**

Insurance requirements can have a dual-edge impact, as some provider sites may only accept commercial insurances (or have minimal slots for Medicaid or Medicare covered patients) while others may only accept Medicaid or Medicare. Additionally, some do, and some do not, offer sliding scale fees or other financial assistance.

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<sup>35</sup> Note: Polk County providers such as the Peace River Center, BayCare, TriCounty Human Services, COVE, PCPS-based providers, and others tend to be very collaborative and even in the face of some cannibalization, generally work cooperatively, when possible.

<sup>36</sup> Incentives include large hiring bonuses (for example in Ohio, Maine, and elsewhere at [Incentives example link](#)),

## In Summary

Qualitative research participants say that expanding mental health capacity in Polk County (and specifically, PCPS) is a function of more efficiently utilizing existing resources and expanding the provider base. **Specifically, initiatives such as the following were mentioned as part of the solution.**

- Work collaboratively – PCPS and community-based providers – to develop, deploy, and manage a county-level strategy to expand the provider base. This may include recruiting mental health providers to work in Polk County and/or train and license people already living in Polk County.
- Keep deploying highly regarded PCPS (and community) programs already in place – tweaking, where needed, to improve effectiveness and efficiency. This is already in place and an ongoing focus.
- Maintain and expand the SMHT model – provide additional on-site services for students at their schools. The ability to do this is impacted by budget, the availability of licensed professionals to hire, and other factors.
- Expand integrated care and improve the seamless transition of students to community-based providers, when needed.
- Build awareness of telehealth options, and train school staff members and parents about ways to access it and when it is helpful to do so.
- Invest in programs to alleviate long-term demand for mental health services such as wellness, healthy lifestyle, surveillance, and early intervention initiatives.
- Actively participate in national thought-leading organizations who may provide leading-edge insight and/or information about emerging national initiatives.<sup>37</sup>
- Review and revise paperwork, required meetings, and other bureaucratic requirements; modify ones which improve access to care without loss of quality or compromise privacy issues.
- Review local, state, and national advocacy strategies that impact quality or access to mental health care, reimbursement (e.g., Medicaid reimbursement schedules or paperwork/reporting requirements), or similar issues.

Although PCPS and community partners participate in some of the above activities (or ones similar to them), research respondents say that more focus is needed. Specifically, many say that a unified, consolidated, county-level strategy to build aggregate supply should be a core focus (i.e., the first listed item above). They say that other issues on the list above may be subordinate to, or embedded in, the unified, consolidated, county-level strategy.

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<sup>37</sup> For example, the National Center for School Mental Health (NCSMH). For more information, see <https://www.schoolmentalhealth.org/>

## Voices from the Community

"We certainly need more counselors and therapists, but it would sure be nice if we could change the whole direction of a kid's life and catch them early before they even need services."

High School Counselor, Lakeland

"We could certainly see more PCPS students, maybe not 500, but we could see a good number more! The problem is that there really isn't a school strategy in place to send patients here more seamlessly."

Leader of a Polk County-based Provider Site

"We've talked about early intervention and prevention. If we can successfully catch these kids early, if we can avoid lot of the downstream needs to care for them."

Middle School Teacher, Central Polk County

"Provide in school services to students and families [emphasis added] that don't have the resources to pursue mental health services outside of the school system. I have to take my child to a mental health counselor every week, and if the only appointments that are available are during school hours, she misses valuable class time, and I have to take time off work to get her the services she needs. As a single parent, not only is it an out-of-pocket expense to pay for the out of school service, but it directly affects my earnings if I'm not at work. It feels like I'm being penalized, twice, for getting my child the services she needs."

Parent of a Middle Schooler Student, Lakeland

"I've had three licensed therapists be recruited by the school system over the past year. I'm a realist, I know these things happen, but the point is that total supply of providers in the county doesn't change."

Polk County-based Provider

"The schools want to provide more services, but it's hard to recruit and hire people to provide the services! There have been some efforts to work together and build a county level plan. We need more of that."

PCPS District Staff Member

"If [there was more] time [to address mental health issues] that would greatly help improve our school district drastically. Especially if time was allocated to the mental health of all on a school campus. The other resource that would be helpful is qualified professionals, and the word 'qualified' would have to be descriptive enough to encourage the type of support on a campus needed for all people to be successful!"

PCPS Staff Member Working With PCPS Students



“Honestly, we could probably see more students on an outpatient basis. The problem is that Medicaid reimbursement rates are abysmally low. There are also a lot of required weekly meetings. Meetings and sharing information are good, however I have to pull more than one therapist out of their office for an hour to an hour and a half each week when they could be seeing patients; honestly, sometimes those meetings aren't particularly helpful. If we could change the bureaucracy that would help a lot!”

Leader of a Polk County-based Provider Site

“The school system already does a great job! They have a lot; I mean a lot of activities for the kids! By getting every kid involved and something positive and constructive, something to keep them busy and focused, we can avoid a lot of these capacity issues and keep kids healthier.”

High School Administrator, Central Polk County

“I've been very successful as an administrator and dropping my discipline issues to almost zero. I did that through regular communications and ongoing efforts to show attention to each student. I'm not sure how much of this is practical at a district level, but I think that the more proactive we can be, the more we can keep kids from getting to the point where they need mental health care.”

Administrator, Eastern Polk County School

“We also want to engage parents! They are truly the key to addressing any of these concerns. A lot of them are absolutely incredible! As they should, most would do anything for their kids!”

Middle School Teacher, Northern Polk County

“[To provide early intervention, the school needs another] school mental health nurse or therapist onsite. Parents may choose to have an evaluation by them and move forward, or not, with appropriate pediatric counseling sessions. [They also need to] Hire licensed social worker, licensed therapist, licensed and experienced pediatric mental health nurse. [sic]”

Parent of a Preschooler & Elementary School Student, Lakeland

## KEY THEME #4

## FINDINGS

### Integrated Care

- Integrated care – medical/physical and mental – and continuity of care among levels of providers are critical components of the structural model needed to optimize mental health care for PCPS students.
- There is a high correlation among mental health issues, physical health, and positive life experiences.
- Bureaucracy and the current Medicaid reimbursement models limit access to integrated care.

#### Overview

Integrated care that addresses both mental and physical health needs is crucial for student health. Research consistently demonstrates the interconnectedness between mental and physical health, with one often influencing the other.<sup>38</sup> For instance, individuals with untreated mental health conditions may experience exacerbated physical health problems, while those with chronic physical illnesses are at higher risk for developing mental health issues. Moreover, Adverse Childhood Experiences (ACEs) have been linked to a myriad of negative health outcomes – both mental and physical – later in life. The protocols and framework to integrate medical and mental health are not well-formed.

#### Detailed Discussion

Adopting an integrated care approach enhances health outcomes and tends to reduce system costs healthcare delivery.<sup>39</sup> By addressing medical/physical issues alongside mental health issues, providers can better identify and manage root-cause issues contributing to students' overall

#### Adverse Childhood Experiences

(ACEs) include a set of abuse, neglect, or homelife trauma conditions. Adults who experienced ACEs as children typically display negative life outcomes. For those with four or more ACEs compared to those with zero or one:

- Life expectancy is reduced by 20 years
- 12.2 x more likely to complete a suicide attempt
- 4.6 x more likely to report being depressed in the previous year
- 7.4 x more likely to suffer from alcoholism

<sup>38</sup> Choi, K. W., Stein, M. B., Nishimi, K. M., Ge, T., Coleman, J. R. I., Chen, C. Y., ... & Smoller, J. W. (2020). An exposure-wide and Mendelian randomization approach to identifying modifiable factors for the prevention of depression. *American Journal of Psychiatry*, 177(10), 944-954. <https://doi.org/10.1176/appi.ajp.2020.19080897>

<sup>39</sup> Institute for Healthcare Improvement (IHI), 2017.

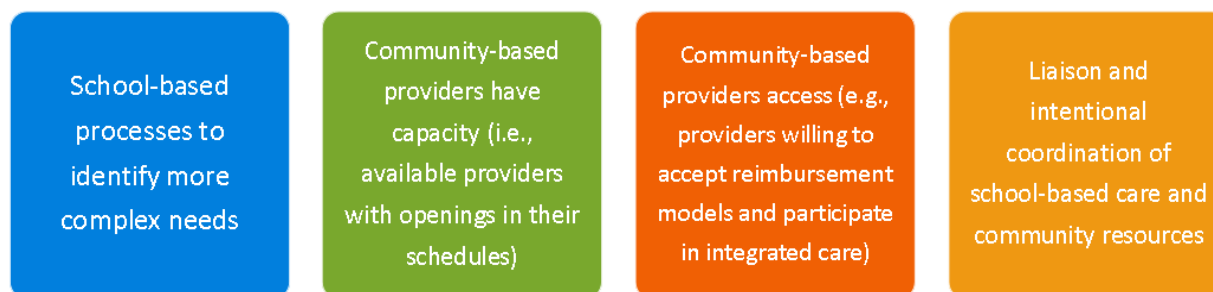
health. This approach also facilitates early intervention and prevention strategies, reducing the long-term burden on the school and community-based healthcare systems. In addition, integrating ACEs data into clinical practice enables healthcare professionals to identify individuals at higher risk for adverse health outcomes and tailor interventions, accordingly, thereby breaking the cycle of intergenerational trauma and promoting healthier communities.

### Characteristics of an Integrated System

In the PCPS system, a minimal degree of integrated care exists. For an integrated care system to effectively address student needs, at minimum, four things must be in place.

1. **Surveillance:** Student monitoring and awareness of at-risk students or situations; close connection between the school nurse (or other medically-informed staff) and the counselor (or other staff member supporting student mental health needs).
2. **Capacity:** Available providers (in-school or in the community) able to see students who can address mental and medical issues (or refer to others who can do so). Importantly, this includes medical providers willing to screen for mental health issues in a primary care setting and who maintain a strong referral network with providers who can offer mental health care, if needed.
3. **Access to Care:** Providers willing to accept the student care reimbursement model, provide services, acceptable hours of operation, and other access to care issues.
4. **Liaison:** Focused, intentional linkage at the school-level; this means a PCPS staff member (or other resource) whose role is to coordinate care between the school and any providers both in the school or in the community.

### EXHIBIT 12: INTEGRATED SYSTEM



Although some measures are in place, and PCPS offers a strong cadre of services, the research reflects opportunities for improvement. **Consistent with the four requirements above, please note the following:**

### **Surveillance**

Involvement of the school nurse with the school counselor and SMHT members is very informal. The school nurse is one of the initial points of contact (or, potential first responders) for students presenting with physical issues which have an underlying mental health connection. Although nurses will often refer students to a counselor, when needed, the linkage and involvement of school nurses with the SMHT and other mechanisms addressing broader based care are not well practiced, according to several school administrators, counselors, nurses, and parents.

### **Capacity**

In order to meet additional student integrated health needs, there needs to be available slots where students can be seen when the student needs it – in schools or in the community. Research respondents (e.g., providers) say that even though capacity could be somewhat addressed if awareness and access to available slots were improved, overall availability is very tight.

To better incorporate the medical and physical aspects, community-based pediatricians may be a helpful (though currently unused) resource. They are largely not involved in student-level care unless parents initiate care independently from the school. School-based care for mental health issues (including potential medication management) does not connect with local pediatricians.

Research respondents indicate that there may be several reasons for the low level of pediatrician involvement – uncertain or low reimbursement rates, a decision/perspective by pediatricians that student-based mental health issues would be better managed by a psychiatrist, lack of formal relations with the PCPS system leadership or facilitators, or other issue.

## Access to Care

Community-based mental health providers and school-based staff say that operations between the two groups are siloed – presenting roadblocks to the seamless provision of integrated mental health and physical health care for students. Some community-based providers are co-located (at least, part time) at PCPS schools. However, their ability to seamlessly refer students to providers outside of the school environment can be challenging due to a lack of:

- Adequate protocols, mechanisms, and MOUs between PCPS and community-based providers and associated training [Note: Some currently exist, but more robust ones are needed, according to research participants.]
- Available community-based outpatient capacity
- Transportation (i.e., access) issues
- Parental support
- Financial considerations
- A coordinated, well-understood system referral process
- Coordination of medical and mental health assets
- Other issues

## Liaison

Integrated care at the school level would require more intentional focus of a school-based staff member to coordinate student care – medical and mental health care (including assessment and evaluation) with community-based providers. Currently, neither schools nor community providers appear to have clear, intentional strategies to assure integrated care. Community referrals are managed by the counselors and/or members of the SMHTs, but the process is not effective and efficient; reciprocal efforts from the provider side are not well-positioned.

## In Summary

An integrated care model in the PCPS was identified by research participants as an important – and tenuous – component of care for students with mental health challenges for several reasons. First, there is often a link or co-occurrence between mental health and physical/medical issues. Second, school nurses or community-based medically trained professionals often are the first ones to identify a mental health issue (i.e., when it manifests as a physical issue). Third, the current PCPS system of care lacks dedicated, school-based staff to coordinate care and processes/protocols to support more seamless student care and support. That said, respondents also indicate that community-based providers and school leaders are willing to review and revise processes/protocols to expand access and coordinate care.



“We would like to take more kids [i.e., students requiring outpatient mental health care and coordination of medical needs]. However, the Medicaid reimbursement model in Florida is abysmal! I work really hard just to keep the doors open with our current patient panel. Adding additional Medicaid patients would be wonderful, but we’d need some financial support from somewhere to do it.”

Leader of a Polk County-based  
Integrated Care Provider

## Voices from the Community

“Teacher training [to identify student challenges is needed]. Teachers in high school don't seem [focused on identifying] mental health issues like ADD. From what I understand elementary school teachers are better trained to identify mental health issues, whereas [sic] high school teacher are ... there to teach a subject. We have experienced having a child diagnosed in high school and ... had teachers [unable] to give support.”

Parent of a High School Student, Lakeland

“[I need a better way to access care. My daughter told] the school counselor, and then the teacher, and then the bus driver. I feel like a broken record. She doesn't need an IEP, and has perfect grades, so there's no system for meetings and getting her help with her mental health. I don't know what to do for her as we speak. I talked to the school counselor about [integrated] resources and didn't get any help.”

Parent of Students in Elementary School & High School, Winter Haven

“I couldn't take an additional 500 kids [pediatric mental health patients], but I could certainly take some! We keep trying to collaborate on integrating care with the schools, but [it doesn't seem to be a high-priority area of focus].”

Leader of a Community-based Provider Organization

“The issue is never simple, but it boils down to bureaucracy and reimbursement. [Some of our staff] need to attend a weekly meeting with DCF. DCF is fantastic! I love what they do! They are amazing! However, the weekly meetings that we are all required to attend are not productive. This is a State [of Florida] thing. I would rather see three more patients than have the meeting. There is also a growing mountain of paperwork! Finally, the [Medicaid] reimbursement rate is so low that we would have a hard time making it financially if we saw a much greater number of students covered by Medicaid. I wish that weren't the case, and we'd be the first ones to fight to see more kids!”

Staff Member, Polk County Provider Site

“In school, HIPAA-compliant mental health screenings and follow through [are needed] for at risk students. Qualified school counselors who care, answer parents' emails, [coordinate student care], and follow through with what they say they are going to do for your child [has to happen].

Parent of a Middle School Student, Lakeland



“It really stinks. My little brother is still in [high] school. For a while, he was going to the [southern Polk County middle school] school nurse almost daily. She was really nice but they [the nurse and others at the school] never put two and two together: my brother was sick because he was worried about getting beat up[sic]!”

Young adult whose brother is in middle school, Mulberry

“Reach out more or identify ways we can coordinate sooner.”

Polk County Parent (location not included in the survey response)

“Unless you have an integrated care model, you’re going to suboptimize mental health – and probably medical/physical health – for the students. Not only is there a lot of overlap between the medical and mental [health components], but physical and mental health conditions often co-exist. You’re likely to miss these unless you intentionally look for them. In addition, you need a CMA, CNA, [or school nurse] located at the school who can coordinate care and be that bridge to care in the community AND ALSO be the means to get HIPAA-compliant information back to the school level.”

State & Regional Subject Matter Expert

## KEY THEME #5

## FINDINGS

### Societal Impact

- The role of the public school system – and all of those employed there – has morphed.
- Parents, families, guardians, and adults living with students (“home”) are a critical factor in addressing student mental health – school-based or otherwise. In some cases, home engagement suffers due to a lack of knowledge about mental health issues and impact, awareness of resources, inefficient communications between the schools and the home, (in a few cases) inability or unwillingness to address student mental health issues, available time to focus on a child’s health, or others.
- The COVID-19 pandemic impacted all Americans – in some ways, students more than others.

#### Overview

The role of public school systems was historically and predominantly focused on academics. It has evolved to encompass a wider range of social, health, and mental health responsibilities – reflecting changes in societal expectations, family dynamics, and the recognized link between student well-being and academic achievement. This shift began a generation ago (or more) with an increased emphasis on social services, acknowledging the significant impact of a child's social environment on learning. More recently, schools have become key links in the mental health system – working to address the prevalence of mental health issues among students and their effect on learning and behavior. Evolving roles require increased parent/school interaction and systems flexible enough to respond to each family’s unique interests and capabilities.



“My job changed! I now watch for students’ health and welfare much more than I used to.”

Southern Polk County Middle School Teacher

#### Detailed Discussion

In Polk County, many qualitative research respondents note that the role of schools in today’s changing environment has evolved. Likewise, for some parents, roles have changed, too. Issues such as a stressful home life, COVID impact, mental health stigma, and the area’s rapid growth have required schools to enhance their ability to address social issues – including mental health. However, most PCPS staff – though skilled educators – do not have mental health training, yet those skills would often be beneficial. Currently, training such

as Youth Mental Health First Aid<sup>40</sup> is helpful yet insufficient to prepare PCPS staff to fully address student mental health needs. Three of the most often noted societal issues impacting school-based mental health are:

- The changing roles of parents and public schools
- The impact of the COVID-19 pandemic
- Mental health stigma

The following section presents some of the key aspects of each topic as described by research participants in interviews, group discussions, and survey analyses.

### Roles of Parents and Public Schools

The role of public school systems has evolved over the years, transitioning from a primary focus on academics to encompassing a broader range of social, health, and mental health responsibilities. This evolution reflects changes in societal expectations, family dynamics, and the link between student health (physical, emotional, mental health) and academic achievement.

Some of the shift began a generation ago with the increased emphasis on social services, reflecting the understanding that a child's social environment significantly impacts their learning. More recently, schools have increasingly become venues for providing mental health services, recognizing the prevalence of mental health issues among students and their impact on learning and behavior. Nationally, many schools have also taken on roles in addressing socio-economic disparities through free or reduced-cost meal programs, clothing drives, and other services. **Some of the factors driving the changes include the following:**

- **Changing Family Structures**  
With more dual-income families and single-parent households, schools have become critical support systems for children, providing services that might traditionally have been provided at home. In some situations, this evolving role for the school has become an expectation for parents.
- **Recognition of Holistic Education**  
Educators and policymakers now recognize that academic success is closely tied to emotional, mental, and physical well-being. This has led to a more holistic approach to education, and, in doing so, has changed the list of skills required for public school staff to be effective.
- **Policy and Legislative Changes**  
Federal and state legislation has increasingly mandated that schools address various non-academic needs. For example, the “Every Student Succeeds Act” (ESSA) of 2015 emphasizes the importance of mental health and safety in schools. In Florida, the Florida Mental Health Act (“Baker Act”

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<sup>40</sup> Some additional information is available from the State of Florida Department of Education at <https://www.fldoe.org/core/fileparse.php/10978/urlt/fl-AWARE-YouthMentalHealth.pdf>

legislation) provides a legal framework for the involuntary examination and temporary detention of youth (and others) who are a danger to themselves or others due to mental illness. Additionally, the 2018 Marjory Stoneman Douglas High School Public Safety Act was a significant milestone. In addition, some of the education-focused legislation regarding topics covering gender and sexual orientation, sports, religion, acceptable periodicals, race relations, etc., has increasingly brought the link between societal changes and school policy to the forefront.

- **Community Expectations**

Some individuals in many communities increasingly expect schools to play a role in socialization, character development, and preparation for life beyond academics, including career readiness and social skills.

Regardless of the drivers for change, the reality is that public schools are required to play a broader role in the education, health and wellness, and development of students – requiring greater innovation, modified strategies, and more insightful communications skills. Changing roles and evolving expectations about ways that parents and schools interact are also reflected in this project’s Parent Survey. Two data points pertaining to the societal impact discussion are included below, and the report’s Survey Analysis section includes a more in-depth analysis. Project research illuminates a core “soft spot” regarding the linkage between student mental health care needs, and perceptions of the school’s ability to meet those needs.

- Over 90% of parents agree that their children’s teachers (or the school administrators) are at least partially responsible for identifying when a student needs mental health care or support.
- However, only one in five parents (21%) say that teachers and school administrators are mostly or fully able to help students’ mental health needs and direct them (with parental involvement) to appropriate counselors or other support.



“I love my job, love my kids [students]. When I started [teaching 20 years ago], getting kids graduated, maybe college guidance, or just helping kids adjust to life were my biggest issues! Now, though, some of us are much more like therapists than teachers. I’m fine with the new roles; it’s a big change, though.”

High School Counselor

## The COVID-19 Pandemic

The impact of the COVID-19 pandemic is not yet fully realized within the PCPS environment. Even prior to the pandemic, mental health was declining in U.S. high schools.<sup>41</sup>

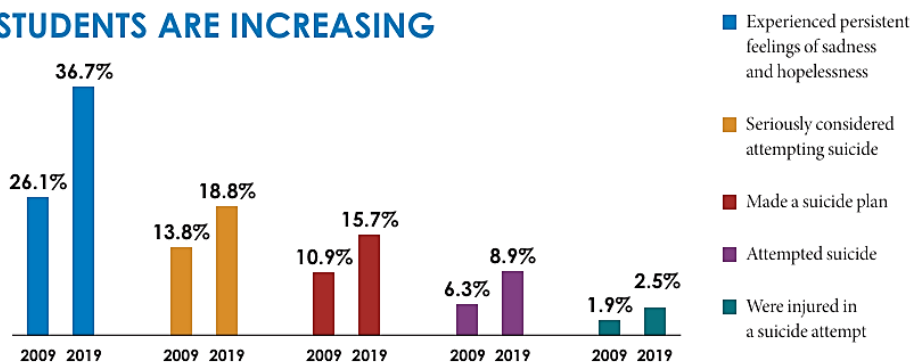
Research participants – parents, teachers, administrators, counselors, providers, and others – asserted that declines since 2019 accelerated due to the pandemic. They stated that the pandemic led to considerable academic, mental health, and social challenges.

National data indicates substantial learning loss, particularly in core subjects like math and reading, exacerbated by the digital divide that left many students without adequate access to online learning resources.<sup>42</sup>

PCPS staff and others concurred and said that mental health issues, including student anxiety and depression, surged – likely due to isolation and uncertainty, compounded by the loss of access to school-based support services. Social development suffered as students missed crucial in-person interactions and extracurricular activities. Additionally, economic strains on families and disruptions to students' education have raised concerns about the ability to get a job after graduation.

## POOR MENTAL HEALTH AND SUICIDE BEHAVIORS AMONG U.S. HIGH SCHOOL STUDENTS ARE INCREASING

Persistent feelings of sadness or hopelessness  
**INCREASED 40%**  
between 2009-2019  
for U.S. high school students



Source: [CDC YRBS Data Summary & Trends Report: 2009 - 2019](#)

<sup>41</sup> US Centers for Disease Control and Prevention, [CDC Fact Sheet](https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/dash-mental-health.pdf), “Mental Health Among Adolescents.” Available at <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/dash-mental-health.pdf>; additional data available here: <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

<sup>42</sup> McKinsey & Company, 2023. Its research shows that the average student in American K-12 schools is five months behind in math and four months behind in reading. They also point towards data that show an increased achievement decline in students of color. Available at [Link to McKinsey Report](#).

## Mental Health Stigma

Mental health stigma in schools is reflected in many forms, including societal stigma, self-stigma, and institutional stigma.

The impact of mental health stigma on students and their families is profound and can limit access to care. Students may experience bullying, social isolation, and academic difficulties due to the stigma around their mental health conditions. This can create a vicious cycle – decreased self-esteem, increased anxiety, worsening mental health symptoms, and poor academic and personal development. Families also face challenges as they may think that they will be judged, which can exacerbate stress and hinder their ability to advocate for their child's needs effectively. This can prevent open communication and the early intervention crucial for managing mental health issues.

Nationally and in Polk County, positive movements to reduce mental health stigma in schools are gaining momentum and have shown promising results.<sup>43</sup> Programs that promote mental health education and awareness are being integrated into school curriculums to foster understanding and empathy among students and staff. Initiatives such as Mental Health First Aid training for educators and students equip school communities, as well as others outside the school setting, with the skills to recognize and respond to mental health issues. Furthermore, the inclusion of student-led mental health advocacy groups provides peer support and helps normalize conversations around mental health. These efforts, combined with increased access to school-based mental health services, can create a more supportive and inclusive environment for students.

## Types of Stigma

Societal stigma, self-stigma, and institutional stigma are three types of stigma that can affect people with mental health conditions:

**Societal stigma** – Also known as public stigma, this is when a large portion of society has negative attitudes or beliefs about people with mental health conditions. This can lead to prejudice and stereotypes.

**Self-stigma** – This is when people with mental health conditions have negative attitudes or beliefs about themselves, including internalized shame. Examples of self-stigma include feeling inferior, blaming yourself for your illness, or feeling like no one understands.

**Institutional stigma** – Also known as structural stigma, this is when schools, governments, corporations, and other institutions create policies that intentionally or unintentionally limit opportunities for people with mental health conditions. Examples include lack of parity between services or insurance coverage for mental health care versus medical/physical health care.

**For broader information on stigma:**

<https://www.healthline.com/health/what-is-stigma>

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<sup>43</sup> For more information see Frontiers in Psychology, 2022. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9878318/> Sainz V, Martín-Moya B. The importance of prevention programs to reduce bullying: A comparative study. Front Psychol. 2023 Jan 12;13:1066358. doi: 10.3389/fpsyg.2022.1066358. PMID: 36710789; PMCID: PMC9878318

## In Summary

The role of the public school system has changed. In Polk County, societal changes include the impact of growth, the pandemic, evolving family/parent and school roles, the impact of the pandemic, and other factors. The changes magnify the urgency and importance of the connectivity between students, families/parents, schools, care providers, and others. However, one of the consequences of an evolving society can be increased social isolation, disparate or siloed systems (for example, the PCPS system and the Polk County provider network), and yet an increased need for these parties to seamlessly connect.

**The research indicates that all parties desire a more integrated, collaborative system, yet most wrestle with structural or operational barriers to accomplishing the goal such as the following:**

- Student referral channels are variable and, in some cases, not fully familiar to some school-based staff. Similarly, communications channels between schools and parents are challenging, as not all parents and not all school-based staff have equivalent communication styles and interest levels.
- Bureaucracy and perceived low reimbursement rates disincentivize community-based providers, in some cases, to expand PCPS engagement (though, in other cases, this is not a barrier).
- Available time – Parents are often so busy that taking additional time to learn about mental health prevention and awareness (for example), is not a high priority – unless their student is wrestling with the issue. Similarly, school staff, teachers and other PCPS staff are continually balancing so many issues – all of which are important – that participating in additional training is hard to do and difficult to prioritize. Finally, setting up and implementing communications channels between schools and parents is time consuming; both parties struggle, at times, to be successful.

These multifaceted impacts highlight the challenge in Polk County to provide interventions to address the complex academic and psychological well-being of high school students. There are other barriers to successfully improving the PCPS mental health system covered elsewhere in this report. The few above are the ones most consistent with the “Societal Impact” focus of this section.



“The role of schools has changed. We are now much more responsible for the total well-being of the student – not just academics and the occasional ‘bad day’ that most kids run into.”

Northern Polk County Elementary  
School Teacher



## Voices from the Community

"I think a newsletter sent to parents with just a small information area, maybe bullets highlighting the information (even symptoms), and a link to more information about a different subject every so often would help to educate parents and even kids in the upper grades. Sometimes, understanding that there is something happening is hard for parents and for kids. It's not always easy to understand what is normal and what is not. Also, kids are not big talkers. So, it would help them to have the information and be encouraged to reach out for help and be told where to find help. This pertains to all mental health, including learning disabilities."

Parent of a High School Student, Winter Haven

"Good communication between the school and the parents, so that the two entities can always be well informed of everything that is happening, and act accordingly for the well-being of the child."

Parent of an Elementary School Child, Eagle Lake  
(translated from the Haitian Creole survey response)

"Some parents of higher-need students are not actively involved in the student's school-based behavioral or mental health care. Some of them struggle with their own issues. It's very complicated."

High School Counselor, Central  
Polk County

"If [there was more] time [to address mental health issues] that would greatly help improve our school district drastically. Especially if time was allocated to the mental health of all on a school campus. The other resource that would be helpful is qualified professionals, and the word 'qualified' would have to be descriptive enough to encourage the type of support on a campus needed for all people to be successful!" [Also shown in the qualitative research summary.]

"It's not always 'parents.' Sometimes it's relatives, grandparents, or someone else. We use the term 'adults with whom the student lives.' These adults are the most critical component of student health, wellness, development, and mental health."

Middle School Counselor, Winter Haven

"Sometimes, some of us are slow to notice mental health issues – parents, teacher, and others, too. When you're focusing on teaching science sometimes you just don't recognize them. It really needs to be a shared responsibility between parents and the schools."

Administrator & Former Science  
Teacher, Eastern Polk County

## Targeted Priorities: Qualitative Research Summary

The qualitative research was inclusive and expansive – engaging parents, teachers, school administrators, counselors, itinerant PCPS staff, community-based providers, national thought leaders, leaders and staff members from Polk County-based organizations serving various student and child needs, members of higher-risk and/or disadvantaged community groups, PCPS executive leadership, general citizens of Polk County (via the community intercepts), and many others.

Note that due to privacy restrictions, students' perspectives were gathered from parents and school professionals.

People who participated in interviews, group discussions, or other research modalities were generally quick to identify Polk County (and PCPS) strengths, opportunities for improvement, and suggestions to address needs or opportunities. As described above, some of the strengths and core themes regarding improving PCPS student mental health are shown below.

### Strengths and/or Assets Examples

#### **Well-trained, Highly Innovative, and Caring Staff**

Extremely capable and well-trained school-based staff – teachers, administrators, counselors, school nurses, and others

#### **Large Array of Educational Support and Academic Opportunities**

A strong selection of academies, STEM programs, career-focused programs, and support

#### **Talented, Forward-thinking PCPS Executive Leadership**

Highly regarded PCPS district leadership such as Mr. Heid, Mr. Green, Ms. Santos, Ms. Scott, and others

#### **Strong Array of infrastructure and Training Within the PCPS System**

The Multi-Tiered System of Support (MTSS) framework<sup>44</sup> including the School Mental Health Team system<sup>45</sup>, Threat Assessment Training, and an extensive roster of programs available to support student health or respond to acute situations.

#### **Helpful and Accessible Student Database**

The FOCUS student information system provides real-time access to student information that can be used to identify strengths, progress, personal challenges and needs, and other factors impacting the student success and the ability of the school staff to enhance strengths and support needs.

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<sup>44</sup> The MTSS approach is highly regarded, yet some suggest that some of the program nuances could be realigned to better achieve the goals.

<sup>45</sup> Comprised of school psychologists, social workers, mental health facilitators, and (at the school level) counselors. The SMHTs are itinerant – serving a group of schools assigned to each team. There are approximately eight SMHTs.

## Core Themes to Improve Student Mental Health

### Awareness of, and Access to, Currently Available Resources, Including Best Practices Sharing

- Awareness of currently available mental health-related resources within the PCPS system varies – some school-based staff have comprehensive knowledge; others have only a basic understanding.
- For school staff members aware of currently available resources to support student mental health, many struggle with knowing how to efficiently access those services.
- Access to providers is limited – school-based or community-based.

### Student Screening and Surveillance

- Schools and educators miss some opportunities to capitalize on students' strengths, in addition to addressing emotional, developmental, or mental health deficits, because of inadequate early childhood screening capacity.
- Some PCPS parents are not fully aware of signs of mental health issues, effective ways to address them, the range of community resources, and/or ways to access them, if needed.
- For older students in middle school or high school, screening needs differ.

### Capacity and Staffing

- Capacity was the most identified deficit in the PCPS system of care – but it is also the most difficult to address.
- Current capacity may be enhanced through greater use of telehealth, greater awareness of available resources among PCPS staff, and reduced barriers to care.
- Capacity building involves practical challenges due to reimbursement rates, bureaucracy, and other factors.

### The need for more integrated care

- Integrated care – medical/physical and mental – and continuity of care among levels of providers is weak.
- There is a high correlation among mental health issues, physical health, and positive life experiences.
- Bureaucracy, reimbursement models, and other factors limit integrated care.

### Societal Impact

- The changing role of the public school system.
- Realistic challenges faced by parents or guardians and their ability to support their child's mental health issues.
- The COVID-19 pandemic impact.

## Survey Research Analysis

In order to (1) engage school staff (including providers) and parents, (2) learn their perceptions of issues related to mental health processes and access to care, and (3) query their strategies to address system gaps, two community-based surveys were conducted.

**Survey #1:** The School Staff and Providers Survey. The survey included responses from over 400 PCPS staff members – principals, assistant principals, school nurses, counselors, school psychologists, and many others.

**Survey #2:** The Student Health and Wellness Survey (“Parents”). The survey engaged over 2,600 parents of PCPS students.



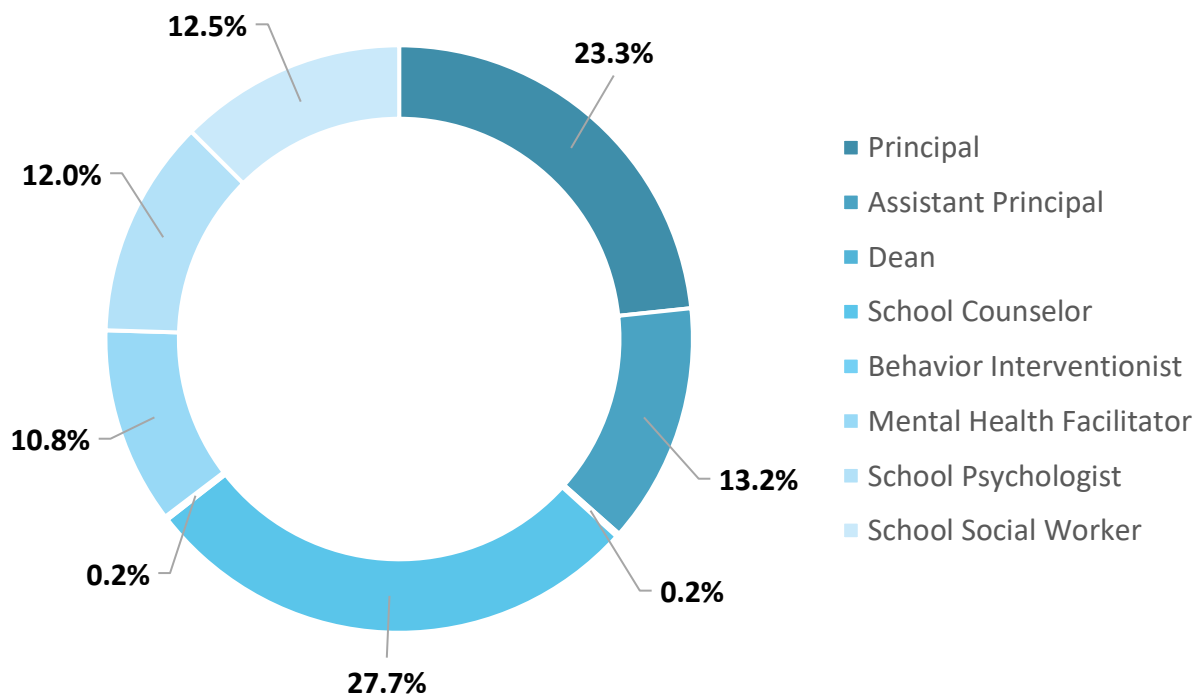
## Overview: Quantitative Survey Results

Each survey provided a wealth of information regarding the perceptions of mental health-related issues in the PCPS setting. The data tables focus primarily on issues involving perceptions of, and access to, mental health-related services in the PCPS system. The information includes frequency tables and crosstabulations, where helpful. Where possible, survey results were further broken down by type of respondent (e.g., race, ethnicity, or other characteristic). Survey targets and select key results are listed below. As noted, the complete data tables are contained in the appendices.

### Survey #1: School-based Staff and Providers Survey

The PCPS In-School Survey (i.e., the “School Staff and Providers Survey”) engaged over 400 school system professionals – PCPS administrators and counselors, itinerant, district-level mental health staff, other select school-based or other PCPS staff.<sup>46</sup>

#### EXHIBIT 13: SCHOOL-BASED STAFF AND PROVIDERS SURVEY PARTICIPANTS

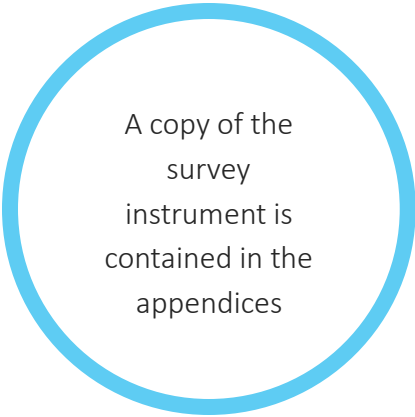


<sup>46</sup> Note: Though not included in the quantitative survey, insight from teachers was garnered via in-depth interviews and group conversations with current and former teachers.

In order to maximize survey participation, PCPS district leaders sent survey targets an initial email directing them to click on an embedded hyperlink and take the Mental Health Gap Analysis survey. Several days later, “reminder” emails were sent out from the same sources. Survey responses were collected using the Survey Monkey cloud-based software. The instrument is included in the appendices. Analysis of the responses was conducted using Statistical Package for the Social Sciences (SPSS) and Microsoft Excel.

**The expansive survey covered a wealth of topics such as the following:**

- Capacity – Having Enough Mental Health Providers
- Surveillance and Awareness
- Processes and Roles
- Communications, Information Sharing, and Privacy
- School Staff Member Perspectives



A copy of the survey instrument is contained in the appendices

Survey respondents represented the breadth of Polk County schools (elementary, middle, and high schools) with, as expected, a proportional concentration of responses from higher population towns/cities.

The key findings from the School Staff and Providers Survey affirm and provide greater detail about results of the qualitative research. Core results are described below along with accompanying data tables. Note that the more complete set of tables is contained in the appendix.

## Capacity – Having Enough Mental Health Providers

Greater capacity (i.e., more providers), enhanced engagement with parents, and greater knowledge about ways to get mental health care and support for students are the most common barriers to improving student mental health care. Of these, more than half (54.1%) of school staff say that “More knowledge about how to get help – processes or flow charts to help inform actions” is needed to address current barriers.

### EXHIBIT 14: ITEMS THAT ARE NEEDED TO ADDRESS BARRIERS OR CHALLENGES YOU FACE IN ACCESSING MENTAL HEALTH SUPPORT FOR STUDENTS

Issue	Percent
More mental health professionals or other providers in school	71.5%
More mental health professionals or other providers provided by the PCPS District (e.g., School Mental Health Team members, etc.)	68.2%
Additional support or engagement of parents	64.9%
More time to completely care for students with needs	58.0%
More mental health professionals or other providers outside of the school system in the community	57.7%
More knowledge about how to get help – processes or flow charts to help inform actions	54.1%
Additional PCPS system budget or funding	50.8%
Additional logistical support – transportation, available office hours, student/family finances, and others	43.3%
None	1.3%

\*The sum of the percentages does not equal 100% since respondents were allowed to select multiple choices.

## Surveillance and Awareness

Regarding surveillance and awareness of student strengths, capabilities, and needs prior to entering school (i.e., kindergarten, entering middle school, entering high school, etc.), “mental health” is the area of which the greatest percentage of respondents says that “much more” insight is needed. Respondents recognize that academic screening is largely in place, however, many (56.5%) say that more mental health screening is needed.

### EXHIBIT 15: TO WHAT DEGREE WOULD MORE STUDENT SCREENING BE MOST HELPFUL TO YOU EITHER PRIOR TO THE FIRST DAY OF SCHOOL OR WITHIN THE FIRST FEW WEEKS OF CLASSES?

Capability	No more needed	Much more needed
Mental health	3.8%	56.5%
Behavioral	5.9%	48.2%
Emotional/Developmental	4.7%	45.7%
Social determinants (e.g., housing, access to food, etc.)	6.8%	34.9%
Healthy lifestyle	12.9%	25.1%
Other strengths or skills	10.9%	25.1%
Academic	21.2%	24.2%



There is a perceived lack of training and resources around ways to better manage students with mental health challenges. When a student needs mental health support or care, two-thirds of survey respondents (67.2%) indicate that they are “mostly” or “fully” aware of where and how to get support. However, they indicate that they perceive a dearth of understanding among newer teachers – only one in eight (13.6%) say that newer teachers are aware of where and how to get support

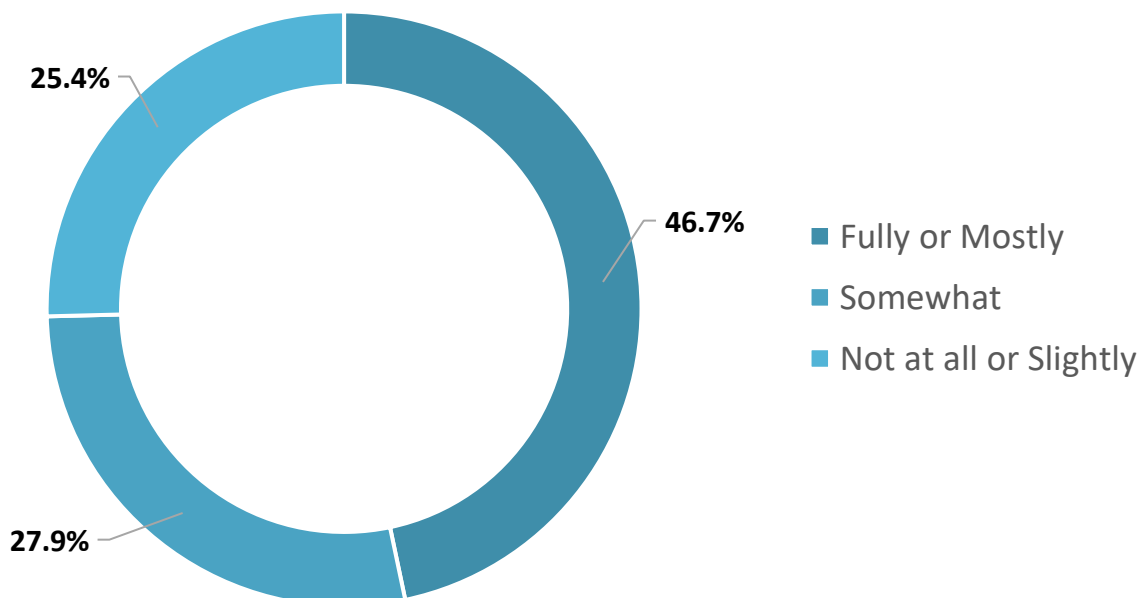
#### EXHIBIT 16: UTILIZATION OF RESOURCES

To what degree do <u>YOU</u> know how to utilize available mental health support resources?		To what degree do <u>NEWER TEACHERS</u> and administrators know how to utilize available mental health support resources for students?	
Response	Percent	Response	Percent
Fully or Mostly	67.2%	Fully or Mostly	13.6%
Not at all or Slightly	7.1%	Not at all or Slightly	57.3%

#### Processes and Roles

Many school members are not aware of processes and protocols to guide student mental health intervention and support. Fewer than half (46.7%) say that they “mostly” or “fully” have helpful processes available to them (e.g., flow chart, decision tree, written protocol, etc.) that help identify and support students with mental health needs.

#### EXHIBIT 17: TO WHAT DEGREE DO YOU HAVE A CLEAR, HELPFUL PROCESS AVAILABLE TO YOU (E.G., FLOW CHART, DECISION TREE, WRITTEN PROTOCOL, ETC.) THAT HELPS YOU IDENTIFY AND SUPPORT STUDENTS WITH MENTAL HEALTH NEEDS?



School counselors face challenges such as time and clear processes of care and support. Fewer than two of three (65.5%) say that they have adequate time and resources to make an informed decision and assess students' potential emotional or mental health issues. Even fewer (44.0%) state that there are adequate PCPS processes (e.g., flow chart, decision tree, or other training) to provide a uniform guide for actions and support.

**EXHIBIT 18: AMONG SCHOOL COUNSELORS: WHEN A STUDENT IS REFERRED TO YOU FOR A POTENTIAL EMOTIONAL OR MENTAL HEALTH ISSUE, TO WHAT DEGREE DO YOU AGREE WITH THE FOLLOWING STATEMENTS?**

Role	Percent Disagree or Slightly disagree	Percent Agree or Slightly agree
There are sufficient resources within the PCPS system to provide care and support for most students with mental health issues	45.1%	36.6%
There is adequate PCPS processes (e.g., flow chart, decision tree, or other training) to provide a uniform guide for actions and support	35.7%	44.0%
I have adequate time to make an informed decision	31.0%	65.5%
I have adequate resources to conduct an assessment to identify issues	27.1%	65.9%
I have adequate training and experience to make helpful decisions for students	4.7%	95.3%

**NOTE:**

It is "difficult to make more time," however, survey respondents say that process-related issues may be more manageable with short-term strategies.

Additional guidance or clarification of roles is needed for some counselors. Specific insight from school counselors is shown below. Two of five counselors (40%) say that providing ongoing counseling and support is something that they “usually” or “always” do; others (60%) say that it is “never” or “only occasionally” their role.

**EXHIBIT 19: AMONG SCHOOL COUNSELORS: UNDERSTANDING THAT YOU SEE STUDENTS WITH A VARIETY OF NEEDS, WHEN WORKING WITH MOST STUDENTS WHO MAY NEED EMOTIONAL AND/OR MENTAL HEALTH SUPPORT, WHAT IS YOUR ROLE?**

Role	Percent Usually or Always my role	Percent Not, or Only occasionally, my role
Provide an initial evaluation of needs	85.9%	14.1%
Provide short-term counseling and support	83.5%	16.5%
Connect the student (and, potentially, his or her parents) with community-based care providers	56.5%	43.5%
Provide ongoing counseling and support	40.0%	60.0%

**Communications, Information Sharing, and Privacy**

Access to school-based mental health support other than counselors difficult – reflecting back to the access issues of capacity, processes, awareness, integrated care noted in the qualitative research section.

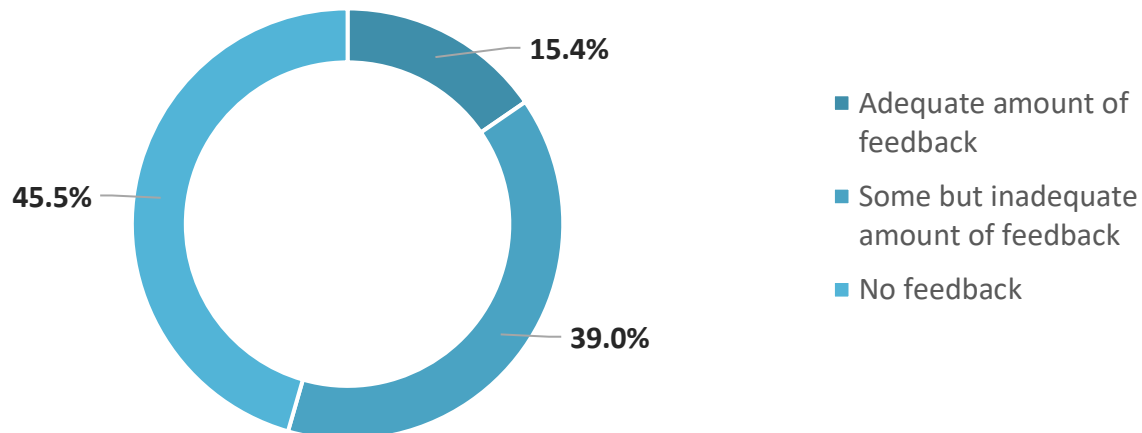
**EXHIBIT 20: WHEN A STUDENT NEEDS THE FOLLOWING RESOURCES, HOW OFTEN CAN THEY GET CARE OR SUPPORT OR ACCESS IN A TIMELY MANNER?**

Resource	Percent Never or Rarely	Percent Usually or Always
School-based counselors and others	8.2%	77.2%
Itinerant, District-level support such as the School Mental Health Teams and other resources that are onsite at the school one or more times per month	10.8%	61.1%
Telehealth	33.4%	42.1%
Community-based counselors and other providers	40.8%	22.9%

- Only five of eight (61.1%) of counselors say that they can “usually” or “always” get timely care).
- However, telehealth access is perceived as even less available (42.1%), and community-based care is seen as the least available – only about one in five (22.9%) say that they can get timely care from them.

School-based staff struggle with knowing how to best support students receiving mental health treatment – from school-based providers or (especially) community-based providers.

**EXHIBIT 21: WHEN STUDENTS RECEIVE MENTAL HEALTH CARE OR SUPPORT, HOW MUCH FEEDBACK DO YOU RECEIVE FROM PROVIDERS REGARDING WAYS THAT YOU CAN BETTER SUPPORT ONGOING STUDENT MENTAL HEALTH NEEDS?**



- When students receive mental health care or support, only one in six (15.4%) say that they receive adequate feedback to support ongoing student mental health needs back in the school environment. Fully cognizant and supportive of privacy concerns and regulations, school staff members express the desire to have some additional – appropriately limited – insight that they can consider when providing school-based adaptations or other support.
- Some staff members suggest that there may be a way to use the student information system (i.e., FOCUS) – which most use daily and find helpful – to share appropriate-level information.



“We all respect HIPAA. The safest and easiest way to share information with the school is for a school-based, licensed mental health professional – social worker, psychologist, most mental health facilitators – to simply call the student’s parents and ask for a meeting with the [community-based provider], school-based provider, parents, and maybe the student.

During the meeting, ask for an update and for the ability of the school and [community-based provider] to continue to share information, if helpful. This way, the information and all providers are covered [under HIPAA], and the school-based provider is responsible for sharing only the minimal level of information required to provide the best learning environment possible for the student.”

Polk County Community-based Provider

## School Staff Member Perspectives

The survey included an interesting set of questions designed to support school staff and inquire about **their own** health and needed support. The survey results indicate that school staff feel a high stress level, yet most are generally satisfied with their lives. However, more than one in four (25.7%) say that they do not have adequate mental health and wellness support.

### EXHIBIT 22: RESPONDENT HEALTH AND SUPPORT

Issue	Response	Percent
How stressful is your job?	Very or Mostly stressful	54.8%
	Slightly or Not stressful	12.1%
Do you feel that you have adequate support available to you for YOUR mental health/wellness, if/when needed?	No	25.7%
	Yes, partially or fully	74.3%
In general, how satisfied are you with your life? Would you say ...	Dissatisfied or Very dissatisfied	5.6%
	Satisfied or Very satisfied	94.4%

- In sum, the majority (54.8%) indicate that their job is very stressful; however, three of four have adequate resources.
- One-fourth do not have adequate support or resources; given the size of the PCPS system, this translates into a large number of school staff who may benefit from additional support.
- PCPS staff members appear to be highly resilient, as most (94.4%) indicate that they are “satisfied” or “very satisfied” with their life.



## Survey #1 Summary

The School-based Staff and Providers Survey quantifies some of the core issues and core themes noted in the qualitative research. **Specifically, see the following:**

- Screening for aptitudes (as well as health-related, developmental, speech & language, and mental health issues) is lacking in the PCPS system – especially mental health screening for children entering kindergarten.
- Capacity and the aggregate supply of Polk County mental health providers (school-based and community-based) is very tight.
- In many instances, the process of engaging community-based mental health care is cumbersome and does not offer timely access to care.
- Teachers and others have training and experience to make helpful decisions for students. However, protocols, mental health training, and additional insight for school-based staff regarding when and how to access providers is needed for many staff members.
- The FOCUS student information system is seen as an excellent asset, though some school staff members do not fully utilize its capabilities.
- School staff members and providers have stressful jobs, and most maintain a satisfactory quality of life. However, more than one in four (25.7%) say that they do not have adequate mental health support.



“There needs to be some trauma and general mental health resource for teachers! Like anyone, many of them have traumatic events in their pasts. If something triggers them in a classroom, they are going to REALLY struggle to keep themselves safe – not to mention provide for the student. In [my child’s] classroom, a student was acting out, and the teacher attempted to leave to room to get assistance. The student blocked the doorway which triggered the teacher – about some bad situation in her past. She had such a hard time. I felt so bad for her.”

Parent of Elementary School & High School Students, Mulberry

## Survey #2: Student Health and Wellness Survey (“Parents”)

The PCPS Student Health and Wellness Survey (i.e., the “Parent<sup>47</sup> Survey”) was disseminated to students’ parents across Polk County. In May 2024, over 2,600 students’ households responded to the survey providing an overall margin of error of +/-1.9%. The survey was provided online and available in English, Haitian/Creole, and Spanish languages.

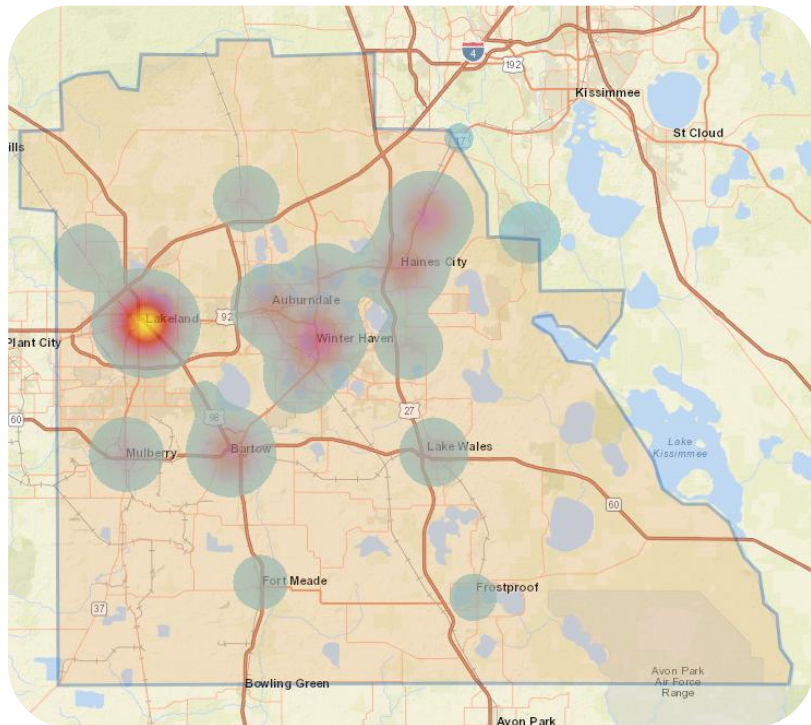
### EXHIBIT 23: IN WHAT LANGUAGE WOULD YOU LIKE TO TAKE THIS SHORT SURVEY?

Response	Frequency	Percent
English	2,362	88.3%
Haitian/Creole	23	0.9%
Spanish	289	10.8%
<b>Total</b>	<b>2,674</b>	<b>100.0%</b>

As shown in the map (right), respondents represented communities throughout the county – proportionately reflecting each town/city.

In order to maximize survey participation, PCPS District Leaders sent survey request emails to school students’ parents (or guardians or “adults living at home”) inviting them to click on an embedded hyperlink and take the Student Health and Wellness Survey. In addition, many received text messages or automated phone calls inviting their participation.

Survey responses were collected using the Survey Monkey cloud-based software. The instrument is included in the appendices. Analyses were conducted using Statistical Package for the Social Sciences (SPSS) and Microsoft Excel.



<sup>47</sup> Note that when we use the term “PARENT,” we recognize that parents, guardians, family members, and other adults living in the home contribute to the development and well-being of the students. For simplicity, we use the term “parent” to represent all of these important and valuable groups.



The expansive survey collected data on many topics such as the following:

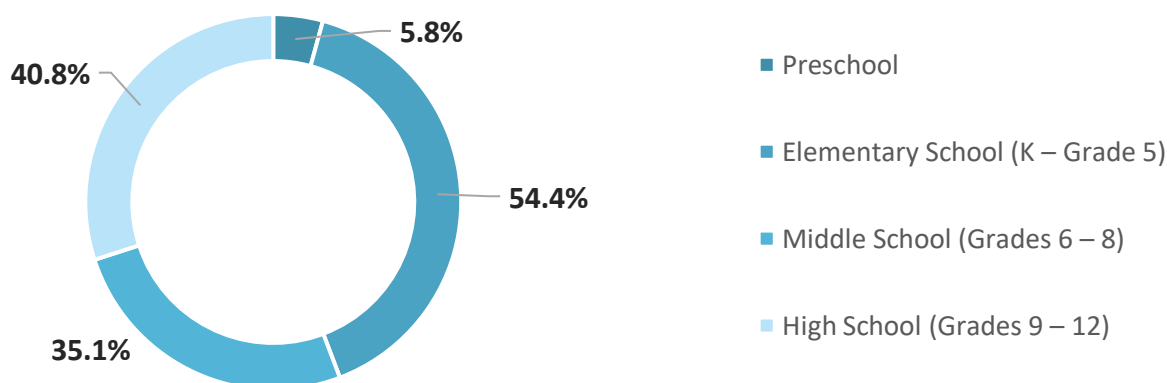
- Respondent Profile
- Surveillance, Awareness, and Early Intervention
- Barriers and Challenges to Getting Mental Health Support
- Communications
- Summary

The key findings from the survey (shown below) support and further illuminate results of the qualitative research described above. Note that the more complete set of tables is contained in the appendix.

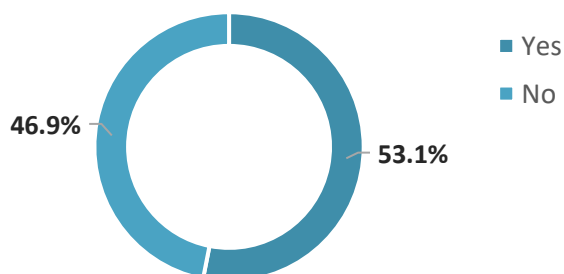
## Respondent Profile

The survey reached households throughout the county at all school grade levels. Many survey respondents have children in multiple school levels – preschool, elementary school, middle school, high school. In total, over half (54.4%) have children in elementary school; over one-third (35.1%), middle school; and more than two of five (40.8%), high school. A few (5.8%) have children in preschool.

**EXHIBIT 24: TYPES OF SCHOOLS ATTENDED BY PARENT SURVEY RESPONDENTS' CHILDREN**



**EXHIBIT 25: DO YOU CURRENTLY OR HAVE YOU EVER HAD A CHILD WHO MAY HAVE NEEDED MENTAL HEALTH SUPPORT?**



More than half (53.1%) say that they currently or have had at some point a child who needed mental health support. Nearly two-thirds of respondents (61.9%) indicate that their child (or children) face high or extremely high stress school environments.<sup>48</sup>

<sup>48</sup> Data point not included in the table above; it is shown in the tables in the appendices.

## Surveillance, Awareness, and Early Intervention

There is a lack of awareness regarding where to turn for assistance if/when their child has a mental health issue. Only about half of respondents (49.8%) indicate that if their child/children needed mental health support that they would know where to turn.

### EXHIBIT 26: IF YOUR CHILD/CHILDREN NEEDED MENTAL HEALTH SUPPORT, WOULD YOU KNOW WHERE TO GO FOR SUPPORT AND HELP?

Response	Percent
Yes, definitely	30.5%
Yes, I think so	19.3%
Maybe, but I'm not sure	20.8%
I do not think so	12.1%
No, not at all	17.2%
<b>Total</b>	<b>100.0%</b>

To help identify when a student may have a mental health need, respondents clearly recognize that parents and family members have the greatest responsibility to do so. However, pediatricians and others play a role, too.

### EXHIBIT 27: TO WHAT DEGREE DO EACH OF THE FOLLOWING PEOPLE HAVE A RESPONSIBILITY TO IDENTIFY WHEN A STUDENT MAY HAVE A MENTAL HEALTH NEED?

People or Groups	Fully or Mostly	Partially	Not at all
Parents and family members	94.5%	5.1%	0.4%
Family doctor or pediatrician	77.4%	20.5%	2.2%
School teacher or administrator	52.2%	43.3%	4.5%
Student	50.2%	36.9%	12.9%
Others in the community	17.6%	43.3%	39.1%

- Parents say that the family doctors or pediatricians play a major role in mental health surveillance, as more than three of four (77.4%) indicate that these doctors are “Fully” or “Mostly” responsible for identifying student mental health issues.
- The qualitative research findings regarding integrated care showed that pediatricians and family doctors are currently rarely involved in student mental health surveillance and care.

## Barriers and Challenges to Getting Mental Health Support

Parents say that the lack of available providers and a lack of information regarding where (and how) to turn for help if their child needs mental health care are the two biggest barriers.

Similarly, fewer than one in three parents say that school teachers and school administrators are able to identify student mental health issues and direct students (with parental involvement) to appropriate counselors or other support.

### EXHIBIT 28: ITEMS THAT ARE NEEDED TO ADDRESS BARRIERS OR CHALLENGES THAT STUDENTS AND PARENTS FACE IN ACCESSING MENTAL HEALTH SUPPORT FOR STUDENTS

Barriers To Accessing Mental Health	Percent Of Cases
More counselors or other mental health professionals in school	69.0%
More information about how to get help for my child (or children) if I think that they may need mental health support	67.1%
Additional Polk County Public School system budget or funding to provide more in-school mental health services	62.5%
Additional support or engagement with teachers and others in school	48.3%
More counselors or other mental health professionals outside of the school system in the community	45.8%
Additional transportation, student/family finances, childcare, and other things to help students get mental health support if they need it	41.2%
None	5.1%

### EXHIBIT 29: FOR STUDENTS WHO NEED MENTAL HEALTH SUPPORT, HOW WELL ARE TEACHERS AND SCHOOL ADMINISTRATORS ABLE TO IDENTIFY THEM AND DIRECT THEM (WITH PARENTAL INVOLVEMENT) TO APPROPRIATE COUNSELORS OR OTHER SUPPORT?

Response	Percent
Fully adequate	15.0%
Mostly adequate	17.5%
Somewhat adequate	27.0%
Slightly adequate	16.3%
Not adequate	24.2%
<b>Total</b>	<b>100.0%</b>

- Linked with the qualitative research, many interviews and group discussion participants indicated that teachers (for example) are well-trained education professionals. However, they are not mental health providers, yet many are positioned where surveillance, de-escalation, and Trauma Informed Care skills (as well as enhanced mental health intervention protocols) would be helpful.

## Communications

During the survey, parents had the opportunity to write comments and/or request a telephone interview or participate in a group meeting (via Zoom). The response was excellent, as more than one-third of respondents offered to be available for further contact. Although not all were able to participate, many did so. Many of their comments revolved around access to care and communications. **Several of the key observations from parents include the following:**

- Most parent-related communication and activities are reactive, not proactive. Mental health wellness is reported as insufficient (e.g., curriculum hours, anti-bullying initiatives, leadership development activities, and others). Several parents also note that a parent/teacher conference once per year is inadequate – especially since there is no efficient bi-directional communication channel between the schools and parents.
- Communications between schools (e.g., teachers, administrators, counselors) is weak. Some specifically noted that there no longer is any effective mechanism to get timely information from the schools (i.e., data FROM the school) or to share information with the schools (i.e., data to the schools). Some noted that the schools previously used a mobile app called “Class DoJo” as an information exchange. Others mentioned teacher-initiated social media pages – both of which are reported to have been eliminated.
- Processes – parent/family-related – are either non-existent or inadequately communicated for many repetitive or cyclical activities such as the following:
  - Processes for the parent to meet with a school counselor
  - Required tasks or activities for family members to attend graduation
  - Transition activities and skill development for elementary school students to transition into middle school
  - Many others



“Up until a few years ago, communication was pretty good. We had an app, and our [student’s] teacher had a Facebook – I think – page. We always had a way to ask questions or see what’s going on in the classroom. They also had a question area – like a listserv – where we could ask questions or simply look at questions asked by other parents and see others’ answers. It saved a lot of time and headaches.”

Parent of a Middle School Student, Lakeland

- Staffing shortages are seen as a “fact of life.” However, some parents are dissatisfied with the schools’ responses. Some suggest that greater use of technology-based solutions (such as Class Dojo or others) would help alleviate the impact.
- Among parents interviewed in the research phase of the project, respondents almost unanimously indicated that the process of engaging a community-based provider through the school was “murky” or “unknown.”



[My child’s] graduation was a mess. When we arrived at the ceremony, we needed to provide all this information – IDs, registrations, etc. It took us over an hour to go from the parking lot to our seats – needlessly! The school has done ‘graduation’ for 40 years! Why didn’t someone think to send us this information ahead of time so that we could show our sticker and go to our seat? This is just one example of poor communications.”

Parent of a Recently Graduated Student Going  
Into Middle School

## Survey #2 Summary

More than half of PCPS parents<sup>49</sup> have a personal experience with child/student mental health issues, and five of six (83.4%) say that an easier process to help parents understand ways to get support and care for students is urgently needed or would be very helpful.

### EXHIBIT 30: THINKING ABOUT YOUR CHILD'S SCHOOL (OR CHILDREN'S SCHOOLS) IN GENERAL, PLEASE STATE THE DEGREE TO WHICH EACH OF THE FOLLOWING IS HELPFUL (IF AT ALL) TO ADDRESS CURRENT EMOTIONAL AND MENTAL HEALTH NEEDS

People or Groups	Very helpful or Urgently needed	Somewhat helpful	Only slightly or Not helpful at all	Total
More full-time school staff to provide mental health counseling IN SCHOOL	73.1%	14.5%	12.4%	100.0%
Easier access to COMMUNITY-BASED counselors and mental health services for students	76.6%	14.2%	9.2%	100.0%
An easier process to help parents understand ways to get support and care for students	83.4%	8.3%	8.3%	100.0%
More information sharing between PARENTS, and SCHOOLS (for example, school counselors, teachers, and others) regarding supporting students needing mental health support	81.0%	11.1%	7.8%	100.0%

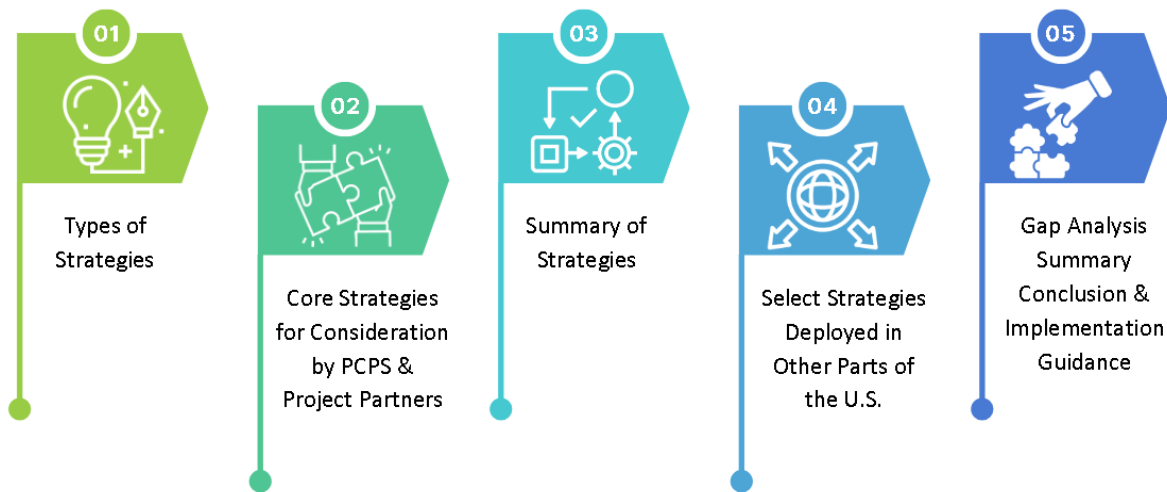
- They also support the idea of more integrated care (i.e., greater involvement with family doctors and pediatricians). Capacity and access to currently available providers are also perceived as limited – inhibiting the ability to get care when their children struggle with mental health issues.
- Communications between the schools and parents is a major issue. Parents strongly suggest enhancing training protocols, deploying technological solutions, and improving signage to begin to address this critical issue impacting mental health and other student success issues.

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<sup>49</sup> Ibid.

## Stage 2: Suggested Priorities and Strategies

### EXHIBIT 31: STRATEGY SECTIONS



By definition, a “Gap Analysis” identifies opportunities for improvement or “gaps” between stronger or more effective pieces of the system. The ultimate Gap Analysis goal is to improve the mental health of students in the PCPS system – supporting the district’s mission. Gaps, or opportunities to improve, are the missing pieces required to further enhance the PCPS’ mission to provide a high-quality education to all students – capitalizing, where possible, on existing resources.

The PCPS system has many tremendous assets and capabilities, as noted throughout this report and summarized in the examples below. By capitalizing on existing strengths and adding new capabilities or processes, PCPS, Polk County Community Health Care, Polk Vision, and other community partners will deploy a granular set of strategies designed to improve student mental health and the community’s ability to cohesively and efficiently do so.

#### Examples of PCPS System Assets and Capabilities include the following:

- Extremely capable and well-trained school-based staff
- A strong selection of academies, STEM programs, career-focused programs, and support
- Highly regarded PCPS district leadership
- The Multi-Tiered System of Support framework
- The expansive School Mental Health Team system
- Threat Assessment Training
- The FOCUS student information system
- An extensive roster of programs available to support student health or respond to acute situations



## Types of Strategies

Gap analysis strategies fall into two (somewhat overlapping) categories.

### **Structural Strategies**

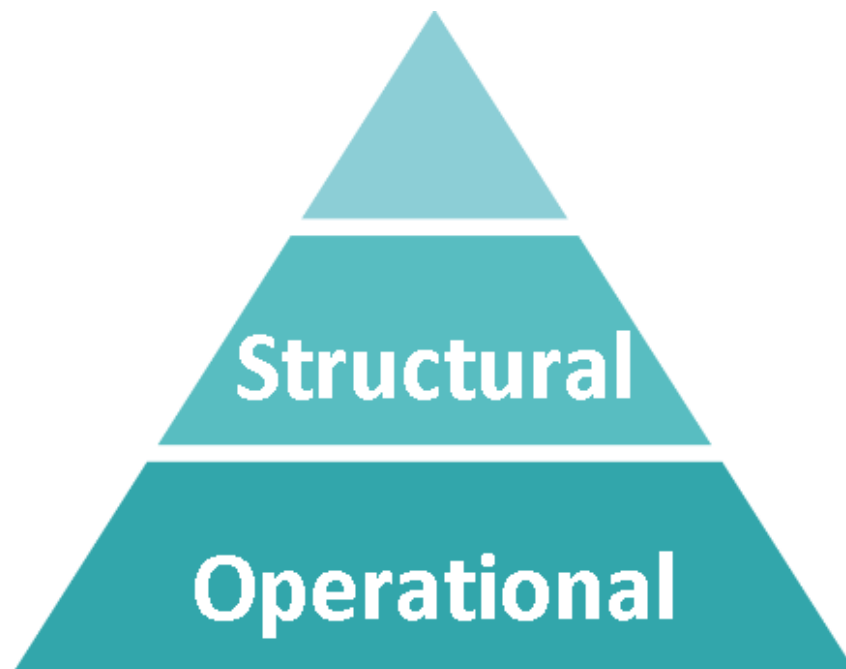
Structural strategies encapsulate the district's mission, values, and goals – helping to keep all stakeholders (e.g., teachers, other PCPS staff, parents, community-based providers, and others) knowledgeable about goals and efficiently working to achieve them. Essentially, a structural strategy is about defining the core purpose of the organization and setting a framework for making strategic decisions that align with this purpose.

Structural strategies provide higher-level guidance – emphasizing the importance of organizational roles, reporting structures, and resource allocation. Without proper, consensus-supported roles and reporting, operational strategies will be ineffective.

### **Operational strategies**

Operational strategies are ones that tend to impact specific gaps or service needs more directly within the school system. They also tend to be supported by “action items” or “tasks” supporting each strategy.

The following materials provide a description of each of seven core mental health strategies – some “structural” and some “operational” – as well as a suggested set of action items for the PCPS leaders and community partners to consider.



**Core Strategies for Consideration by PCPS and Project Partners – The System of Support to Better Leverage and Connect Resources**

The following section includes seven core mental health strategies. The strategies are specific enough to provide clear direction regarding unique mental health system gaps that need to be addressed – without being too granular and, therefore, reducing the ability to respond to new or emerging issues.

**EXHIBIT 32: MENTAL HEALTH STRATEGIES**



## Structural Strategies

### Key Strategy 1:

#### Teacher Support and Program Sustainability

Create a sustainable project team and provide staff with needed resources and support – establishing a foundation for all other strategies and actions.

As noted, the PCPS system provides a well-structured environment in many respects. The core activities below are considered critical to the success of any subsequent strategy designed to enhance current initiatives.

#### Teacher and School-based Staff Support

One of the initial action items will be to take steps necessary to support teachers (and other school staff) needing personal or mental health care. The research affirmed that many school-based staff are under very high stress, and many do not know where to turn for help. If these key leaders struggle with issues, students may likely be affected, too.

#### Establish Authoritative, Collaborative Implementation Leadership

Ensure sustainability by creating or enhancing an authoritative Polk County leadership team whose primary focus is to deploy and oversee school-based mental health strategies. Create a sustainable committee or small group of individuals – an “Implementation Lead” – given the responsibility to create and deploy action plans and the authority to hold people (individuals, organizations, committees, fluid teams, and others) accountable. This entity will provide sustainable inertia to PCPS and collaborative work.

#### Review Reporting Structures

The goal is to improve mental health services for students – not necessarily change reporting structures. However, PCPS interviews indicate that current reporting structures may be

inhibiting efficient training, information flow, and deployment of services. Maintaining the option to modify them, if required, is key to optimize mental health support and concurrent staff tasks and goals.

#### Affirm the PCPS Role in Addressing Student Mental Health

As a preface to the set of recommended strategies, PCPS and its partners need to affirm the role of the PCPS system in student mental health. The task is not overly complicated though its implications are far-reaching. Based on in-depth interviews with hundreds of PCPS staff members, the input from thousands of parents, secondary research review, and other project research, potential roles of a school system with regard to mental health services include the “Emergency care” model, the “Urgent Care” model, or the “General Support” model.

## **Key Strategy 2:**

### **Integrated Care**

Construct and, where existent, further embed, an integrated care/continuity of care collaborative model linking PCPS and community-based providers.

As noted in this report, there are significant barriers to mental health care for students involving access to providers. Statistically, there are likely to be high numbers of co-occurring medical issues.

The gap analysis has observed through its research that community partners such as Peace River Center, Tri-County Human Services, BayCare, Cove Behavioral Health, and Lakeland Regional Hospital, as well as others, have a willingness to further engage with the school system. However, there are not currently functioning continuity of care and integrated care models<sup>50</sup> involving both PCPS and community-based providers. Some suggested components of this strategy follow.

**Based on the research, suggested action items to support this strategy include the following examples:**

- Modify existing procedures and protocols to better align school nurses with internal mental health resources in the school setting (i.e., counselors, SMHT members, and others) and create more direct contact between the nurses and community-based providers. The nurse would facilitate and liaise with providers to provide seamless care for students in need.
- Alternatively, embed community-based provider staff at larger, higher-risk schools to bridge the continuity of care gap. For example, staff schools with medical support staff such as Certified Nursing Assistants (CNAs) or Certified Medical Assistants (CMAs) who can facilitate care with community-based providers collect integrated health care information, parent consent, and act as a liaison to community providers.
- Work with Polk County pediatric practices<sup>51</sup> (perhaps, but not necessarily, affiliated with Polk County inpatient care providers) to provide assessment and medication management services for patients.<sup>52</sup>
- Create additional MOUs (or similar agreements) between PCPS and community-based providers to better align services and access to care for PCPS students referred to as community-based providers.

<sup>50</sup> “Continuity of care” means ongoing, quality patient care over time. It is the process by which the patient and providers are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care. “Integrated care” means broad-based healthcare that includes collaborative and dually informed care for medical, psychological, and other patient-centered conditions.

<sup>51</sup> i.e., primary care practice.

<sup>52</sup> Note: In order to facilitate access to care (i.e., shorter wait times), it is recommended that pediatric engagement focus on non-crisis patients while available psychiatric care management is more readily directed to Polk County-based psychiatrists.

- Establish/expand a 24-hour integrated urgent care site staffed by community providers. Ideally, this urgent care site would share staffing with major outpatient care providers in Polk County who also have active and ongoing relationships with school leaders. Doing so would allow clear integration with the school systems for students, as well as continuity of care for the patients – and communication with the family. Having integrated medical and mental health care available after working hours would increase access to care for working parents.
- Expand the “community school” model to provide holistic learning and support to more students.
- Review programs and resources from National Center for School Mental Health (NCSMH).<sup>53</sup>
  - Sponsor broad training for school nurses in programs such as Mental Health Training Intervention for Health Providers in Schools (MH-TIPS), see <https://app.mdbehavioralhealth.com/online-training/>
  - Increasingly co-locate community-based staff in schools; establish MOUs and reimbursement schedules.
  - Active teaming strategies to establish and operate integrated teams consisting of community-based mental health providers, SMHT members, and medical/physical health professionals; an expansion of the SMHT model; establish MOUs, where necessary.<sup>54</sup>
- When strengthening the integrated care model, begin with select, higher-risk schools (e.g., Title 1 Schools, ESE schools).

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<sup>53</sup> The mission of the National Center for School Mental Health (NCSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. From its inception in 1995, the Center's leadership and interdisciplinary staff has promoted the importance of providing mental health services to children, adolescents, and families directly in schools and communities.

<sup>54</sup> See detailed guide at National Center for School Mental Health (NCSMH, 2023). School Mental Health Quality Guide: Teaming. NCSMH, University of Maryland School of Medicine. Available at <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Teaming.pdf>

### Polk County Public Schools Healthcare Resources

The Florida Department of Health in Polk County partners with the Polk County School Board to provide health services to students. School nurses also work with parents, teachers, social workers, and other healthcare providers to develop individual care plans, locate resources, and identify the need for health referrals.

#### School Health Services include:

- Health screenings (vision, scoliosis, hearing)
- Nutrition assessments (BMI screening)
- Health counseling
- Referral and follow-up of suspected or confirmed health problems
- Education that promotes healthy behavior
- Immunization review
- Resources for parents and school staff relating to health issues, e.g., head lice or other communicable diseases, immunization requirements
- Assistance with referrals to Children's Medical Services (CMS), Lion's Club, and other public or private agencies
- Classroom health education
- Case management of students with special healthcare needs

Florida Department of Education, 2023

## Operational Strategies



### **Key Strategy 3: Communications and Operational Silos**

Deconstruct existing silos between PCPS SMHT members (and other school-based staff) and community-based providers.

#### **Operational strategies illuminated by the research include the following:**

Deconstructing existing silos between school-based mental health providers and community-based providers brings significant benefits, primarily through the creation of a more integrated and holistic support system for students. By fostering collaboration and communication between these entities, students receive more comprehensive and consistent care, addressing their mental health needs more effectively. This integration allows for a seamless sharing of resources, expertise, and information, which can lead to more accurate diagnoses, better-coordinated

treatment plans, and a reduction in service duplication. Additionally, it promotes a unified approach to mental health education and prevention, ensuring that both school and community resources are utilized optimally to support students' well-being, leading to improved overall outcomes in their academic and personal lives.

A common theme throughout the research was the need to reduce existing silos. As noted, the PCPS resources are considered by many to be good; community-based providers are highly regarded. However, the bridge between the two is not strong – leading to inefficient continuity of care for students needing mental health support. Some of the specific actions items to support this strategy are shown on the next page.<sup>55</sup>

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<sup>55</sup> Note: the items below are suggested for consideration by PCPS and community partners as they construct actions plans after review of this gap analysis.

**Based on the research, suggested action items to support this strategy include the following examples:**

Strategies highlight the importance of collaboration, integrated models, effective data management, cross-training, and policy support in breaking down silos between school systems and community providers. Research participants suggest that implementing evidence-based approaches such as the following can lead to better mental health care for students.

- Advocate for policies and funding streams that support integrated mental health services within schools. This includes advocating at the state and federal levels for higher Medicaid (and private insurance provider) reimbursement to community-based providers seeing PCPS students. Doing so will help to align funding to ensure sustainable partnerships and the provision of comprehensive mental health services.<sup>56</sup>
- Create and empower an internal committee, a third party, or other independent entity to oversee de-siloization – See Strategy #1. The Implementation Leader will establish interdisciplinary teams comprising school administrators or counselors, school-based (or district) mental health professionals, and community providers and create/manage action plans to achieve the strategy.<sup>57</sup>
- Collaborate with major providers such as Polk County Health Department, PRC, TCHS, BayCare, and Lakeland Regional Hospital to confirm capacity, access to care issues such as wait times and reimbursement requirements, and patient criteria. Create a jointly managed “Resource Board” (equivalent to a “Bed Board” used in many med/surg inpatient hospitals), showing – at a minimum – available mental health care capacity by the following features:



“The safest and easiest way to share information with the school is for a school-based, licensed mental health professional – social worker, psychologist, most mental health facilitators – to simply call the student’s parents and ask for a meeting with the [community-based provider], school-based provider, parents, and maybe the student. During the meeting, ask for an update and for the ability of the school and [community-based provider] to continue to share information, if helpful. This way, the information and all providers are covered [under HIPAA], and the school-based provider is responsible for sharing only the minimal level of information required to provide the best learning environment possible for the student.” [Also shown in the section “Survey #1: School-based Staff and Providers Survey,” above.]

Polk County Community-based Provider

<sup>56</sup> Kutash, K., Duchnowski, A. J., & Lynn, N. (2006). School-Based Mental Health: An Empirical Guide for Decision-Makers. *The Research and Training Center for Children's Mental Health*.

<sup>57</sup> Anderson-Butcher, D., Stetler, G., & Midle, T. (2006). Collaboration in School-Based Health Care: An Examination of Interdisciplinary Team Models. *Journal of School Health*, 76(6), 310-313.



- Location
- Type of service provided
- Insurances accepted or payment information
- Hours of operation and referral requirements if any
- Number of slots, beds, or other descriptor available
- Patient types – youth, adults, multilingual, and others

An internal, jointly approved committee may manage the Resource Board; a third party (such as Polk Vision or similar non-hospital-affiliated organization); or other independent provider.

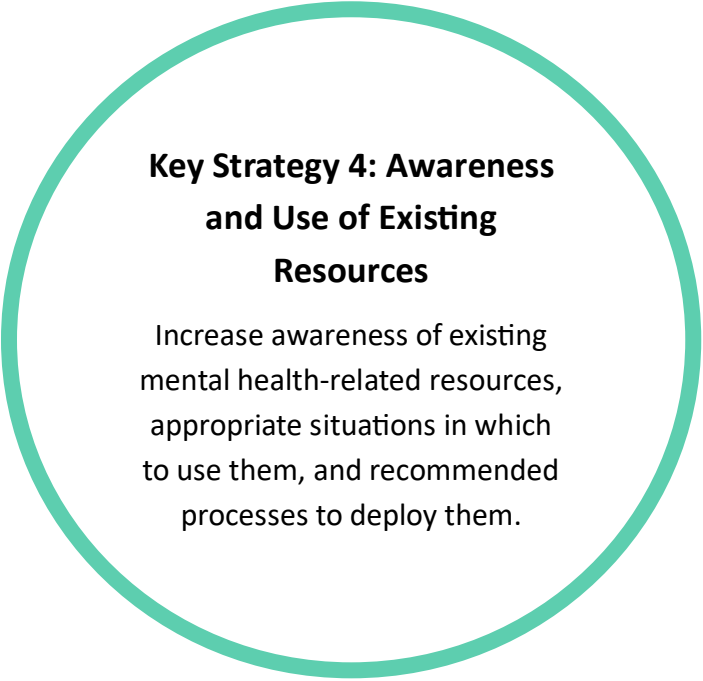
- Create a HIPAA-compliant partition within the student information system (i.e., FOCUS) so that community-based providers and authorized school-based (or District) providers can access student health-related information. Developing secure, centralized data management systems that facilitate information sharing between schools and community providers will enhance integrated communications, provide more timely interventions and support, and improve student mental health care.<sup>58</sup>
- Establish and provide training for a protocol to build “school-based provider/community-based provider” data sharing and progress.
- Provide cross-training opportunities for school personnel and community mental health providers to improve understanding of each other’s roles and practices, fostering a collaborative environment and enhancing the delivery of mental health services.<sup>59</sup>
- Review the option to establish School Based Health Centers to provide primary care and mental health. “...Bipartisan Safer Communities Act (BSCA), the grants will provide 20 states up to \$2.5 million each in funding that can help states implement, enhance, and expand the use of school-based health services through Medicaid and the Children’s Health Insurance Program (CHIP).” See <https://www.hhs.gov/about/news/2024/01/24/cms-announces-50-million-grants-deliver-critical-school-based-health-services-children.html>
- Implement Integrated Care strategies (see Key Strategy #2, above).
- Review the adoption of national quality performance standards of comprehensive school mental health systems ([www.theSHAPESystem.com](http://www.theSHAPESystem.com))
- Review<sup>60</sup> programs and resources from National Center for School Mental Health (NCSMH).

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<sup>58</sup> Lindsey, M. A., & Kalafat, J. (2007). The Utilization of Data Management Systems to Enhance Collaboration in School Mental Health. *Children & Schools*, 29(1), 29-38.

<sup>59</sup> Mellin, E. A., & Weist, M. D. (2011). Exploring School Mental Health Collaboration in an Urban Environment: A Social Capital Perspective. *School Mental Health*, 3(2), 81-92.

<sup>60</sup> The mission of the National Center for School Mental Health (NCSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America’s youth. From its inception in 1995, the Center’s leadership and interdisciplinary staff has promoted the importance of providing mental health services to children, adolescents, and families directly in schools and communities.



### **Key Strategy 4: Awareness and Use of Existing Resources**

Increase awareness of existing mental health-related resources, appropriate situations in which to use them, and recommended processes to deploy them.

One of the biggest gaps identified in the research was the lack of awareness among some PCPS school-based staff of the resources available to provide student mental health and understanding of the process to help students receive the care they need.

Enhancing teachers' awareness of mental health resources is crucial for both their well-being and their ability to support students effectively.

**Based on gap analysis research, some training or other activities to consider include, but are not limited to, the following:**

- Offer and incentivize online training modules that promote flexibility, innovation, and enhanced training. As noted above, a “one size fits all” approach may not be desirable since schools, students, parents, staff members, and many other factors make each unique. However, additional guidance and training regarding the following would be helpful:
  - Trauma Informed Care
  - De-escalation
  - Motivational Interviewing
  - Autism Spectrum Communications and Training
- Create a simple list of PCPS and community-based resources – including a statement about when to use each and the process to do so. Research participants recommended a “one-sheet” that could be available in every classroom and office. Respondents also suggested that PCPS include the information on a tab in the FOCUS student information system and embed onsite training, as needed.
- Improve standard understanding of the school’s role in student mental health support. Provide revised training on the high-level protocols – making some processes more uniform while still

providing the flexibility for school leaders to modify mental health response to uniquely cater their students' (and community's) needs.

- Provide more onsite implementation assistance. Staff members at several schools noted that they fully support many initiatives and PCPS requirements, yet they lack support when trying to implement various policies – mental health-related or otherwise. They say that since each school and each learning environment is different, onsite expertise is often required but is currently insufficiently provided.
- Invest in programs or other opportunities to enhance PCPS staff knowledge of mental health-related issues.
  - Develop and incentivize participation in online courses (or webinars) that cover various aspects of mental health, from recognizing symptoms to understanding specific resources available within the school district and community.
  - Expanded teacher and school-staff mentoring system to support district-level training. For example, pair experienced teachers who are knowledgeable about mental health resources with less experienced teachers to provide guidance and support.
  - Invite mental health professionals to discuss available resources, common mental health issues in the school environment, and strategies for accessing and utilizing these resources.
- Share knowledge and pertinent experiences from others in Polk County. School-based staff say that they (and students) would benefit by learning strategies effectively implemented by peers at other schools. However, there is currently no broadly implemented venue by which administrators, teachers, and others can share “best practice” strategies and learn from others. Suggestions included a venue – online database, presentation at PCPS “all staff” meetings, or other mechanism – to share unique approaches to improve contact with students, address mental health or behavioral issues, and others. Other similar suggestions include the following:
  - Professional Learning Communities (PLCs): Create PLCs focused on mental health where teachers can share experiences, discuss challenges, and exchange information about resources and strategies.
  - Mental Health Toolkit: Provide a toolkit containing practical resources such as stress management techniques, self-care strategies, and information on how to support students with mental health needs.
- At the district level, address responsiveness and bureaucracy-related bottlenecks. First, the current linkage barriers between PCPS and community-based providers limit access to care for many PCPS students needing mental health support. Second, several school-based staff members are reluctant to engage district resources because, they say, response time can be prohibitive.
- Establish effective, ongoing communication (within HIPAA guidelines) between community-based providers and school-based staff who have the ability to support care that the student

receives. According to a leading Polk County mental health provider, one way for schools to keep involved and up-to-date with a student's progress when he or she is receiving community-based counseling services is as follows:

- When a student sees a community-based provider, the school licensed therapist (SMHT member) can call the parents (or guardian or other adult with whom the student lives). Request a meeting with the parents, school counselor, the licensed therapist. The purpose of the meeting is to learn how the school can help.
- It is also helpful for the parents to sign a release of information so that the school therapist can communicate directly with the community-based therapist, as needed, to formulate a school-based support plan.
- If a student has had an inpatient stay, meet with the parents, school counselor, the licensed therapist, and community-based provider to create a school-based support plan.



"Each school already has an LPN; the LPNs report up to two or three District-level RNs. There already is a mechanism to drive an integrated care model, no need for additional co-location. I don't know why the silos exist, but they do. The [community providers] would love to collaborate more closely with the school system, but there hasn't been a clear drive to do so."

Polk County Behavioral Health Care  
Provider Leadership



### **Key Strategy 5: Screening**

Increase screening  
and early intervention  
programs and  
protocols.

Implementing screening and early intervention programs for children entering kindergarten, middle school, or high school is essential for promoting their mental health, academic success, and overall well-being. These programs not only address immediate mental health concerns but also equip children with the tools and support needed for long-term resilience and success. By investing in early mental health initiatives, schools can create a nurturing environment that supports the holistic development of every child.

Screening and early intervention change the trajectory of a younger student's life and reduce the long-term demand for mental health support. Famously, Benjamin Franklin advised

fire-threatened Philadelphians in 1736 that "An ounce of prevention is worth a pound of cure." As much as in any time since then are these words pertinent in the student mental health environment.

**Implementing screening and early intervention programs for children entering kindergarten (or middle school or high school) can provide benefits such as the following:**

- Recognition of "gifted" status, unique learning styles, or other interests that may facilitate a better learning environment.
- Early identification and support of developmental, speech and language, or mental health issues.
- Improved academic performance (i.e., academic outcomes) due to access to better learning environments – teachers and others know the students better and how to better support them.
- Reduced absenteeism – children with managed mental health issues are less likely to miss school.
- Better social and emotional development including more positive peer relationships (e.g., better coping mechanisms and emotional regulation, promoting resilience and adaptability).
- Reduction in behavioral problems and fewer disciplinary actions.
- Enhanced family engagement and parent involvement; screening and intervention programs often involve family participation, fostering a collaborative approach to a child's health. Families receive guidance on how to support their child's mental health at home, creating a consistent support system.

**Based on the research, suggested action items to support this strategy include the following examples:**

- Implement universal screening programs to assess all students at specific grade levels (e.g., [especially] kindergarten, middle school entry, high school entry) to identify developmental, speech & language, social, and mental health issues, allowing for timely interventions and support.<sup>61</sup>
- Convene student and family orientation sessions in the summer before a kindergarten student enters class. PCPS currently offers some form of kindergarten orientation; this strategy refers to a more robust and consistent program throughout the county. The purpose will include (but not be limited to) the following:
  - Build the parent/teacher relationship
  - Enhance the student's comfort level
  - Assess speech & language or developmental strengths or challenges
  - Identify students potentially needing mental health support or other learning-based accommodations
  - Learn parents' insights regarding keys to student success and the degree to which they are willing to be an active partner.
- Provide training on specific mental health topics such as Trauma Informed Sensitivity or Care, conflict resolution and de-escalation, and – to a lesser extent – motivational interviewing. Research respondents noted that school-based staff will benefit from Trauma Informed training in that they will be able to recognize and better manage the impacts of trauma in their own lives in addition to being better able to identify and respond to trauma issues in students.<sup>62</sup>
- Engage parents and community members in the screening process through education and collaboration to increase the accuracy of screenings and ensure a supportive home environment for follow-up care.<sup>63</sup>
- Refine and build greater awareness of the PCPS Multi-Tiered System of Supports (MTSS) capabilities. Integrating screenings into an MTSS framework provides differentiated levels of intervention based on students' needs.<sup>64</sup>

Implementing these strategies – universal screening programs, teacher and staff training, parent and community involvement, and MTSS integration — can significantly enhance the effectiveness of mental health and other screenings within school systems. These evidence-based approaches support early identification and appropriate interventions, promoting better mental health outcomes for students at critical transition points.

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<sup>61</sup> Husky, M. M., Sheridan, M., McGuire, L., & Olfson, M. (2011). Mental Health Screening and Follow-up Care in Public High Schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(9), 881-891.

<sup>62</sup> Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the Integration of Education and Mental Health in Schools. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1-2), 40-47.

<sup>63</sup> Dowdy, E., Chin, J. K., & Twyford, J. M. (2013). The Feasibility of a Brief Universal Screening Measure for Depression in Sixth-Grade Students. *School Psychology Quarterly*, 28(4), 360-372.

<sup>64</sup> Eklund, K., Meyer, L., Way, S., & McLean, D. (2020). The Implementation of Multi-Tiered Systems of Support in Secondary Schools: A Systematic Review. *Psychology in the Schools*, 57(8), 1172-1187.



### **Key Strategy 6: Capacity**

Expand the provider capacity in the PCPS system and the Polk County provider community.

Capacity – the numbers of available providers and access to them (i.e., awareness, transportation, finance, language, understanding of the process, motivation/case work) – was one of the most commonly noted mental health gaps in PCPS. However, capacity issues need to be addressed at a county-level – not solely as a PCPS challenge. The research showed that cannibalization of providers among service organizations (including PCPS) has a zero net impact on the Polk County aggregate supply of mental health resources. In doing so, it may reduce the goodwill among organizations and somewhat limit collaboration on shared initiatives.

**The capacity issue is a nationwide challenge. Based on the research, some examples of impactful strategies and ones suggested by research participants follow.**

- Foster collaboration between PCPS and community-based providers to develop and manage a unified county-level strategy, expanding the provider base. Note: this may be included in the role of the Integration Lead (see Strategy #1).
- Expand licensure roles – broaden the set of professionals approved to support in-school mental health and related issues. Expand use of more available providers such as Community Health Workers, Peer Specialists, and others beyond traditional roles such as psychologists, social workers, LMFTs, LCPCs, or psychiatrists.
- Establish a collaborative initiative to hire more licensed mental health professionals, particularly those who are new to Polk County or willing to relocate. Most Polk County providers are currently trying to hire. The county will be better served if/when major service sites (e.g., Lakeland Regional Hospital, Peace River Center, BayCare, Tri-County Human Services, and others) work collaboratively to increase the aggregate supply of providers. Doing so will require a highly incentivized short- and long-term plan. Note: this may be included in the role of the Integration Lead (see Strategy #1) in collaboration with community partners.
- Optimize existing resources. Improve resource utilization by offering more group counseling opportunities within PCPS and other locations. Research respondents also spoke highly of drumming groups and other student-wellness focused groups.<sup>65</sup>

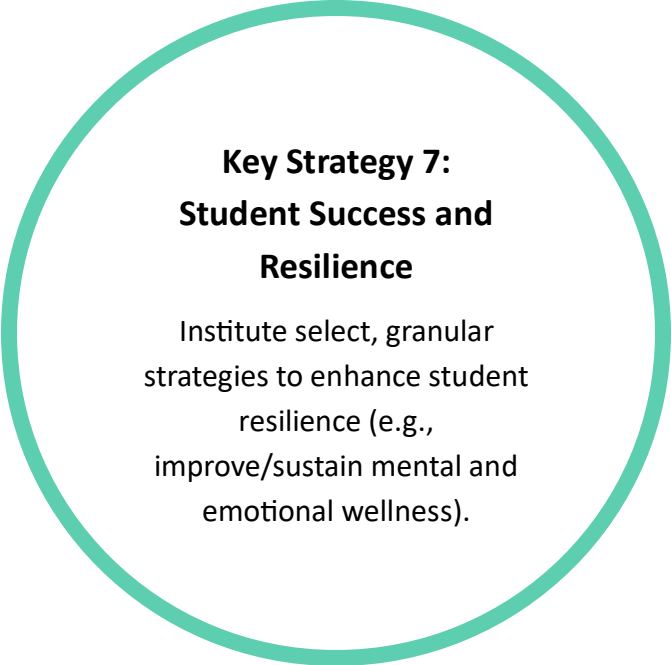
<sup>65</sup> For example, as mentioned earlier in the report, to prepare elementary school graduates for middle school, Walter Caldwell Elementary used to provide special sessions (pre-COVID) one for boys "The Agents of Leadership", one for girls "Beautiful," but they no longer do so.

- Integrate community resources. For example, incorporate successful community-based mental health programs from other Florida counties such as Miami-Dade’s Health Information Project (HIP) and Guitars Over Guns, into PCPS. In addition, a collective effort to enhance the local chapter of the National Alliance on Mental Illness (NAMI) could be undertaken to help build peer groups, education and more. This successfully occurred in Miami-Dade County to guide the resurgence of NAMI Miami-Dade County.
- Promote health literacy. Expand initiatives for awareness, prevention, and early intervention, including general health literacy for the community and PCPS staff, to reduce long-term demand for mental health services.
- Train future professionals – develop (or expand) training programs for uncredentialed individuals, such as post-secondary students and working adults, to pursue careers in mental health care.
- Revise reimbursement requirements. Review and update licensure and training requirements for social workers and other direct care providers (without reducing provider quality) so that they can more easily become credentialed. Doing so will require intense advocacy at the state level. Other Florida-based groups seeking licensing enhancements may be eager partners (for example, Community Health Workers who are seeking further regulatory and reimbursement support).
- Adjust Medicaid reimbursement rates. Advocate for higher Medicaid reimbursement rates to incentivize and increase direct care staff – including community-based providers’ willingness to accept additional student-age patients covered by Medicaid.
- Engage national experts. Polk County provided a mental health summit conference on May 1, 2024. The keynote speaker, Lisa Strohman, PhD,<sup>66</sup> provided excellent guidance supporting mental health capacity and effectiveness with regard to social media-related issues. She (or a similarly qualified person), for example, being familiar with Polk County mental health needs may be a worthwhile asset to consider for further engagement.

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<sup>66</sup> See website for more information about Dr. Strohman, <https://drlisastrohman.com/>





### **Key Strategy 7: Student Success and Resilience**

Institute select, granular strategies to enhance student resilience (e.g., improve/sustain mental and emotional wellness).

Resilience includes activities to engage students in healthful, productive activities while enhancing their quality of life, building self-esteem, and setting a more positive life trajectory. Strategies to enhance student resilience provide a holistic approach to education that benefits not just students, but also teachers, parents, and the broader school community. These strategies create a supportive environment where students can thrive academically, emotionally, developmentally, and socially.

**Based on the research, suggested action items to support this strategy include the following examples:**

- Expand access to programs that provide health and wellness opportunities, especially those providing non-technology-focused activities (e.g., 4-H Clubs, hiking or biking outings, drum-beats or similar music-based activities, drama and the arts, and others).
- Increase student volunteerism, where possible. Research has shown that school students engaging in volunteer activities tend to experience increased happiness and emotional well-being compared to those who do not do so. Other benefits include reduced sense of social isolation, better communication skills, better mental health, and others.<sup>67</sup>
- Expand student engagement in PCPS academies and similar opportunities. PCPS has an impressive set of academies and other career/college/post-graduation programs. Expanding participation may require new program development, intensive outreach to higher risk students, support vis-à-vis transportation and other access support, and other issues.
- Review additional student engagement and resiliency programs. PCPS leaders are, no doubt, intimately familiar with the programs described in the exhibit on the next page. However, based on the gap analysis results, it is suggested that PCPS leaders review emerging trends in student-focused programs such as those included in the next exhibit, as well as those in the next section, “Select Strategies and Program Examples from Other Part of the U.S.”

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<sup>67</sup> Center for Children and Youth. More information available at [CFCY Link](#).



### EXHIBIT 33: SELECT EXAMPLES OF PROGRAMS

Program Group	Description
<b>The Penn Resilience Program (PRP)</b>	The Penn Resilience Program (PRP) is a research-based training program that focuses on building resilience skills in students to prevent depression and anxiety. It is designed for both adolescents and adults and has been implemented in schools worldwide. It teaches students how to challenge negative thoughts and develop a more optimistic outlook, problem solve and regulate emotions.
<b>Social and Emotional Learning (SEL) Programs</b>	SEL programs, such as those developed by CASEL (Collaborative for Academic, Social, and Emotional Learning), aim to develop students' social and emotional skills. These programs are integrated into the school curriculum and focus on five core competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. SEL programs help students understand their emotions, manage stress, control impulses, and set goals.
<b>Mindfulness-Based Stress Reduction (MBSR)</b>	MBSR is a structured program that teaches mindfulness meditation and mindful movement to help students reduce stress and increase resilience. It is widely used in schools to improve mental health and well-being. It teaches students to focus on the present moment and develop a non-judgmental awareness of their thoughts and feelings.
<b>Positive Behavioral Interventions and Supports (PBIS)</b>	As mentioned earlier in this report, PBIS is a proactive approach to improving school climate and reducing behavioral problems. It focuses on teaching and reinforcing positive behaviors, creating supportive environments, and providing interventions for students with challenging behaviors.

# Summary of Strategies

## Structural Strategies

Key Strategy #1 – Teacher Support and Program Sustainability: As a foundation for all strategies and actions, PCPS and its community partners may strongly consider a select set of core activities needed to provide health and longer-term success for staff and students.

Key Strategy #2 – Integrated Care: Construct and, where existent, further embed, an integrated care/continuity of care collaborative model linking PCPS and community-based providers.

## Operational Strategies

Key Strategy #3 – Communications and Operational Silos: Deconstruct existing silos between PCPS SMHT members (and other school-based staff) and community-based providers.

Key Strategy #4 – Awareness and Use of Existing Resources: Increase awareness of existing mental health-related resources, appropriate situations in which to use them, and recommended processes to deploy them.

Key Strategy #5 – Screening: Increase screening and early intervention programs and protocols.

Key Strategy #6 – Capacity: Expand the provider capacity in the PCPS system and the Polk County provider community.

Key Strategy #7 – Student Success and Resilience: Institute select, granular strategies to enhance student resilience (e.g., improve/sustain mental and emotional wellness).

The purpose of the following sub-section is to provide readers with examples of available programs and/or illustrations of currently deployed initiatives serving US school students (K-12). The sub-section is divided into several topic areas. Most of the resources described below include a hyperlink where readers can learn more about the topic or resource.

- Comprehensive Resources
- Access Improvement and Capacity Expansion
- Awareness Building (School and Community)
- Early Intervention and Impact
- Operational Efficiency
- Resources and Funding

## Comprehensive Resources

Explore best practices for addressing youth behavioral health screening and treatment, implementing school-based behavioral health services, and the social determinants of health.

- [Mental Health: Targeted School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms](#). A systemic review by the Community Preventive Services Task Force that summarizes and evaluates targeted school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms among school-aged children and adolescents. Considerations for implementation are provided in the article.
- [Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide](#). An implementation guide by the School Mental Health Collaborative for universal social, emotional, and behavioral screening, which has been recognized as a foundational component of a comprehensive, multi-tiered system of school-based supports.
- [Summary of Recognized Evidence-Based Programs Implemented by Expanded School Mental Health Programs](#). A summary of school mental health programs compiled by the Center for School Mental Health that includes the topics of each program and the structure of the program curriculum.
- [SAMHSA: How to Talk About Mental Health, for Educators](#). An aggregated list created by the Substance Abuse and Mental Health Services Administration that provides resources and information on ways that educators can help students and their families dealing with mental health challenges.
- [Social Determinants of Health: Evidenced-Based Interventions for Your Community](#). An infographic created by The Community Guide that shows what intervention strategies have been effective in public health to address social determinants of health. Strong evidence for efficacy has been found in interventions such as: center-based early childhood education, full-day kindergarten programs, high school completion programs, school-based health centers, math and reading-focused out-of-school-time academic programs and healthy school meals for all.

## Access Improvement and Capacity Expansion

Capacity initiatives that expand access to youth mental health treatment in the community and in schools.

- [Leveraging Medicaid for School-Based Behavioral Health Services](#). A Kaiser Family Foundation article summarizing findings from a survey of state Medicaid programs that addresses leveraging Medicaid to build on school-based behavioral health services. The article highlights findings from several states that offer innovative and multi-pronged approaches to promoting access to Medicaid-based services.
- [Project Echo \(Extension for Community Healthcare Outcomes\)](#). In Oregon, Project ECHO is training primary care physicians to better care for children with mental health issues. The program establishes weekly live video sessions on topics including ADHD diagnosis and management, depression diagnosis and management, and prescription of psychotropic medications.
- [Behavioral Health Needs in Afterschool & Summer Programming](#). The Georgia Statewide Afterschool Network developed recommendations for ways that youth development professionals can support schools and teachers in creating positive environments that encourage learning and lessen the burden of Georgia's behavioral health workforce. Specific recommendations include trauma-informed and behavioral health training for afterschool providers and extending behavioral health services to youth during out-of-school time.

## Awareness Building (School and Community)

Awareness initiatives that promote advocacy strategies to enhance mental health literacy among youth, educators and in the community.

- [Case Study in School-Based Mental Health Education](#). In New York, the Mental Health Association advocated for and helped to pass and implement the first law in the nation requiring schools to teach students about mental health. This case study highlights important advocacy strategies that may be helpful to other states wishing to pursue similar legislative solutions.
- [Kaleidoscope Connect](#) is Brightways Learning's service area that supports students' emotional and social needs. The program equips educators with the resilience and trauma-responsive skills needed for self-care. Based on an evidence-supported framework, Kaleidoscope Connect works alongside students and adults to build a network of support that fosters caring and connected schools and communities.

## Early Intervention and Impact

Early intervention initiatives that proactively engage students, including using strengths-based activities, which keep students out of trouble and/or prevent them from escalating into a more acute negative behavior.

- [YAM](#). Youth Aware of Mental health (YAM) is a school-based program for young people ages 13 to 17, in which they learn about and explore the topic of mental health. It is an evidence-based program taking place in classrooms around the world. Research has found YAM effective in reducing new cases of suicide attempts and severe suicidal ideation by approximately 50%. New cases of depression were reduced by approximately 30% in the youth participating in YAM.
- [WellCheq](#). A wellness app designed to help students express their feelings so that teachers can help connect them with the resources they need. Students answer questions about their well-being in the app and teachers review the information to identify students in need or extra support.
- [YouthAlert!](#) In Kentucky, YouthAlert! is a nonprofit addressing youth violence by empowering adolescents with education and skills while promoting overall youth health and well-being. Results have shown significant learning gains among students and the initiative has been strongly endorsed by teachers.
- [Framework for Advancing the Well-Being and Self-Sufficiency of At-Risk Youth](#). Mathematica Policy Research brief that summarizes a research-based framework that can serve as the foundation for efforts to move at-risk youth toward positive social, emotional and economic functioning in adulthood.
- [Project AWARE](#). In Ohio, Project AWARE compiled a seven-step protocol for establishing a mental health referral pathway within local communities. The referral pathway can help school staff know what to do when they identify a student in need; help coordinate supports within schools, between schools and outside organizations; and improve student well-being by helping students get supports at early signs of need.

## Operational Efficiency

Initiatives that make the process of care and support more effective and/or more efficient and/or more uniform for all teachers and school leaders.

- [How Community Organizations Promote Continuity of Care for Young People with Mental Health Problems](#). A Journal of Behavioral Health Services & Research article that summarizes best practices when addressing youth mental health. Findings suggest that continuity of care for youth mental health is improved in the presence of (1) case management, (2) transitional planning, (3) follow-up on individual referrals, and (4) long-term planning, or a combination of at least two of the four services.
- [Expanded Mental Health Supports for Students and Staff](#). A Fordham Institute essay providing recommendations on how to establish a clear and coherent mental health support network in schools for both students and staff. Guidance is specific to school reentry after COVID-19 but is applicable to a more general establishment of a robust mental health support network in schools. Specific recommendations include a proactive triage system to connect students with mental health resources, the use of trauma-informed practices that promote emotional well-being, targeted interventions that actively monitor behaviors, and support for the mental health needs of staff.
- [The Best Mental Health Programs Start With All Students](#). A “Healthy Students, Promising Futures” article providing evidence that schoolwide mental health programs are most effective when all staff members participate in delivering them at one level or another. Findings suggest that schools with well-developed schoolwide programs of emotional and behavioral support, especially those embedded in a multitiered system of support (MTSS), demonstrate the best outcomes.

## Resources and Funding

Guidance on strategies to identify funding sources for youth mental health programs in schools and how to allocate resources.

- [Mental Health Resource Guide](#). In New Jersey, the Department of Education released this guide, which identified that diverse sources of funding are required to build and sustain a comprehensive school mental health system. Furthermore, evaluating and documenting the impact of practices is necessary for local financial decisions, but also to inform district and state level policies that impact funding and resource allocation.



# Gap Analysis Summary Conclusion and Implementation Guidance

## Framing Strategies for Success

The Suggested Strategies Section previously mentioned includes seven strategies. Each was the product of the quantitative and qualitative insight from a great breadth of Polk County parents, PCPS leaders, school-based staff, community-based providers, regional thought leaders, national subject matter experts, and others. For strategies to be successful, they require the following **BLOSSM** approach:



### **Budget**

The strategy and subordinate tasks must be funded.

### **Locus of control**

Managers must have the authority to affect change (or build coalitions to do so); the strategy must be within the purview of the manager or lead organization.

### **Ownership**

Each strategy (or action items<sup>68</sup>) must be assigned to an individual or organization (i.e., the “manager”) to manage operational aspects, receive credit when successful, be accountable for timelines and task completion, and ultimately be responsible for performance.

### **Sustainable**

There are occasions where a strategy is considered short-term – designed to address an urgent or quickly remedied situation. However, most require longer-term planning and a pathway to assure sustainability.

### **Specific and timely**

Strategy sets fail when there are too many unique strategies. Even in a large, engaged community, attention gets diluted and individual outcomes fail or are suboptimized when there are too many things on which to focus. A short list (seven or fewer) of core strategies is usually preferred. Strategies need to be specific, however, if they are too granular, they may be constrictive and inhibit organizations’ ability to respond to new or emerging issues.

### **Measurable**

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<sup>68</sup> “Action items” are subordinate tasks, programs, or “mini-strategies” required to operationalize the strategy; these are things that often populate an individual’s or organization’s weekly work schedule.

Strategies need to include performance metrics and consequences (or next steps) for achieved or failed strategies.

## Experiential Insight

Suggested strategies and plans such as those above are just that: Suggestions and plans. Even excellent strategies are useless unless they are followed by a set of Action Plans that drive the implementation of the detailed tasks required to fulfill the strategic goal. A crucial action: Immediately after the gap analysis completion, PCPS leaders, Polk County Community Health Care, key stakeholders, and other community leaders must meet to create detailed Action Plans.

Plans must include a refined set of activities (broken down by timeframe), parties responsible for carrying out tasks, reporting and completion timelines, required resources and avenues to get the required resources, and performance metrics. **When considering the initial strategies and action items to deploy, please consider the following:**

### **Establish an Implementation Lead**

Create and authorize a team, organization, or other entity to drive implementation of strategies – one with the authority to drive accountability and aggregate results.

### **Support School-based Staff**

Continually connect with the people providing care and those (i.e., teachers) who have the greatest exposure to school-based mental health issues. It is critically important to [in the words of one of the parents], “take care of the teachers who take care of our kids.”

### **Early Wins**

There are several tasks which can be quickly deployed and provide near-term benefits to students and school-based staff providing mental health care. Achieving measurable progress rapidly will inspire others to actively pursue their tasks and demonstrate success.

### **Keep the List of Strategies Succinct**

One of the biggest challenges in the gap analysis and strategy development phase was to identify the short-list of strategies – ones that either (1) impact the greatest number of students, or (2) impact those students most acute or most highly at-risk.

### **Sequence the Strategies**

Consider structural strategies and some “early win” operational strategies first, as they frame other strategies. Secondly, implement strategies (and supporting action items) that can be readily implemented – ones for which the PCPS District and community partners have the authority/power to deploy (also known as having the “locus of control”). Third, recognize that long-term projects (e.g., “increasing mental health provider capacity”) may be an ongoing effort that takes years to come to fruition. For them, regularly contribute on a sustainable basis.

One research respondent said, “It is sort of like ‘dollar-cost-averaging’ for a retirement fund. When something is worthwhile but a ways into the future, keep contributing to it on a regular basis. If you do so, you’ll eventually see the results you want. If you don’t you won’t!”

### **Focus on the Students**

Implementing strategic actions can be time consuming and resource intense. Polk County has an excellent school system and a very strong cadre of community providers, a highly involved and insightful Department of Health and Polk County Community Health Care, and a fantastic set of community partners.

Even with these great assets, strategy implementation can be difficult, sometimes there are competing interests, and occasionally priorities do not align. To achieve stronger mental health outcomes for students, community partners may need to modify their existing processes and protocols.

# Communications Plan Summary

The purpose of the Communications Plan is to institutionalize activities designed to achieve project goals and ultimately improve mental health in the PCPS system and improve the effectiveness and efficiency of related activities. Doing so requires regular, consistent engagement with PCPS Leaders, community providers, Polk County Community Health Care, and others.

## Strategy Deployment and Reporting Schedules

### Key components of the Communications Plan include the following

- Create a Task Group that includes at least one representative from PCPS District Leadership, Polk County Community Health Care, Polk Vision, and the set of community providers. The purpose of the task group is to facilitate and support strategy implementation, as needed.
- Convene quarterly Task Group meetings to review progress on quarterly task assignments and goals; develop the next set of quarterly task assignments and goals. Track and report progress on longer-term goals and (if needed) obstacles to success.
- Conduct quarterly updates to the dashboard of Key Performance Indicators (KPIs). One or more people from Polk County Community Health Care will update core data and be responsible for dashboard updates and information sharing with the Task Group or others.
- Convene an annual in-person meeting to review progress, realign goals and activities for the next year, and discuss resource requirements (i.e., time, people, budget, etc. needed to accomplish shared goals for the upcoming year).
- Conduct a tri-annual needs assessment and gap analysis.

**To incorporate efficient and effective communications strategies, the following activities and periodicities are suggested:**

- Establish the Task Group (described above) within the first 30 days of the final acceptance of this research project and report.
- Identify a third party, or other neutral, partner (such as Polk Vision, for example) who can guide processes and enforce tasks and deadlines.
- Convene a kickoff meeting of PCPS leaders and community partners before Thanksgiving 2024.
- At the kickoff meeting, establish a work group within the Task Group that can be responsible for identifying projects – consistent with the strategies suggested in this report or extant – to pursue in the next six to nine months. Identify, also, any “low hanging fruit” projects, or, ones that can be quickly and efficiently addressed within the current budget parameters and timeline.
- Update analyses and report to PCPS and community partners as described above.

## Stage 3: Public-facing Website and Materials to Enhance Sustainability and Access

The website and supporting materials are provided separately and are publicly accessible. This section of the report includes a brief description of the website and the following components:

- Description of the website-build process
- Resource map and information about behavioral health care providers (and related resources)
- Sources of information about mental health symptoms and stigma
- Key Performance Indicators (KPIs) to measure progress

### Purpose of the Website

Finding appropriate behavioral health resources can be a difficult process, especially if a person may be in urgent need of care. Often times resources and provider information are located in dispersed places across the internet and a Google search for information may yield irrelevant or outdated resources and providers.

The Polk County Behavioral Health Resources website is designed to provide local resources and information to county residents. The website contains a local provider database, mental health and behavioral health resources for all ages, and a data dashboard to evaluate the mental health of Polk County over time. The website is managed and will be updated by the Polk County Behavioral Health program team.

### Description of the Website-build Process

The Polk County Behavioral Health program team and Crescendo conducted a competitive request for proposals for the website-build process. The Zimmerman Agency was selected as the vendor for the website for a variety of factors, including their experience with the Polk County website.

The process included an onboarding meeting where all parties discussed the goals and objectives of the website, the functionality, and the content. From the initial meeting, the Zimmerman team build website layout mockups, which were reviewed and modified as needed. Once the layout from approved, Zimmerman built the wireframes of the website while Crescendo and Polk County Behavioral Health wrote the website copy. Through an iterative process, the website was created, modified, and finally went live to the public.

### Website Maintenance

Website maintenance will be conducted on an ongoing basis by the agency currently responsible for the Polk County Community Health Care website – within which the PCPS Mental Health Gap Analysis fostered page(s) reside.

## Resource Map and Information About Behavioral Health Care Providers

As part of the website, Crescendo conducted research on local and regional behavioral health providers in the community to create a provider database and map. Crescendo independently verified each provider on the list and gathered as much information about each provider as possible for the database.

The Polk County Behavioral Health program team will keep the database as up to date as possible with provider changes. Providers also may submit their information to the website master.

## Sources of Information About Mental Health Symptoms and Stigma

Information about mental health symptoms, stigma, and more is found on the website's resources page and the blog. This content is meant to be informational only and provide community residents basic information on mental health, common mental health condition symptoms, and stigma. The resources webpage also contains best practice research on mental health prevention, education, and community-based treatment programs that could be implemented in the local community.

## Key Performance Indicators (KPIs) to Measure Progress

Polk County and its community partners are dedicated to improving behavioral health in the community through a variety of community-based and targeted interventions. To help monitor the overall behavioral health of the county and to evaluate its progress towards positive change in the community, Crescendo worked with the Polk County Behavioral Health program team to identify key performance indicators of the community that can measure real progress in the community. The team identified 12 measures, which include the following:

- Total population (percent)
- Population by age groups (percent)
- Population by race and ethnicity (percent)
- Insurance status (percent)
- Age-adjusted emergency department visits from mental disorders (rate per 100,000)
- Age-adjusted Hospitalizations from mental disorders (rate per 100,000)
- Self-Harm Aged 12-18 years (rate per 100,000)
- Involuntary Examinations of Minors (rate per 100,000)
- Behavioral/mental health providers (rate per 100,000)
- Drug Overdose deaths – all drug (rate per 100,000)

- Drug Overdose deaths – Opioid (rate per 100,000)
- High School students who have experienced 4 or more ACEs (percent)

An interactive Tableau dashboard was created with the current data and is currently available on the website. The dashboard data will be updated annually as new data becomes available. The dashboard over time will be used to measure progress.

# Appendices

The appendices include the following sections:

- Appendix A: Stakeholder Interview Guide Template
- Appendix B: PCPS Grade Transition Programs and Activities
- Appendix C: Teacher Engagement Components
- Appendix D: Florida Mental Health Statute – Example
- Appendix E: Referral Process Graphic
- Appendix F: Principals’ Personal Strategies – Sample of Verbatim Comments
- Appendix G: Number of PCPS System Providers Job Descriptions
- Appendix H: Data and Statistics on Children’s Mental Health
- Appendix I: Sample Medicaid Reimbursement Rates
- Appendix J: State of Florida Medicaid Reimbursement Schedules
- Appendix K: The Multi-Tiered Systems of Support (MTSS) framework and Program Tiers
- Appendix L: School and Community-based Treatment and Recovery Services
- Appendix M: Survey – School-based Leaders and Providers
- Appendix N: Survey – PCPS Students’ Parents
- Appendix O: Types of Initial Referrals



## Appendix A: Stakeholder Interview Guide Template



### School System Behavioral Health Gap Analysis

### School-based Administrators and Other Key Leaders Stakeholder Interview Guide

**DRAFT**

*NOTE: This template will be modified to meet the specific characteristics of the interviewees – by sector (i.e., School Board members, Regional Superintendents, school principals, counselors, and others), interviewees' area of interest or expertise, and other factors.*

November 30, 2023

## School-based Administrators and Other Key Leaders

### **Stakeholder Interview Guide – DRAFT**

***FOR SCHOOL PRINCIPALS, OTHER ADMINISTRATORS, COUNSELORS, AND OTHER SCHOOL-BASED LEADERS***

#### **Introduction**

Good morning [or afternoon]. My name is Scott Good [or, others] from Crescendo Consulting Group. We are working with Holly Vida with the Polk County Board of Commissioners, Kim Long and her team at Polk Vision, the PCPS system, and others to evaluate the mental health care (including substance use disorder) processes, resources, and gaps within the school system.

## **FOR SCHOOL-BASED STAFF**

### **Introduction**

Do you have any questions for me before we start?

1. To start, please tell me a little bit about yourself.  
PROBE: How long have you worked in the PCPS system? [IF APPROPRIATE] What is your role as it pertains to behavioral health issues at the school?
2. At a high level, based on your experiences, how would you describe the school system in terms of behavioral health, trends, resources, and access to information / support / care?

### **Awareness of student with a potential need**

3. How do you learn about students who may need some emotional or behavioral health support? What are the sources of referrals?
  - a. Referrals from ... teachers, nurses, coaches, others?
4. When you have a discipline referral from a classroom teacher, how do you determine if the student is (1) a straight discipline issue (then administer consequences), (2) a situation in which there is conflict student/teacher conflict that may require a change of classroom or similar adaptation, or (3) an issue reflective of an emotional or behavioral health issue?
5. To what degree are principals or others able to consider a student's longer-term history when making the discipline versus emotional/MH support call?
6. Most principals tend to be good leaders (that's why they rose to that senior level of administration). However, personalities differ. What is the best way to ensure that principals equivalently manage student issues? SHOULD they equivalently manage student issues?
7. Is there a clear, well-defined process to address the following issues?
  - b. Student in crisis ("Crisis" threat to hurt themselves or others); including Involuntary Examinations (i.e., Baker Act) and Marchman Act situations (very rare)
  - c. Initial interaction/assessment/initial request for support, or other recommendation for service (?)
  - d. What is the role of in-school-based services versus community-based or telehealth services?
  - e. What is the role of the School MH Team? Are they effective?
  - f. What is the granular process by which students access the school counselor, Hazel Health, other Internal resources, CBOs, others

#### ***i. Clarify terms and definitions***

- ii. What services are provided?
  - iii. How is the type of service determined?
  - iv. What is the referral process?
  - v. Is the process effective? What makes it helpful? What could be improved?
  - vi. Describe the coordination of care; What works well? In what circumstances is it not a good – or fully sufficient – fit? How does the process actually work – paperwork, parental consent, student support, etc.?
- 8. Is knowledge uniform across all school-based staff at your school? Why or why not?
  - 9. Is data collected and shared within the School District and among/within the CBOs (and Hazel)?
  - 10. Ongoing care and support; Relations with CBOs – How are they established, updated, etc.?
  - 11. School staff training and protocols; CEUs? How is the process evaluated?

#### **Magic Wand Question**

- 12. If there was one issue that you personally could change with behavioral health and substance misuse in the area, what would it be?
- 13. Finally, what one or two things do you think could be implemented quickly in Polk County school system to begin to improve behavioral health or substance misuse issues?

#### **Conclusion**

- 14. Can you think of anything additional that would be helpful to know regarding behavioral health in Polk County? We don't want to miss any details.
- 15. From a district level, what would be some structural or district-level resources or capabilities that would be most helpful to you?

Thank you very much again for your time and thoughtful responses to our questions. If you think of any other information that you'd like to share, please don't hesitate to contact me.

## Appendix B: PCPS Grade Transition Programs and Activities

**District-led (or involved) programs that help students transition between grades include the following:**

- Pre-matriculation walk-throughs
- IEP/504 review – creation of visual (or other) support
- Parent Night at the beginning of the year
- Resource Officer does the SAFE program at the beginning of the year, and orientation prior to school.
- Other ad hoc activities e.g., ad hoc support groups, referral to Mental Health For All Team (SMHT)

## Appendix C: Teacher Engagement Components

Objective: To engage teachers within PCPS by making them feel supported, connected, and valued. By effectively engaging teachers, we will see an increase in teacher retention data.		
Component	Description	Occurrence
<b>Book Studies</b>	Variety of options for teachers to engage in book studies to further their personal and professional growth.	Schoology; Yearly
<b>Emerge Symposium</b>	Professional learning opportunities that allow teachers to learn from other teachers and customize their experience, so they get what they need to grow as an educator	Yearly; Spring
<b>Leading from the Classroom</b>	A cohort of teacher leaders is selected and given resources to develop their teacher leadership skills in ways that will impact students beyond the walls of their classroom.	1 class per year; 5 Face-to-Face sessions at JMPDC
<b>New Teacher Chats</b>	One-on-one informal chats that provide Engagement staff with valuable feedback used to drive new initiatives and make adjustments to current practices	Ongoing, scheduled based on availability (usually once a week)
<b>New Teacher Facebook Group</b>	A forum to connect with other teachers who are new to PCPS as well as an opportunity to seek answers to questions you have throughout the year	Yearly
<b>New Teacher Welcome Reception</b>	Celebration welcoming new teachers to PCPS; intentional connections between district staff, teacher leaders, and new hires	Yearly, August
<b>SAE Reimbursements</b>	Allotted funds to reimburse the cost of the FTCE Subject Area Exam and/or the cost to add to a professional certificate	Yearly; Ongoing until funds are unavailable
<b>Save the Date Newsletter</b>	Weekly emails designed to keep teachers “in the know” of events and information happening both inside PCPS and in the greater Polk community	Weekly

**Objective: To engage teachers within PCPS by making them feel supported, connected, and valued.  
By effectively engaging teachers, we will see an increase in teacher retention data.**

Component	Description	Occurrence
<b>Stay Chats</b>	One-on-one informal chats that provide Engagement staff with valuable feedback used to make adjustments to current practices and/or communicate information to other departments	Ongoing, scheduled based on availability (usually once a week)
<b>Talk About it Tuesday</b>	Virtual session in which TE hosts departments from PCPS to share important information about becoming a new teacher (i.e. Certification, Risk Management, InTec, ACE, Superintendent, SAO, HR/TE)	During the summer
<b>Teacher Appreciation Week</b>	A week in which teachers are celebrated with giveaways that have been provided by sponsors and/or PEF; entries are collected each day for 5 days	Yearly; Week of Teacher Appreciation in May; collaboration with PR and Kyle Kennedy
<b>Teacher Engagement Ambassadors</b>	An extension of Teacher Engagement on campuses that need intensive support with teacher retention using classroom teacher leaders to bridge the gap	Monthly; 3 year agreement per school

## Appendix D: Florida Mental Health Statute – Example

The 2023 Florida Statutes (including Special Session C)

**Title XLVIII**

EARLY LEARNING-20 EDUCATION CODE

**Chapter 1006**

SUPPORT FOR LEARNING

**[View Entire Chapter](#)**

**1006.041 Mental health assistance program.**—Each school district must implement a school-based mental health assistance program that includes training classroom teachers and other school staff in detecting and responding to mental health issues and connecting children, youth, and families who may experience behavioral health issues with appropriate services.

(1) Each school district must develop, and submit to the district school board for approval, a detailed plan outlining the components and planned expenditures of the district’s mental health assistance program. The plan must include all district schools, including charter schools, unless a charter school elects to submit a plan independently from the school district. A charter school plan must comply with all of the provisions of this section and must be approved by the charter school’s governing body and provided to the charter school’s sponsor.

(2) A plan required under subsection (1) must be focused on a multitiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at higher risk of such diagnoses. The provision of 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. At a minimum, the plan must include all of the following components:

(a) Direct employment of school-based mental health services providers to expand and enhance school-based student services and to reduce the ratio of students to staff in order to better align with nationally recommended ratio models. The providers shall include, but are not limited to, certified school counselors, school psychologists, school social workers, and other licensed mental health professionals. The plan must also identify strategies to increase the amount of time that school-based student services personnel spend providing direct services to students, which may include the review and revision of district staffing resource allocations based on school or student mental health assistance needs.



(b) Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide a behavioral health staff presence and services at district schools. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services, and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth as defined in s. 456.47(1).

(c) Policies and procedures, including contracts with service providers, which will ensure that:

1. Students referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 days after referral. School-based mental health services must be initiated within 15 days after 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 after the school or district makes a referral.

2. Parents of a student receiving services under this subsection are provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers. A school may meet this requirement by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.

3. Individuals living in a household with a student receiving services under this subsection are provided information about behavioral health services available through other delivery systems or payors for which such individuals may qualify, if such services appear to be needed or enhancements in such individuals' behavioral health would contribute to the improved well-being of the student.

(d) Strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems; depression; anxiety disorders; suicidal tendencies; or substance use disorders.

(e) Strategies to improve the early identification of social, emotional, or behavioral problems or substance use disorders; to improve the provision of early intervention services; and to assist students in dealing with trauma and violence.

(f) Procedures to assist a mental health services provider or a behavioral health provider as described in paragraph (a) or paragraph (b), respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463.

Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as defined in s. 393.063.

(g) Policies of the school district which must require that in a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to s. 394.463. Such contact may be in person or through telehealth. The mental health professional may be available to the school district either by a contract or interagency agreement with the managing entity, one or more local community-based behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.

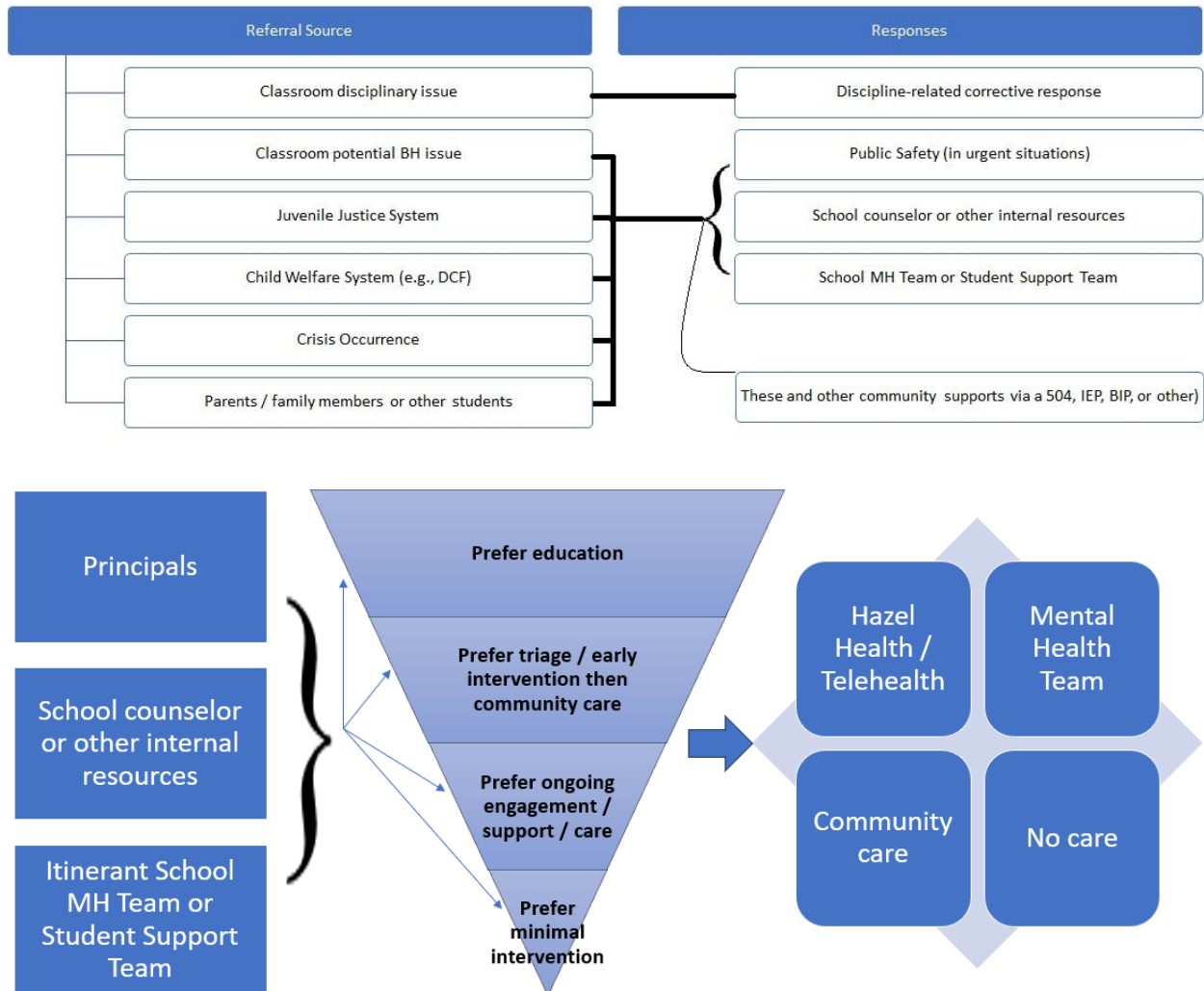
(3) Each school district shall submit its approved plan, including approved plans of each charter school in the district, to the Department of Education by August 1 of each fiscal year.

(4) Annually by September 30, each school district shall submit to the Department of Education a report on its program outcomes and expenditures for the previous fiscal year that, at a minimum, must include the total number of each of the following:

- (a) Students who receive screenings or assessments.
- (b) Students who are referred to school-based or community-based providers for services or assistance.
- (c) Students who receive school-based or community-based interventions, services, or assistance.
- (d) School-based and community-based mental health providers, including licensure type.
- (e) Contract-based or interagency agreement-based collaborative efforts or partnerships with community-based mental health programs, agencies, or providers.

**History.**—s. 28, ch. 2023-245.

## Appendix E: Referral Process Graphic



Exceptional Student Education (ESE) students ONLY can take advantage of BayCare counseling and related services. Non-ESE students can get care from the school counselor (initial care and triage only is the goal), telehealth/Hazel Health, Mental Health facilitators (see itinerant Mental Health Team), or can get a referral to a community provider. Also, non-ESE students can get a 504, IEP, or BIP referral to begin the process of being designated as an ESE student. This process takes a while and is a permanent designation.

## Appendix F: Principals' Personal Strategies – Sample of Verbatim Comments

- I have an open-door policy with STUDENT (not parents or others). In Title 1 Schools like this, you will quickly hear their story and their challenges. I do the best I can, I provide wrap-around services. (Aponte)
- Weekly "chart reviews" stay ahead of issues and make more uniform the response.
- Safety Plan - We have a base form. This is the first stage of intervention. Who's checking in with who.
- Every Monday, I do a Weekly Leadership Team meeting. We always look at Critical Student Updates.
- Info comes from everywhere. I am intentional. We find kids observationally and by DATA. The silent ones are harder to help and identify. Data - attendance, grades, discipline, etc. In HS, I have a lot more people to make responsible. I model this behavior - so I do so in training others. Nothing is below me.
- I let them talk first. Sometimes they're mad. I share what I'm thinking and connect with them. Give them a chance to chill out. "Chill then You tell me when you're ready to talk." I'm respectful and have a process to connect.
- Critically important to intentionally put in place a structure that IDs three people for each student with whom he or she feels comfortable.
- "How does the Counselor decide when to refer out and when to keep them in-house?" When a kid has multiple referrals, we ask the District to come in and observe - help provide a care plan.
- It really boils down to connecting with students; find something that EVERY student can belong to.
- There has been an increase in district-level people coming to the school and discussing kids who need support -- The SMHT. Counselor, Principal, District BH person, plus one other. We have been able to ID kids EARLY and put together a plan of care. Then the BH Specialist and her team do their work. We have a BEHAVIORAL Team (discipline) and a MENTAL Health.
- Check social media to proactively address school perception issues (not student-specific issues, obviously).
- Teacher referrals; some impromptu contact from parents; student histories (previously known or happens when incident occurs)
- ALWAYS work with parents; "help me help your kids." I also CHECK FACEBOOK to identify school-based issues.
- Yes, we quickly pull up the referral history and any ESE and threat management issues – FOCUS.

- There is some good DISTRICT level and processes in place to REQUEST initial help - BUT to directly deal with a student in need, you need to be creative. Even many DISTRICT HELPERS are too GREEN to be helpful. SOMETIMES I do NOT fill out the paperwork for additional help because I do not trust the helpfulness of the DISTRICT resources.
- Behavioral Interventionists (perhaps others) IN CLASSROOMS multiple times per day! ... Led to ZERO (almost) disciplinary problems. ... Led to Administrators visiting each classroom multiple times per day, too! ... Led to Strong, trusted relationships and PROACTIVE address of behavioral (discipline) and MH issues.
- I have 2 Behavior Interventionists - it's their job to be in each classroom daily MULTIPLE TIMES PER DAY and noticing who are those kids and build a relationship with them IN THE Classroom; The BI builds rapport with the kids, parents, and administrators, as needed. The BI builds trust within the classroom and school.
- The IGNITE Program (District) - mentorship and Intra-PCPS system best practice sharing -- to visit each other's school. Mr. Green (Lead) plus Professional Development Department, principal, and other administrators -- a SELECT GROUP (invited).

## Appendix G: Number of PCPS System Providers Job Descriptions

The wealth of resources that the PCPS District provides for students are assigned based on close connection with parents. Based on students' needs, PCPS staff members are available at the students' school or in the community. Key staff positions' job descriptions, as well as collaborative groups and additional community resources, are shown below.

### School-based: Key Staff Positions

#### In-school – School Counselor

This position exists to provide a comprehensive counseling program that addresses academic, personal/social, and career development by designing, implementing, evaluating and enhancing a program that promotes student achievement. (The objectives of the guidance program are outlined in the Polk County Developmental Guidance Plan and include services to students, parents, staff and the community.) The comprehensive developmental school counseling program provides education, prevention, intervention, and advocacy. Elementary, middle and high schools each have counselors specialized in helping students at the defined grade levels.

Their skills are used to do the following:

- Align with the district's mission to support the academic achievement of all students, ensuring equity and access to all.
- Implement federal, state and local mandates.
- Facilitate the successful transition and progression of students throughout the system.

Number serving the District/PCPS	
Position or Provider	Available for in-school care March 2024
<b>School Counselors</b>	217 (see table on the next page)
<b>Behavior Interventionists</b>	62
<b>Mental Health Facilitators</b>	41
<b>Social Workers</b>	40
<b>School psychologists</b>	38
<b>Other itinerant staff</b>	12 Academic Behavior Support Teachers 3 Board Certified Behavior Analysts
<b>Peace River Center staff</b>	0
<b>BayCare staff</b>	17 ESE 2 HeadStart Plus, 9 Outpatient therapists available for students at BayCare offices
<b>TriCounty</b>	
<b>CASE (?)</b>	
<b>Others</b>	3
<b>Bethany Center</b>	Plus, therapists available for student care at Bethany Center
<b>Invo/Impact Program serving up to 112 students K-12</b>	5 BCBA 5 Mental Health Therapists 22 Behavior Support Specialists

- Develop and maintain a written plan for effective delivery of the school counseling program communicating the goals to educational stakeholders.
- Provide direct services to address guidance curriculum, individual student planning, preventive and responsive services.
- Work with students individually and in groups, provide consultation to teachers and other school personnel regarding students and make referrals as appropriate.

**"I needed to have a Come to Jesus conversation with administrators - counselors CANNOT provide mental health services!"**

- Bartow-area high school counselor

#### EXHIBIT 34: SCHOOL COUNSELORS AND VACANCIES

Item	Elementary Schools	Middle Schools	High Schools	Total
Number of Counselors	80	46	91	217
Number of Vacancies	45	5	3	53
Number of Schools Without a Counselor	8	0	0	8

#### In-school – Behavior Interventionist

This position exists to assist leadership with the development of individual, class and schoolwide behavior interventions and to deliver appropriate teacher-to-teacher professional learning and support, resulting in improved effectiveness of classroom management, instructional practices, increased learning time for students, and enhanced student achievement. Behavior Interventionists are responsible for the following:

- Teacher-to-teacher classroom support
- Modeling, mentoring, and collaborating to promote better behavior management strategies for teachers and students
- Supporting teachers in data collection, analysis, interpretation and usage; research-based behavior strategies and programs; and school improvement.

As noted elsewhere in this report (see Research Results), one of the challenges often emerging in the research indicates that counselors face several challenges in their ability to effectively and efficiently help students with needs. There are currently 217 counselors active on the PCPS system; each school is assigned at least one counselor, however, due to labor supply issues, approximately one in eight schools has no counselor. In those cases, the counselor's duties are shared by school administrators, other school-based staff, members of the School Mental Health Team (SMHT), and others.

### **In-school – Mental Health Facilitator**

The position exists to facilitate the coordination of student referrals, access, and delivery of mental health services as a liaison between the school and district levels. Mental Health Facilitators do the following:

- Maintain collaborative relationships with administrators, teachers and school based mental health team members.
- Coordinate the referral process for students demonstrating a need for mental health services beyond the school level.
- Provide individual student case management oversight for those in need of Tier III services.
- Provide all tiers of mental health and behavior supports, coaching, and training to schools in the region.
- Participate in the implementation and monitoring of intervention plans for students determined in need through the threat & risk assessment process and provide direct service mental health counseling.
- Assist in the implementation of the mental health portion of the Marjory Stoneman Douglas High School Public Safety Act plan approved by the Florida Department of Education.

### **In-school – Social Worker**

This position exists to perform comprehensive school social work services as the school-home-community liaison to support student achievement and personal development. Social Workers do the following:

- Provide casework management, consultation and counseling services to improve student outcomes.
- Participate in a problem-solving team to develop, implement, monitor and evaluate interventions for students experiencing problems with non-attendance, behavior, human relationships, developmental adjustments, and learning.
- Collect information from parents/families and collaborate with school staff in assessing students' educational needs. Collaborates with families and community agencies to access services for financial, medical, social and mental health needs.
- Provide individual and group counseling to students and parents.
- Consult with teachers and other school personnel regarding students and make referrals as appropriate.



### **In-School – School Psychologist**

This position exists to provide comprehensive psychological services to public school students, school personnel, and parents in Polk County. School psychologists do the following:

- Consult and counsel with parents, students, outside agencies, and school personnel to include consultation with guidance committees in Child Study Team activities.
- Provide in-service education to school-based personnel, district office staff, and parent and community groups.
- Attend staffing and case conferences for discussion of results with referred students, parents, teachers, other school personnel, and related agencies.
- Perform professional duties in accordance with the ethics set forth by the National Association of School Psychologists and the Florida Association of School Psychologists.
- Carry out other necessary assignments as directed by the Superintendent of Schools or Assistant Superintendent for Instructional Services, and Director of Prevention Programs & Services.
- Serve as a cooperative member of the Prevention Programs & Services staff in activities that are related to the total program in individual schools, the areas, and the district.
- Serve on Crisis Intervention Team as needed

### **School Mental Health Teams (SMHT)**

Each school in the PSPC District has an active SMHT. SMHTs include school-based staff along with members of itinerant mental health providers – Social Workers, School Psychologist, Mental Health Facilitators – who partner with school-based staff to provide in-depth mental health support to students in need of care. SMHT members meet at each school at least once per month to review cases and provide services. Throughout the month, individual members may be onsite on a more regular basis to provide additional services. There are five or six sets of itinerant providers in the PCPS system – one in each region. Several itinerant providers are assigned to each school to serve as part of the school's SMHT.

The SMHT is a school-based problem-solving team. School-based staff and itinerant staff meet to determine pathways – emotionally, with attendance, behaviorally, and/or academically for students needing intensive, individualized attention.

### **District-Based: Supportive Programs or Community Schools for Students**

When students are identified in Phase III: Treatment and Recovery Services to require special accommodations for them to have their most successful chance of matriculating through the PCPS school system, various options exist. The analysis of involved professionals, as well as parent or guardian input and program availability, if relevant, will determine the best pathway for each student.

## Exceptional Student Education (ESE) and Other Special Learning Schools

PCPS offers “Exceptional Student Education” to over 18,000 individuals with personal challenges, various seen and unseen disabilities, as well as gifted learners<sup>69</sup>. ESE staff work with students, their families, teachers and others to identify services and programs to help support educational and developmental goals. Services are broad-ranging and may include occupational therapy, physical therapy, speech therapy, mental health counseling, assistive technology and audiological evaluations. It is within this broad category and resource that students with more acute mental health challenges can receive additional support.

Within many schools, PCPS provides ESE-certified teachers who provide intense support to students. Also, PCPS has several schools serving students from around the Polk County District that require the full-day supportive environment. ESE schools are located in Dundee (the Donald E. Woods Opportunity Center), Bartow (Jean O’Dell Learning Center – serving students with significant cognitive disabilities), and Lakeland (the R.E.A.L. Academy – for students who have fallen two or more grade levels behind).

- BEST (alternative program for students in elementary school – those expelled; limited term, usually); and in 6-12, Don Woods and Bill Duncan ... discipline route. This is an alternative placement program for students with behavioral issues (code of conduct violations). It is an alternative program for students in elementary school – those expelled; limited term, usually.
- BAC (elementary) and IMPACT (6-12) – significant behavior challenges; provides support for kids with the most challenging behaviors. BAC includes units for kids with severe emotional needs (including Juvenile Justice-related circumstances). BAC (elementary) and IMPACT (6-12).  
ESE setting supporting students with high magnitude behaviors – severe behavior challenges. Significant behavior challenges; provide support for kids with the most challenging behaviors; behavior support – 6 to 12, three sites) -- contract staffing. Gets sent the units for kids with severe emotional needs (including Juvenile Justice-related circumstances)

Note: The following two programs are general education procedures that are for all students, not just students with disabilities.

- Student Support Team (SST). All schools should have a Student Support Team (SST). This is the team that meets to problem solve students who are not responding to Tier 1 and Tier 2 interventions through the MTSS process. A parent or a teacher can refer a student to SST. If a parent requests evaluation, that referral is addressed through SST. The team members vary based on the students’ concern. Core members include teachers, parents, school counselors, coaches, and school psychologists.
- Crisis Intervention Teams (CIT). Like SMHTs, CITs are comprised of mental health facilitators, school psychologists, and school social workers. School counselors are also asked to support both teams if there is a concern at their school. CITs and SMHTs have different purposes. The CIT only responds in the event of a death or serious injury/illness impacting a student or staff member at the school. The SMHT addresses any emotional or mental health concern for students at the school – a crisis is not required.

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<sup>69</sup> In addition to mental health services, the PCPS District ESE services provide a wealth of resources to a broad array of students having unique skill sets, challenges, and capabilities. For a more detailed description and contact information, please refer to their website: <https://www.polkschoolsfl.com/schoolsandprograms/ease>

- Community-based Providers (see below).

### Community-based Providers

Polk County is fortunate to have a strong array of community-based mental health providers. In addition to Lakeland Regional Hospital (Lakeland), several Polk County mental health facilities serve students in the PCPS system. Some provide onsite services at schools while others offer community-based care and/or special programs to support student mental health needs. When required for best interests of the student, they will work in conjunction with individuals or teams or programs as described above.

#### BayCare

BayCare provides in-patient hospital care in Central and West Central (i.e., Tampa/St. Petersburg area) – including psychiatric care. BayCare also provides community-based outpatient counseling, as well as in-school resources, for PCPS students – with a focus on those living with seen or unseen disabilities.

#### Peace River Center (PRC)

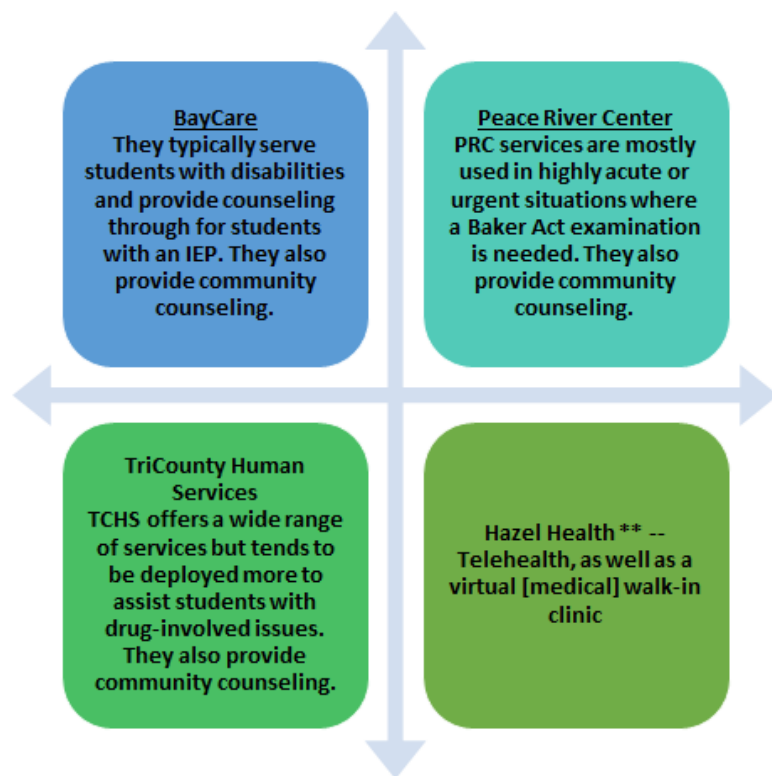
PRC offers a broad range of outpatient, residential, and other community-based services. Within the PCPS system, PRC is frequently called upon to respond to urgent or highly acute situations in which a student requires a Baker Act examination. PRC also serves students and families seeking mental health support separate from school-based situations in outpatient or other community-based environments.

#### TriCounty Human Services (TCHS)

TCHS provides a breadth of outpatient and residential services throughout Polk County including a focus on addictions and Substance Use Disorder care. TCHS offers a breadth of community-based counseling services for PCPS students, as well as school-based counseling – in particular in drug-involved situations.

#### \*\* Hazel Health (telehealth services)

FROM HRSA, Behavioral Health Workforce, 2023 (December 2023). Available from <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>



## Appendix H: Data and Statistics on Children’s Mental Health

FOR REFERENCE:

*Take verbatim from the US CDC.<sup>70</sup>*

Mental health is an important part of children’s overall health and well-being. Mental health includes children’s mental, emotional, and behavioral well-being. It affects how children think, feel, and act. It also plays a role in how children handle stress, relate to others, and make healthy choices.

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day.<sup>1</sup> Among the more common mental disorders that can be diagnosed in childhood are attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders.

There are different ways to assess mental health and mental disorders in children. CDC uses surveys, like the National Survey of Children’s Health, to describe the presence of positive indicators of children’s mental health and to understand the number of children with diagnosed mental disorders and whether they received treatment. In this type of survey, parents report on indicators of positive mental health for their child and report any diagnoses their child has received from a healthcare provider. The information on this page provides data about indicators of positive mental health in children and mental health disorders that are most common in children.

Facts about mental health in U.S. children

National data on positive mental health indicators that describe mental, emotional, and behavioral well-being for children are limited. Based on the data we do have:

**Indicators of positive mental health are present in most children.** Parents reported in 2016-2019 that their child mostly or always showed:

Affection (97.0%), resilience (87.9%), positivity (98.7%) and curiosity (93.9%) among children ages 3-5 years<sup>2</sup>

Curiosity (93.0%), persistence (84.2%), and self-control (73.8%) among children ages 6-11 years<sup>2</sup>

Curiosity (86.5 %), persistence (84.7%), and self-control (79.8%) among children ages 12-17 years<sup>2</sup>

Facts about mental disorders in U.S. children

**ADHD, anxiety problems, behavior problems, and depression are the most commonly diagnosed mental disorders in children.** Estimates for ever having a diagnosis among children aged 3-17 years, in 2016-19, are given below.

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<sup>70</sup> US CDC (2024), “Children’s Mental Health – Data and Statistics.” Available at <https://www.cdc.gov/childrensmentalhealth/data.html>

ADHD 9.8% (approximately 6.0 million)<sup>2</sup>

Anxiety 9.4% (approximately 5.8 million)<sup>2</sup>

Behavior problems 8.9% (approximately 5.5 million)<sup>2</sup>

Depression 4.4% (approximately 2.7 million)<sup>2</sup>

**Some of these conditions commonly occur together.** For example, among children aged 3-17 years in 2016:

Having another mental disorder was most common in children with depression: about 3 in 4 children with depression also had anxiety (73.8%) and almost 1 in 2 had behavior problems (47.2%).<sup>3</sup>

For children with anxiety, more than 1 in 3 also had behavior problems (37.9%) and about 1 in 3 also had depression (32.3%).<sup>3</sup>

For children with behavior problems, more than 1 in 3 also had anxiety (36.6%) and about 1 in 5 also had depression (20.3%).<sup>3</sup>

### **Depression and anxiety have increased over time**

“Ever having been diagnosed with either anxiety or depression” among children aged 6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012.<sup>4</sup>

“Ever having been diagnosed with anxiety” increased from 5.5% in 2007 to 6.4% in 2011–2012.<sup>4</sup>

“Ever having been diagnosed with depression” did not change between 2007 (4.7%) and 2011–2012 (4.9%).<sup>4</sup>

**For adolescents, depression, substance use and suicide are important concerns.** Among adolescents aged 12-17 years in 2018-2019 reporting on the past year:

15.1% had a major depressive episode.<sup>2</sup>

36.7% had persistent feelings of sadness or hopelessness.<sup>2</sup>

4.1% had a substance use disorder.<sup>2</sup>

1.6% had an alcohol use disorder.<sup>2</sup>

3.2% had an illicit drug use disorder.<sup>2</sup>

18.8% seriously considered attempting suicide.<sup>2</sup>

15.7% made a suicide plan.<sup>2</sup>

8.9% attempted suicide.<sup>2</sup>

2.5% made a suicide attempt requiring medical treatment.<sup>2</sup>

[Learn more about higher-risk substance use among youth.](#) [Learn more about suicide.](#)



**1 in 6 children aged 2–8 years  
has a mental, behavioral, or  
developmental disorder.**

**Treatment rates vary among different mental disorders. Among children aged 3–17 years, in 2016:**

Nearly 8 in 10 children (78.1%) with depression received treatment.<sup>3</sup>

6 in 10 children (59.3%) with anxiety received treatment.<sup>3</sup>

More than 5 in 10 children (53.5%) with behavior disorders received treatment.<sup>3</sup>

**Mental, behavioral, and developmental disorders begin in early childhood**

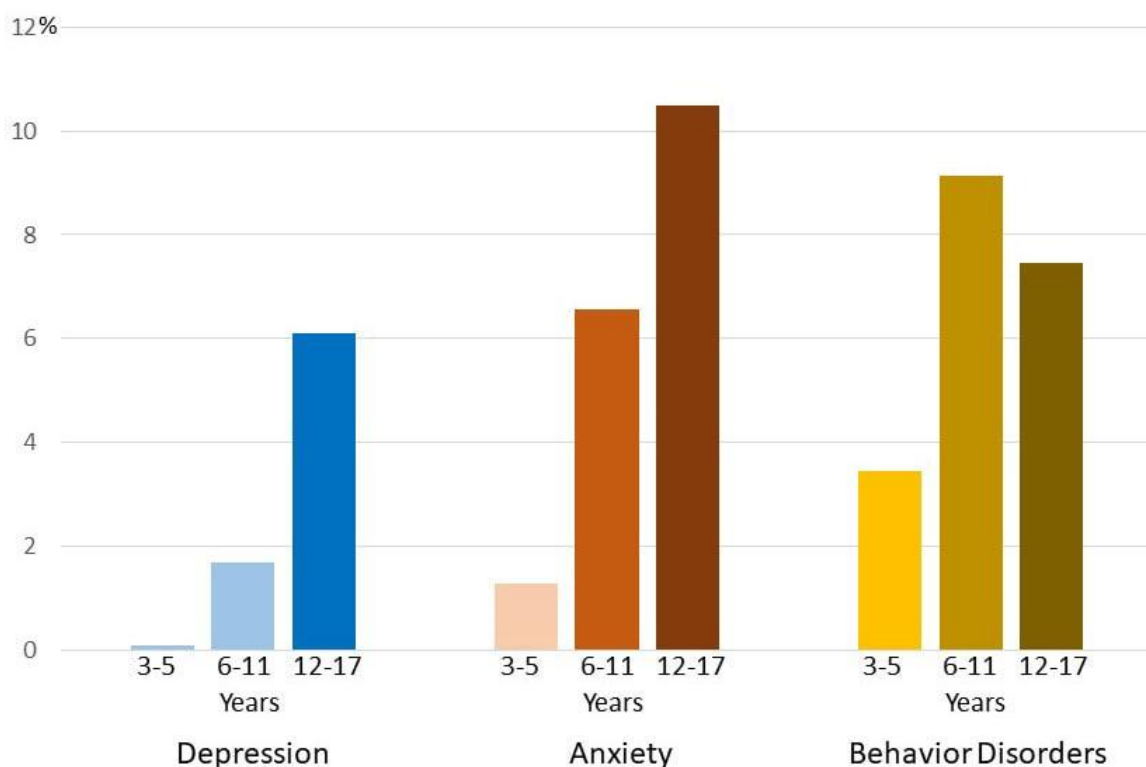
1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.<sup>5</sup>

**Prevalence of mental disorders change with age**

Diagnoses of ADHD, anxiety, and depression become are more common with increased age.<sup>3</sup>

Behavior problems are more common among children aged 6–11 years than younger or older children.<sup>3</sup>

## Depression, Anxiety, Behavior Disorders, by Age



[View Larger](#)

### Many family, community, and healthcare factors are related to children's mental health

Among children aged 2-8 years, boys were more likely than girls to have a mental, behavioral, or developmental disorder.<sup>5</sup>

Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder.<sup>5</sup>

Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems.<sup>3</sup>

### Adverse childhood events (ACEs) are associated with children's physical and mental health. In 2016-2019, among children aged 6-17 years:

Children who were discriminated against based on race or ethnicity had higher percentages of one or more physical health conditions (37.8% versus 27.1%), and one or more mental health conditions (28.9% versus 17.8%).<sup>6</sup>

Racial/ethnic discrimination was almost seven times as common among children with three other ACEs compared to those with no other ACEs.<sup>6</sup>

**Note:** The estimates reported on this page are based on parent report, using nationally representative surveys. This method has several limitations. It is not known to what extent children receive these diagnoses accurately. Estimates based on parent-reported diagnoses may match those based on medical records,<sup>7</sup> but some children may also have mental disorders that have not been diagnosed, or receive diagnoses that may not be the best fit for their symptoms. Limited information on measuring children's mental health nationally is available<sup>2</sup>.



## Appendix I: Sample Medicaid Reimbursement Rates

In Florida, the Medicaid reimbursement rates for outpatient mental health visits vary based on the specific service provided. Here are some key rates for common services:

- Psychiatric Diagnostic Evaluation (CPT code 90791): Approximately \$145.44<sup>71</sup> (Texas: \$145.39<sup>72</sup>)
- Psychotherapy, 30 minutes (CPT code 90832): Approximately \$71.10 (Texas: \$62.59)
- Psychotherapy, 45 minutes (CPT code 90834): Approximately \$94.55 (Texas: \$83.08)
- Psychotherapy, 60 minutes (CPT code 90837): Approximately \$141.47 (Texas: \$122.65)
- Family or couples psychotherapy, without patient present (CPT code 90846): Approximately \$103.58 (Texas: \$79.71)
- Family or couples psychotherapy, with patient present (CPT code 90847): Approximately \$107.19 (Texas: \$82.52)
- Group Psychotherapy (CPT code 90853): Approximately \$28.15 (Texas: \$22.17)

These rates are subject to updates and revisions, so it's advisable to check the most current fee schedules directly from the Florida Medicaid Provider Reimbursement Schedule or the official Florida Administrative Code website for the latest information.<sup>73</sup>

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<sup>71</sup> US Centers for Medicaid and Medicare Services. Available at <https://therathink.com/reimbursement-rate-comparison/#search>

<sup>72</sup> Texas Medicaid & Healthcare Partnership, 2022. Available at <https://www.tmhp.com/news/2022-01-25-reimbursement-rate-changes-and-updates-texas-medicaid-procedure-codes-effective>

<sup>73</sup> Additional comparison data available from KKF at [KKF Medicaid Comparison Link](#) and <https://www.kff.org/statedata/collection/medicaid-behavioral-health-services/>

Florida is among the states with the lowest average historical reimbursement rates for children – ranking 44 out of the 50 states plus the District of Columbia; 13.8% below the US average.

Location	Children
1. Vermont	\$6,079
2. Alaska	\$5,265
3. North Dakota	\$4,430
4. Oregon	\$4,143
5. Arkansas	\$4,104
6. District of Columbia	\$4,011
7. Montana	\$3,928
8. Missouri	\$3,874
9. Maine	\$3,797
10. Delaware	\$3,778
11. Connecticut	\$3,541
12. New Hampshire	\$3,525
13. Tennessee	\$3,497
14. Oklahoma	\$3,437
15. Nebraska	\$3,422
16. Mississippi	\$3,339
17. Virginia	\$3,310
18. Kentucky	\$3,288
19. Minnesota	\$3,270
20. New Mexico	\$3,249
21. Texas	\$3,236

Location	Children
22. Wisconsin	\$3,201
23. Wyoming	\$3,149
24. Maryland	\$3,130
25. Kansas	\$3,100
26. Massachusetts	\$3,060
27. Indiana	\$3,039
28. Ohio	\$2,923
29. West Virginia	\$2,922
30. Louisiana	\$2,897
31. Utah	\$2,856
<b>United States</b>	<b>\$2,837</b>
32. North Carolina	\$2,820
33. Washington	\$2,813
34. Rhode Island	\$2,773
35. Michigan	\$2,752
36. Pennsylvania	\$2,748
37. South Dakota	\$2,724
38. Hawaii	\$2,656
39. New Jersey	\$2,621
40. Arizona	\$2,610
41. Idaho	\$2,590

Location	Children
42. Colorado	\$2,587
43. Iowa	\$2,486
44. Florida	\$2,445
45. California	\$2,437
46. New York	\$2,418
47. South Carolina	\$2,272
48. Illinois	\$2,265
49. Georgia	\$2,223
50. Nevada	\$2,108
51. Alabama	\$1,779

## Appendix J: State of Florida Medicaid Reimbursement Schedules

State of Florida Medicaid Reimbursement Schedules (2023) for select mental health services are shown on the next page.

**Florida Medicaid Community Behavior Health Fee Schedule  
2023**

Description of Service	Procedure Code	Mod	Tele-medicine *	Maximum Fee	Reimbursement and Service Limitations
<b>59G-4.028: Behavioral Health Assessment Services Coverage Policy</b>					
Psychiatric evaluation by a physician	H2000	HP	Y	\$211.86 per evaluation	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.
Psychiatric evaluation by a non-physician	H2000	HO	Y	\$151.33 per evaluation	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.
Brief behavioral health status exam	H2010	HO	Y	\$14.79 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses for brief behavioral health status examinations a maximum of 10 quarter-hour units annually (2.5 hours), per recipient, per state fiscal year. A brief behavioral assessment is not reimbursable on the same day that a psychiatric evaluation, bio-psycho-social assessment, or in-depth assessment has been completed by a qualified treating practitioner.
Psychiatric review of records	H2000			\$26.23 per review	Medicaid reimburses a maximum of two psychiatric reviews of records, per recipient, per state fiscal year. This service may not be billed for review of lab work (see medication management).
In-depth assessment, new patient, mental health	H0031	HO		\$126.11 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psycho-social evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, mental health	H0031	TS		\$100.88 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psycho-social evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, new patient, substance abuse	H0001	HO		\$126.11 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psycho-social evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, substance abuse	H0001	TS		\$100.88 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psycho-social evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
Bio-psycho-social Evaluation, mental health	H0031	HN	Y	\$48.42 per assessment	Medicaid reimburses one biopsychosocial evaluation, per recipient, per state fiscal year. A bio-psycho-social evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.

\* "Y" indicates service can be delivered via telemedicine in accordance with 59G-1.057.

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**Florida Medicaid Community Behavior Health Fee Schedule  
2023**

Description of Service	Procedure Code	Mod	Tele-medicine *	Maximum Fee	Reimbursement and Service Limitations
Bio-psycho social evaluation, substance abuse	H0001	HN	Y	\$48.42 per assessment	Medicaid reimburses one biopsychosocial evaluation, per recipient, per state fiscal year. A bio-psycho social evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Psychological testing	H2019			\$15.13 per quarter hour	Medicaid reimburses a maximum of 40 quarter-hour units (10 hours) of psychological testing per state fiscal year.
Limited functional assessment, mental health	H0031		Y	\$15.13 per assessment	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.
Limited functional assessment, substance abuse	H0001		Y	\$15.13 per assessment	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.
Treatment plan development, new and established patient, mental health	H0032			\$97.86 per event	Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year. Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan development, new and established patient, substance abuse	T1007			\$97.86 per event	Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year. Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan review, mental health	H0032	TS		\$48.93 per event	Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
Treatment plan review, substance abuse	T1007	TS		\$48.93 per event	Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
<b>59G-4.029: Behavioral Health Medication Management Services Coverage Policy</b>					
Medication management	T1015		Y	\$60.53 per event	Medicaid reimburses medication management as medically necessary. Medication management is not reimbursable on the same day, for the same recipient, as brief group medical therapy or brief individual medical psychotherapy.
Behavioral health medical screening, mental health	T1023	HE	Y	\$44.01 per event	Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year. Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.
Behavioral health medical screening, substance abuse	T1023	HF	Y	\$44.01 per event	Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year. Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.
Behavioral health-related medical services: verbal interaction, mental health	H0046		Y	\$15.13 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year. Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services.

\* "Y" indicates service can be delivered via telemedicine in accordance with 59G-1.057.

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**Florida Medicaid Community Behavior Health Fee Schedule  
2023**

Description of Service	Procedure Code	Mod	Tele-medicine *	Maximum Fee	Reimbursement and Service Limitations
Behavioral health-related medical services: verbal interaction, substance abuse	H0047		Y	\$15.13 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year. Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services.
Behavioral health-related medical services: medical procedures, mental health	T1015	HE		\$10.09 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.
Behavioral health-related medical services: medical procedures, substance abuse	T1015	HF		\$10.09 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.
Behavioral health-related medical services: alcohol and other drug screening specimen	H0048			\$10.09 per event	Medicaid reimburses 52 behavioral health – related medical services: alcohol and other drug screening specimen collections, per recipient, per state fiscal year.
Medication-assisted treatment services	H0020		Y	\$68.08 weekly rate	Medicaid reimburses medication assisted treatment services 52 times, per recipient, per state fiscal year. The service is billed one time per seven days. This service is not reimbursable using any other procedure code.
<b>59G-4.031: Behavioral Health Community Support Services Coverage Policy</b>					
Psychosocial rehabilitation services	H2017			\$9.08 per quarter hour	Medicaid reimburses a maximum of 1,920 quarter-hour units (480 hours) of psychosocial rehabilitation services, per recipient, per state fiscal year. These units count against clubhouse service units.
Clubhouse services	H2030			\$5.04 per quarter hour	Medicaid reimburses a maximum of 1920 quarter-hour units (480 hours) annually, per recipient, per state fiscal year. These units count against psychosocial rehabilitation units of service.
<b>59G-4.052: Behavioral Health Therapy Services</b>					
Brief individual medical psychotherapy, mental health	H2010	HE	Y	\$15.13 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year.* Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.
Brief individual medical psychotherapy, substance abuse	H2010	HF	Y	\$15.13 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year. Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.

\* "Y" indicates service can be delivered via telemedicine in accordance with 59G-1.057.

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**Florida Medicaid Community Behavior Health Fee Schedule  
2023**

Description of Service	Procedure Code	Mod	Tele-medicine *	Maximum Fee	Reimbursement and Service Limitations
Brief group medical therapy	H2010	HQ		\$8.73 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 18 quarter-hour units (4.5 hours) of group medical therapy, per recipient, per state fiscal year. Brief group medical therapy is not reimbursable on the same day, for the same recipient as brief individual medical psychotherapy or behavioral health-related medical services: verbal interactions, medication management.
Individual and family therapy	H2019	HR	Y	\$18.49 per quarter	Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year. There is a maximum daily limit of four quarter-hour units (1 hour).
Group therapy	H2019	HQ		\$6.73 per quarter hour	Medicaid reimburses a maximum of 156 quarter-hour units (39 hours) of group therapy services, per recipient, per state fiscal year.
<b>59G-4.370: Behavioral Intervention Services Coverage Policy</b>					
Therapeutic behavioral on-site services, therapy	H2019	HO		\$16.14 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapy services a maximum combined limit of a total of 36 15-minute units per month.
Therapeutic behavioral on-site services, behavior management	H2019	HN		\$10.09 per quarter hour	Medicaid reimburses therapeutic behavioral on-site behavior management and therapeutic behavioral on-site therapy services for a maximum combined total of 36 15-minute units per month.
Therapeutic behavioral on-site services, therapeutic support	H2019	HM		\$4.04 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapeutic support services for a maximum of 128 quarter-hour units per month (32 hours), per recipient.
Behavioral health day services, mental health	H2012			\$12.61 per hour	Medicaid reimburses a maximum of 190-hour units per recipient, per state fiscal year. Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.
Behavioral health day services, substance abuse	H2012	HF		\$12.61 per hour	Medicaid reimburses a maximum of 190-hour units per recipient, per state fiscal year. Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.
<b>59G-4.127: Florida Assertive Community Treatment (FACT) Services Coverage Policy</b>					
Florida Assertive Community Treatment	H0040			\$31.55 per day	Medicaid reimburses 1 unit per day for 365 or 366 days per state fiscal year per recipient.

\* "Y" indicates service can be delivered via telemedicine in accordance with 59G-1.057.

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## Appendix K: The Multi-Tiered Systems of Support (MTSS) framework and Program Tiers

The PCPS system heavily incorporates the Multi-Tiered Systems of Support (MTSS) framework which works to provide an effective organizing structure for schools and programs. MTSS is an integrated implementation framework to support students' diverse educational, social, emotional, and behavioral needs. The MTSS framework prioritizes primary prevention (Tier 1) practices that establish positive, predictable, and safe environments and routines. For students who are identified as being at-risk of social, emotional, mental health, and/or behavioral issues, secondary prevention and support (Tier 2) is included in MTSS programs. Support may include efforts to provide more frequent opportunities for connection, reminders, skill practice, feedback, and acknowledgement. For students with chronic or intense issues (social, emotional, mental health, or behavioral), the MTSS tertiary prevention (Tier 3) works toward providing intensive and individualized support.<sup>74</sup>

PCPS MTSS has programs in place addressing each tier of care and support. In overview, Florida's MTSS system of supports for school-based mental health services is structured into three tiers, each designed to address varying levels of student needs and promote overall mental well-being.

The first tier, Tier 1, consists of universal programs and services intended for all students. These are largely preventive measures creating a supportive school environment that fosters mental health awareness and resilience. Programs include social-emotional learning (SEL) curricula, classroom-based interventions, and school-wide (or PCPS district-wide) initiatives such as anti-bullying campaigns and mental health awareness events. The goal of Tier 1 is to provide foundational support and equip all students with the skills necessary to manage stress, build healthy relationships, and navigate challenges effectively.

Tier 2 supports are targeted interventions for students who are identified as at-risk for developing more serious mental health issues. In the PCPS system, this represents about 20% of the student body. These students may not respond adequately to the universal supports provided in Tier 1 and require additional assistance. Tier 2 interventions often involve small group activities, mentoring programs, and short-term counseling sessions. School staff, including counselors and SMHT members (e.g., psychologists, social workers, and mental health facilitators) collaborate to identify students in need of these services through referrals, assessments or screenings, information noted in the student information system (FOCUS), and observations. The objective of Tier 2 is to provide timely and effective support to prevent the escalation of mental health concerns and help students develop coping strategies and skills.

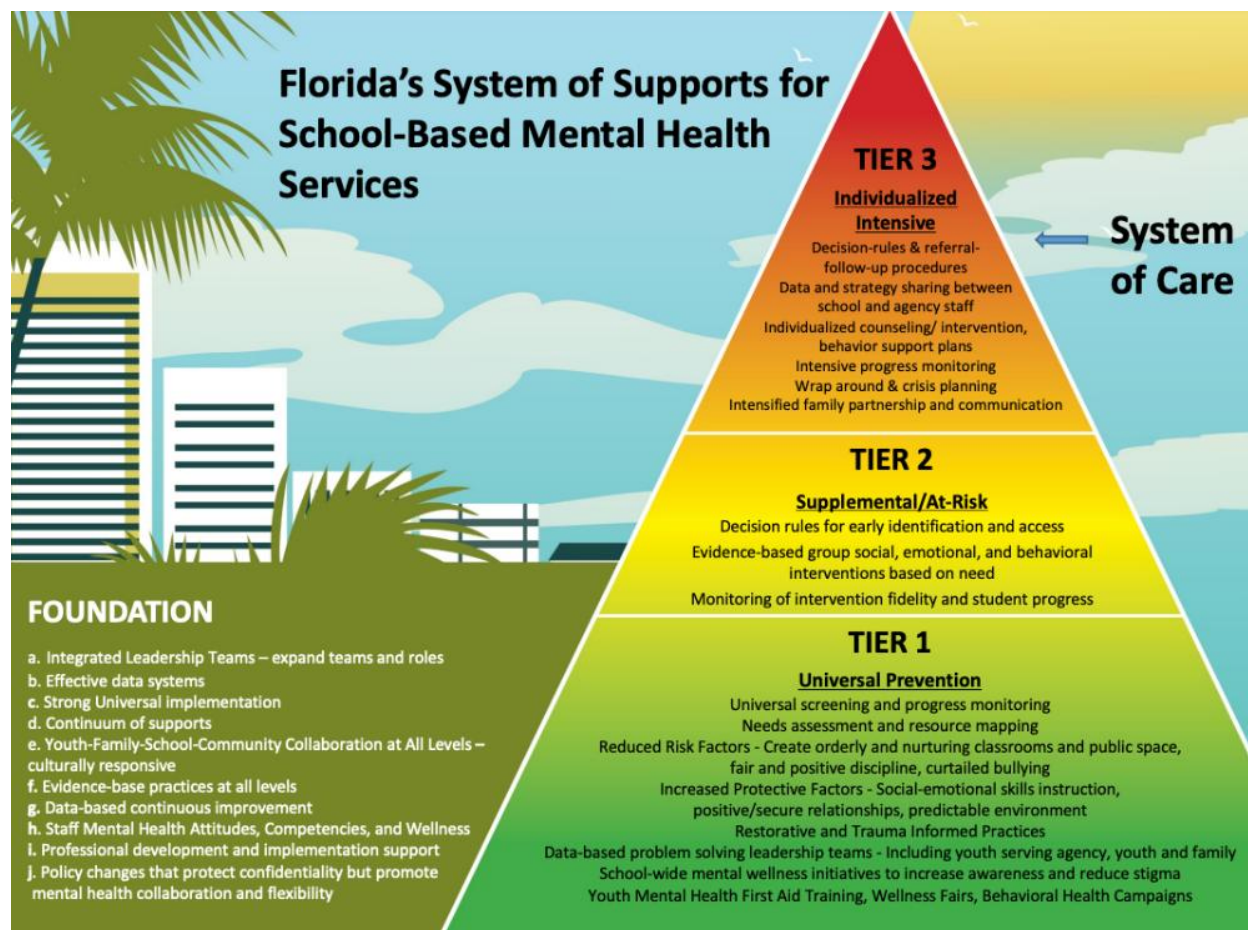
Tier 3 comprises intensive, individualized services for students with significant mental health needs. This level of support is designed for those who require more specialized and sustained interventions, often due to chronic or severe mental health issues (estimated to be about five percent of PCPS students). Tier 3 services might include individual therapy, crisis intervention, some form of integrated mental health

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<sup>74</sup> Florida Department of Education, "Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs". Available at <https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>



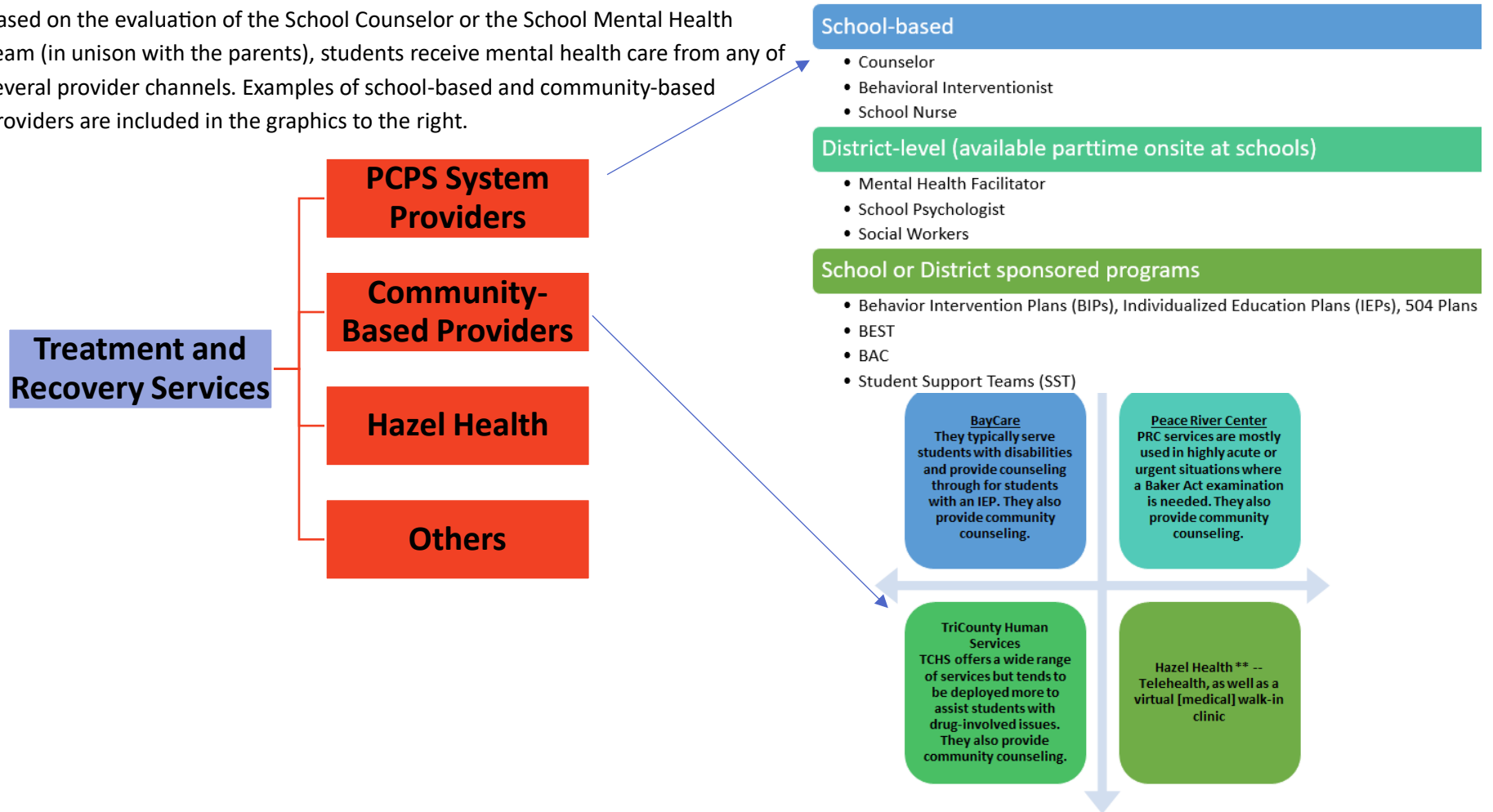
and physical health regimen, and collaboration with external mental health providers to ensure comprehensive care. School-based mental health professionals (including SMHT members) work with students, their families, and (where appropriate) community resources to develop and implement personalized treatment plans. The primary aim of Tier 3 is to address the complex needs of students, facilitate their access to necessary resources, and support their overall well-being and academic success.



## Appendix L: School and Community-based Treatment and Recovery Services

### EXHIBIT 35: SCHOOL AND COMMUNITY-BASED TREATMENT AND RECOVERY SERVICES

Based on the evaluation of the School Counselor or the School Mental Health Team (in unison with the parents), students receive mental health care from any of several provider channels. Examples of school-based and community-based providers are included in the graphics to the right.



## Appendix M: Survey – School-based Leaders and Providers

### Polk County Public Schools - In-School Mental Health Survey

Welcome!

**Thank you for your participation! The following survey is fully confidential. It asks several questions to learn your thoughts about mental health issues within the Polk County Public School (PCPS) system. The survey results will be used to help direct mental health programs and funding for the next several years.**

**Please complete the survey by March 22.**

**Your insights are critically important! Again, thank you for your time! If you have any questions, please contact Denisse Santos at [denisse.santos@polk-fl.net](mailto:denisse.santos@polk-fl.net)**

**Note: This is largely a quantitative survey, however, at the end, you will have an opportunity to add comments or other insight that you would like to share.**

## Polk County Public Schools - In-School Mental Health Survey

### Profile

**Note: Your responses to this survey are anonymous and confidential. Responses to the following "Profile" section questions will be used to analyze the aggregate set of survey results, but your responses to other questions will not be linked to Profile section information. If you work in multiple schools, please respond to the survey based on where you are today.**

#### \* 1. School Type

- ☐ Elementary
- ☐ Middle School
- ☐ High School
- ☐ Combined school grades 6-12
- ☐ ESE Learning Centers
- ☐ Combined School K-8
- ☐ Other (please specify)

#### \* 2. Position

- ☐ Principal
- ☐ Assistant Principal
- ☐ Dean
- ☐ School Counselor
- ☐ Behavior Interventionist
- ☐ Mental Health Facilitator
- ☐ School Nurse
- ☐ School Psychologist
- ☐ School Social Worker
- ☐ Other (please specify)

#### 3. Town where your school is located or where your office is located.

## Polk County Public Schools - In-School Mental Health Survey

### Awareness and Prevention

\* 4. When students enter your school for the first time, to what degree are you aware of their capabilities or needs?

	Not aware at all	Slightly aware	Somewhat aware	Mostly aware	Fully aware
Academic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional / Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social determinants (e.g., housing, access to food, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other strengths or skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. To what degree would more student screening be most helpful to you either prior to the first day of school or within the first few weeks of classes?

	No more needed	A little more needed	Some more needed	Much more needed
Academic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional / Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social determinants (e.g., housing, access to food, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other strengths or skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. To what degree are health and wellness - including mental health - sufficiently integrated into the curricula?

- ☐ Fully sufficient
- ☐ Mostly helpful but not sufficient
- ☐ Somewhat helpful but not sufficient
- ☐ Not helpful and not sufficient
- ☐ Non-existent

## Polk County Public Schools - In-School Mental Health Survey

### The Referral Process, Early Intervention, and Resources

\* 7. To what degree are the following resources helpful to you when you need to address students with mental health needs?

	Not helpful	Slightly helpful	Somewhat helpful	Very helpful	Extremely helpful
Your own personal educational background and experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
District-level training, information, and other resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School-based training, information, and other resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other community-based professional training and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. To what degree do you believe that you are aware of the breadth of available mental health services within the PCPS system?

- ☐ Fully aware
- ☐ Mostly aware
- ☐ Somewhat aware
- ☐ Slightly aware
- ☐ Not aware at all

9. To what degree do you believe that you are aware of the breadth of available mental health services available to students outside of the PCPS system elsewhere in the community?

- ☐ Fully aware
- ☐ Mostly aware
- ☐ Somewhat aware
- ☐ Slightly aware
- ☐ Not aware at all

10. To what degree do you feel adequately trained in your current job role to identify and get help for students with potential mental health needs?

- ☐ Fully
- ☐ Mostly
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at all

11. How sufficient are the resources – counselors, interventionists, social workers, and other providers – available to you to support most students’ mental health needs?

- ☐ Fully sufficient
- ☐ Mostly sufficient
- ☐ Somewhat Sufficient
- ☐ Slightly Sufficient
- ☐ Not Sufficient
- ☐ I don't know

\* 12. Are there enough of the following resources to address student mental health issues in your school(s)?

	Yes, we have enough	Mostly - Slightly more are needed	No, - Somewhat more are needed	No - Many more are needed
School-based counselors and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itinerant, District-level support such as the School Mental Health Teams and other resources that are onsite at the school one or more times per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based counselors and other providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 13. When a student needs the following resources, how often can they get care or support or access in a timely manner?

	NA - This resources is not ever (or rarely) used	Rarely if ever get timely support or access	Most of the time do not get timely support or access	Usually get timely support or access	Always get timely support or access
School-based counselors and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itinerant, District-level support such as the School Mental Health Teams and other resources that are onsite at the school one or more times per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based counselors and other providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What are the most helpful resources available to you to help students with mental health challenges? [Please use the space provided below]

15. To what degree do you have a clear, HELPFUL process available to you (e.g., flow chart, decision tree, written protocol, etc.) that helps you identify and support students with mental health needs?

- ☐ Fully
- ☐ Mostly
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at all



## Polk County Public Schools - In-School Mental Health Survey

### Student Care and Supports

\* 16. To what degree do you know how to utilize available mental health support resources?

- ☐ Fully
- ☐ Mostly
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at all

17. To what degree do NEWER TEACHERS and administrators know how to utilize available mental health support resources for students?

- ☐ Fully
- ☐ Mostly
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at all
- ☐ I do not know

\* 18. Please check the items that are needed to address barriers or challenges you face in accessing mental health support for students.

- ☐ None
- ☐ More mental health professionals or other providers in school
- ☐ More mental health professionals or other providers provided by the PCPS District (e.g., School Mental Health Team members, etc.)
- ☐ More mental health professionals or other providers outside of the school system in the community
- ☐ More knowledge about how to get help - processes or flow charts to help inform actions
- ☐ Additional support or engagement of parents
- ☐ More time to completely care for students with needs
- ☐ Additional PCPS system budget or funding
- ☐ Additional logistical support - transportation, available office hours, student / family finances, and others
- ☐ Other (please specify)

Polk County Public Schools - In-School Mental Health Survey

A Few Items - Checking in on You

\* 19. How stressful is your job?

- ☐ Very Stressful
- ☐ Mostly Stressful
- ☐ Somewhat Stressful
- ☐ Slightly Stressful
- ☐ Not Stressful
- ☐ I prefer not to answer

20. Do you feel that you have adequate support available to you for YOUR mental health/wellness, if/when needed?

- ☐ Yes, fully
- ☐ Yes, partially
- ☐ No
- ☐ I prefer not to answer

\* 21. In general, how satisfied are you with your life? Would you say ...

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied?
- ☐ I prefer not to answer

\* 22. Are you a School Counselor?

- ☐ Yes
- ☐ No

## Polk County Public Schools - In-School Mental Health Survey

### Capacity and Roles - Counselors

23. Understanding that you see students with a variety of needs, when working with most students who may need emotional and/or mental health support, what is your role?

	NA - I'm not a Counselor	Not my role at all	Occasionally my role	Usually my role	Always my role	I do not know
Provide an initial evaluation of needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide short-term counseling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide ongoing counseling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect the student (and, potentially, his or her parents) with community-based care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 24. When a student is referred to you for a potential emotional or mental health issue, to what degree do you agree with the following statements?

	Disagree	Slightly disagree	Neither agree not disagree	Somewhat agree	Agree	I do not know
I have adequate time to make an informed decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adequate training and experience to make helpful decisions for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adequate resources to conduct an assessment to identify issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are sufficient resources within the PCPS system to provide care and support for most students with mental health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is adequate PCPS processes (e.g., flow chart, decision tree, or other training) to provide a uniform guide to supporting students in need of mental health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. To what degree do you have the resources and training necessary to do the following?

	No, not at all	Some but not enough	Quite a bit	Usually adequate	Fully adequate	I do not know
Provide an initial evaluation of needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide ongoing counseling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide short-term counseling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect the student (and, potentially, his or her parents) with community-based care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Polk County Public Schools - In-School Mental Health Survey

### Capacity and Roles

\* 26. In learning how to best support students with emotional or mental health issues, how helpful are the following?

	Not Helpful	Slightly Helpful	Somewhat Helpful	Mostly Helpful	Very Helpful
My own educational attainment and professional training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiential learning from peers, student interactions, and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and information sharing from the school or District-level resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based training and resources (including CEUs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other helpful supports (please specify)

27. What is the best way for teachers and school administrators to learn how to support students who may have emotional or mental health issues? Rate each of the following.

	Not Helpful	Slightly Helpful	Somewhat Helpful	Mostly Helpful	Very Helpful
Their own educational attainment and professional training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiential learning from peers, student interactions, and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and information sharing from the school or District-level resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based training and resources (including CEUs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring from peers, student interactions, and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other helpful ways (please specify)

28. In which of the following areas do you feel that your school is understaffed?

	Not applicable - our school does not offer this position	No, we are not understaffed in this area	Maybe - we have positions, but they are vacant	Yes, we are understaffed in this area
Mental health (e.g., psychologist, social worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical (e.g., nurse, nurse's aide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. To what degree is it the school's role to be aware of students' out-of-school situation (e.g., home life, safe housing, access to food and other essentials, etc.) that may impact school performance and behavior?

- ☐ Always
- ☐ Usually
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at All

\* 30. Which of the following would be helpful to YOU? Select all that apply.

- ☐ More school-based mental health professionals
- ☐ A conference or other environment in which teachers and administrators who have implemented effective strategies to support student wellness and mental health support / care can share their experiences
- ☐ Better access to student records and histories
- ☐ More time to better support students' wellness and mental health support / care
- ☐ Developmental and academic screening for children entering kindergarten (prior to the first day of school or within the first few weeks of classes)

31. Which of the following would be helpful to THE MAJORITY OF OTHER PCPS COUNSELORS, TEACHERS, AND ADMINISTRATORS? Select all that apply.

- ☐ More school-based mental health professionals
- ☐ A conference or other environment in which teachers and administrators who have implemented effective strategies to support student wellness and mental health support / care can share their experiences
- ☐ Better access to student records and histories
- ☐ More time to better support students' wellness and mental health support / care
- ☐ Developmental and academic screening for children entering kindergarten (prior to the first day of school or within the first few weeks of classes)

\* 32. Please state the degree to which each of the following is needed (if at all) to address CURRENT emotional and mental health needs in your school.

	Not Helpful	Slightly Helpful	Somewhat Helpful	Very Helpful	Urgently Needed
A full-time person to provide mental health counseling at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easier access to COMMUNITY-BASED counselors and mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A clearer process or flow chart to help with determining the appropriate course of support and care for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More information sharing among ADMINISTRATORS AND TEACHERS AT OTHER SCHOOLS regarding effective approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More information sharing among SCHOOL DISTRICT LEADERS AND RESOURCES regarding effective approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Which of the following factors, if any, limit your school's efforts to effectively provide mental health services to all students in need? Select all that apply.

- ☐ Insufficient mental health professional staff coverage to manage caseload
- ☐ Inadequate funding
- ☐ Potential legal issues for school or district (e.g., malpractice, insufficient supervision, confidentiality)
- ☐ Concerns about reactions from parents
- ☐ Lack of community support for providing mental health services to students in your school
- ☐ Requirements that the school pay for the mental health services
- ☐ Reluctance among school staff to label students with mental health disorders to avoid stigmatizing the child
- ☐ None of the above
- ☐ Don't Know
- ☐ Other (please specify)



## Polk County Public Schools - In-School Mental Health Survey

### Information and Data Sharing

34. When students receive mental health care or support, how much feedback do you receive from providers regarding ways that you can better support ongoing student mental health needs?

- ☐ Adequate amount of feedback
- ☐ Some but inadequate amount of feedback
- ☐ No feedback

35. To what degree do you use the FOCUS student information system to help gain insight into a student's background?

- ☐ Daily
- ☐ Several times per week
- ☐ A few times per month
- ☐ Only occasionally during the school year
- ☐ Never

36. How helpful are FOCUS and other student files for learning about student mental health issues?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Slightly helpful
- ☐ Not helpful at all

## Polk County Public Schools - In-School Mental Health Survey

### Closing

37. If you had unlimited resources, what one or two things would you do to improve the mental health of students in the PCPS system? [Please add comments below]

38. If there are any survey questions or topics about which you would like to share additional insights or comments, please feel free to do so in the box below. [Please add comments below]

## Appendix N: Survey – PCPS Students’ Parents

Polk County Public School - Student Health and Wellness Survey

Introduction

Hello, Polk County Public School student parents and guardians! We are interested in your opinions about school-based mental health support services (even if your student has never used them). We would like a wide range of responses to include current families receiving services and those who have never received services. All information and responses are important. The survey is fully anonymous and will only take a few minutes to complete.

—

¡Hola, padres y tutores legales de los estudiantes de las escuelas públicas del Condado de Polk! Nos interesan sus opiniones sobre los servicios de apoyo de salud mental en la escuela (incluso si su estudiante nunca los ha utilizado). Nos gustaría recibir una amplia gama de respuestas que incluya a las familias que actualmente reciben servicios y aquellas que nunca los han recibido. Toda la información y todas las respuestas son importantes. La encuesta es totalmente anónima y solo le tomará unos minutos completarla.

—

Bonjour, v paravèk gadvyen Lekòl Piblik Konte Polk! Nou enterese nan pinyon w sou sèvis sante man nan lekòl. Nou vle gen yon gwo varyasyon nan lèzè yo. Nou ta renmen resevwa anpil respons ki nan lang nan fanmi k ap resevwa sèvis yo ak moun ki pa janm resevwa sèvis yo tout espesyalman alòs pouswènt nan sondaj la konplètman anonim. Li pral elman tèk nan it pinyon.

\* 1. In what language would you like to take this short survey? En qué idioma le gustaría realizar esta breve encuesta? Nan ki lang ou ta renmen pran sondaj sa a?

☐ English

☐ Haitian Creole / Ayisyen / Kreyòl

☐ Spanish / Español

Polk County Public School - Student Health and Wellness Survey

English Language - Profile Questions

**Note: Your responses to this survey are anonymous. Responses to the following “Profile” section questions will be used to help us better describe the group of people who took the survey.**

2. This school year, do you have children in the Polk County Public School system? Please check all boxes that apply to you and your family.

- ☐ Preschool
- ☐ Elementary School (K - Grade 5)
- ☐ Middle School (Grades 6 - 8)
- ☐ High School (Grades 9 - 12)
- ☐ Other (please specify)

# Sample

3. Where does your student attend school? Please check all boxes that apply to you and your family.

- ☐ Alturas
- ☐ Auburndale
- ☐ Babson Park
- ☐ Bartow
- ☐ Bradley
- ☐ Davenport
- ☐ Dundee
- ☐ Eagle Lake
- ☐ Eaton Park
- ☐ Fort Meade
- ☐ Frostproof
- ☐ Haines City
- ☐ Highland/Homeland
- ☐ Indian Lake Estates
- ☐ Kissimmee/Polk County
- ☐ Lake Wales
- ☐ Lake Hamilton
- ☐ Lake Wales
- ☐ Lakeland
- ☐ Lakeshore
- ☐ Loughman
- ☐ Mulberry
- ☐ Nalcrest
- ☐ Nichols
- ☐ Polk City
- ☐ River Ranch
- ☐ Waverly
- ☐ Winter Haven
- ☐ Other (please specify)

4. Do you currently or have you ever had a child who may have needed mental health support?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

5. If your child / children needed mental health support, would you know where to go for support and help?

- ☐ Yes, definitely
- ☐ Yes, I think so
- ☐ Maybe but I'm not sure
- ☐ I do not think so
- ☐ No, not at all

6. To what degree do each of the following people have a responsibility to identify when a student may have a mental health need?

	Yes, fully	Yes, mostly	Yes, partially	No, not at all	Do not know
School teacher/administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents and family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family doctor or pediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. For students who need mental health support, how well are teachers and school administrators able to identify them and direct them (with parental involvement) to appropriate counselors or other support?

- ☐ Fully Adequate
- ☐ Mostly Adequate
- ☐ Somewhat Adequate
- ☐ Slightly Adequate
- ☐ Not Adequate
- ☐ Not sure

8. Are there enough caregivers - counselors, social workers, and other providers - in the school system to support most students' mental health needs?

- ☐ Yes, fully
- ☐ Yes, partially
- ☐ No
- ☐ Not sure

9. Please check the items that are needed to address barriers or challenges that students and parents face in accessing mental health support for students.

- ☐ None
- ☐ More counselors or other mental health professionals in school
- ☐ More counselors or other mental health professionals outside of the school system in the community
- ☐ More information about how to get help for my child (or children) if I think that they may need mental health support
- ☐ Additional support or engagement with teachers and others in school
- ☐ Additional Charlotte-Mecklenburg County Public School system budget or funding to provide more in-school mental health services
- ☐ Additional transportation for families and others to help students access mental health services if they need it
- ☐ Others (specify)

Sample

10. How much stress do you think your child(ren) face in the school setting?

- ☐ Extreme Stress
- ☐ High Stress
- ☐ Moderate Stress
- ☐ Some but not much Stress
- ☐ Little to no stress

11. Do you feel your child's behavior is impacting their mental wellbeing at school?

- ☐ Yes, very much
- ☐ Yes, somewhat
- ☐ Yes, partially
- ☐ No, not at all
- ☐ Not sure

12. Do you feel that you have enough guidance, counseling, and other support in school for your student's wellness and mental health, if/when needed

- ☐ Yes, fully
- ☐ Yes, partially
- ☐ No
- ☐ Not sure

13. Thinking about your child's school (or children's schools) in general, please state the degree to which each of the following is helpful (if at all) to address CURRENT emotional and mental health needs.

	Not Helpful	Slightly Helpful	Somewhat Helpful	Very Helpful	Urgently Needed	Not sure
More full-time school staff to provide mental health counseling IN SCHOOL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easier access to COMMUNITY-BASED counselors and mental health services for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An easier process to help parents understand and get support and care for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More information sharing between PARENTS, and SCHOOLS (for example, school counselors, teachers, and others) regarding supporting students needing mental health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What else would be helpful to support your child's emotional and mental health?

15. If you had unlimited resources, what one or two things would you do to improve the mental health of students in the Polk County Public School system?



16. What can schools do to involve parents so they can work together to address mental health and other important issues in school? Please write your insights in the box below.

\* 17. We will also be holding some telephone conversations with parents who would like to share more detailed insight, opinions, and experiences. Would you like to participate in a brief telephone call or group discussion?

☐ Yes

☐ No

#### Polk County Public School - Student Health and Wellness Survey

##### Contact Information

18. If yes, please provide your email address or telephone number, and we will contact you.

Email address

Telephone number

#### Polk County Public School - Student Health and Wellness Survey

##### Haitian Creole / Ayisyen / Kreyòl

##### Pwofil

**Remak: Repons ou bay nan sondaj sa a anonim. Yo pral itilize repons kesyon seksyon "Pwofil" sa yo pou ede nou pi byen dekri gwoup moun ki te patisipe nan sondaj la.**

19. Ane lekòl sa a, èske ou gen timoun nan sistèm Lekòl Piblik Konte Polk? Tanpri tcheke tout ti kare ki aplike pou ou menm ak fanmi w.

☐ Lekòl matènèl

☐ Lekòl elemanèl (K - Klas 5yèm ane)

☐ Premye sik Segondè (klas 6yèm - 8yèm ane)

☐ Lekòl Segondè (Klas 9yèm - 12yèm ane)

☐ Lòt (presize)

20. Vil kote elèv ou a ale lekòl. Tanpri tcheke tout ti kare ki aplike pou ou menm ak fanmi w.

- ☐ Alturas
- ☐ Auburndale
- ☐ Babson Park
- ☐ Bartow
- ☐ Bradley
- ☐ Davenport
- ☐ Dundee
- ☐ Eagle Lake
- ☐ Eaton Park
- ☐ Fort Meade
- ☐ Frostproof
- ☐ Haines City
- ☐ Highland City Homeland
- ☐ Indiantown
- ☐ Kissimmee
- ☐ Kissimmee
- ☐ Lake Alfred
- ☐ Lake Wales
- ☐ Lake Wales
- ☐ Lakeland
- ☐ Lakeshore
- ☐ Loughman
- ☐ Mulberry
- ☐ Nalcrest
- ☐ Nichols
- ☐ Polk City
- ☐ River Ranch
- ☐ Waverly
- ☐ Winter Haven
- ☐ Lòt (presize)

21. Èske kounye a ou genyen oswa ou te janm gen yon timoun ki ta ka bezwen sipò pou sante mantal?

- ☐ Wi
- ☐ Non
- ☐ Mwen prefere pa reponn

22. Si pitit ou/ pitit ou yo bezwen sipò pou sante mantal, èske w ta konnen ki kote pou w ale pou sipò ak èd?

- ☐ Wi, definitivman
- ☐ Wi mwen panse sa
- ☐ Petèt men mwen pa fin sèten
- ☐ Mwen pa panse sa
- ☐ Non, pa ditou

23. Nan ki degre chak moun ki vini annapre yo gen responsablite pou idantifye lè yon elèv gen oswa ka gen yon bezwen pou sante mantal? [Wi, konplètman, Wi, sitou, Wi, pesyèlman, Non, pa ditou, Pa konnen]

	Wi, konplètman	Wi, sitou	Wi, pesyèlman	Non, pa ditou	Pa konnen
Pwofesè lekòl la oswa administratè	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pou paran yo fanmi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elèv	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doktè pou fanmi oswa pedyat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lòt moun nan kominote a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Pou elèv ki bezwen sipò pou sante mantal, nan ki pwofesè yo ak administratè lekòl yo kapab hyen idantifye yo epi dirije yo (avèk patisipasyon paran yo) bay konseye apwopriye oswa lòt sipò?

- ☐ Konplètman Apwopriye
- ☐ Sitou Apwopriye
- ☐ Yon tikras Apwopriye
- ☐ Yon ti jan Apwopriye
- ☐ Pa Apwopriye
- ☐ Pa sèten

25. Èske gen ase moun k ap bay swen - konseye, travayè sosyal, ak lòt founisè - nan sistèm lekòl la pou sipòte bezwen sante mantal pifò elèv yo?

- ☐ Wi, konplètman
- ☐ Wi pasyèlman
- ☐ Non
- ☐ Pa sèten

26. Tanpri tcheke atik ki nesèsè pou adrese baryè oswa defi elèv yo ak paran yo fè fas nan jwenn aksè sipò pou sante mantal pou elèv yo.

- ☐ Okenn
- ☐ Plis konseye oswa lòt pwofesyonèl sante mantal nan lekòl la
- ☐ Plis konseye oswa lòt pwofesyonèl sante mantal andeyò sistèm lekòl la nan kominote a
- ☐ Plis enfòmasyon sou fason pou jwenn èd pou pitit mwen an (oswa timoun yo) si mwen panse yo ka bezwen sipò pou sante mantal
- ☐ Sipò adisyonèl oswa angajman ak pwofesè yo ak lòt moun nan lekòl la
- ☐ Bidjè finansman adisyonèl pou sistèm Lekòl Piblik Konte Polk pou bay plis sèvis sante mantal nan lekòl la
- ☐ Lwa, espò, finansman, gad, elèv, pou sante mantal
- ☐ Lèt (resize)

27. Konbyen estrès ou panse pitit ou yo ap fè fas nan anviwònman lekòl la?

- ☐ Estrès Ekstrèm
- ☐ Gwo Estrès
- ☐ Estrès Modere
- ☐ Gen kèk, men se pa anpil estrès
- ☐ Tikras oswa okenn estrès

28. Èske w santi konpòtman pitit ou a ap afekte byennèt mantal li nan lekòl la?

- ☐ Wi, anpil
- ☐ Wi, yon ti jan
- ☐ Wi pasyèlman
- ☐ Non, pa ditou
- ☐ Pa sèten

29. Èske w santi ou gen ase èd, konsèy, ak lòt sipò nan lekòl pou byennèt ak sante mantal elèv ou a, si/lè sa nesèsè?

- ☐ Wi, konplètman
- ☐ Wi pasyèlman
- ☐ Non
- ☐ Pa sèten

30. Lè w ap reflechi sou lekòl pitit ou a (oswa lekòl timoun yo) an jeneral, tanpri deklare nan ki degre chak nan sa ki vini annapre yo itil (oswa si yo pa itil) pou adrese bezwen emosyonèl ak sante mantal AKTYÈL yo.

	pa itil	yon ti kras itil	yon ti kras itil	trè itil	Bezwen ljan	Pa sèten
Plis anplwaye lekòl aplentan pou bay konsèy sou sante mantal NAN LEKÒL LA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aksè pi fasil ak konsèy KI PARAN NAN KOMANDE ak sèvis sante mantal pou timoun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yon pwosesis ki pi fasil pou paran yo konprann kon pou jwenn sipò swen pou elèv yo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plis enfòmasyon pataje ant PARAN YO, ak LEKÒL YO (pa egzanp, Konseye Lekòl yo, pwofesè yo, ak lòt moun) konsènan sipòte elèv ki bezwen sipò pou sante mantal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Ki lòt bagay ki ta itil pou sipòte sante emosyonèl ak mantal pitit ou a?

32. Si w te gen resous san limit, ki youn oswa de bagay ou ta fè pou amelyore sante mantal elèv yo nan sistèm Lekòl Piblik konte Polk?

33. Kisa lekòl yo ka fè pou enplike paran yo pou yo ka travay ansanm pou adrese sante mantal ak lòt pwoblèm enpòtan nan lekòl la? Tanpri ekri lide w yo nan kare ki anba a.

\* 34. Nou pral fè kèk konvèsasyon nan telefòn ak paran ki ta renmen pataje plis enfòmasyon, opinyon, ak eksperyans. Èske w ta renmen patisipe nan yon apèl tou kout nan telefòn oswa diskisyon an gwoup?

- ☐ Wi
- ☐ Non

#### Polk County Public School - Student Health and Wellness Survey

#### Enfòmasyon sou kontak

35. Si wi, tanpri fèkòman sèvi ak adrès imèl ou oswa nimewo telefòn ou, epi nou pral kontakte w.

Imèl

Nimewo telefòn

#### Polk County Public School - Student Health and Wellness Survey

#### Spanish / Español

#### Perfil

**Nota: sus respuestas a esta encuesta son anónimas. Las respuestas a las siguientes preguntas de la sección "Perfil" se utilizarán para ayudarnos a describir al grupo de personas que tomaron la encuesta.**

36. Este año escolar, ¿tiene hijos en el sistema de escuelas públicas del Condado de Polk? Marque todas las casillas que correspondan a usted y su familia.

- ☐ Preescolar
- ☐ Escuela primaria (K - 5º grado)
- ☐ Escuela Intermedia (6º a 8º grado)
- ☐ Escuela secundaria (9º a 12º grado)
- ☐ Otro (especifique)

37. Ciudad donde su estudiante asiste a la escuela. Marque todas las casillas que correspondan a usted y su familia.

- ☐ Alturas
- ☐ Auburndale
- ☐ Babson Park
- ☐ Bartow
- ☐ Bradley
- ☐ Davenport
- ☐ Dundee
- ☐ Eagle Lake
- ☐ Eaton Park
- ☐ Fort Meade
- ☐ Frostproof
- ☐ Haines City
- ☐ Highland/Homeland
- ☐ Indian Lake Estates
- ☐ Kissimmee/Polk County
- ☐ Lake Wales
- ☐ Lake Hamilton
- ☐ Lake Wales
- ☐ Lakeland
- ☐ Lakeshore
- ☐ Loughman
- ☐ Mulberry
- ☐ Nalcrest
- ☐ Nichols
- ☐ Polk City
- ☐ River Ranch
- ☐ Waverly
- ☐ Winter Haven
- ☐ Otro (especifique)

38. ¿Tiene actualmente o ha tenido un hijo/a que haya necesitado apoyo de salud mental?

- ☐ Sí
- ☐ No
- ☐ Prefiero no responder

39. Si su(s) hijo/a(s) necesitaran apoyo de salud mental, ¿sabría dónde acudir para obtener apoyo y ayuda?

- ☐ Sí, por supuesto
- ☐ Sí, eso creo
- ☐ Puede ser, aunque no estoy seguro.
- ☐ No lo creo
- ☐ No, en absoluto

40. ¿En qué medida cada uno de las siguientes personas tiene la responsabilidad de identificar cuándo un estudiante tiene o puede tener una necesidad de salud mental?

	Sí, totalmente	Sí, mayormente	Sí, parcialmente	No, en absoluto	No sé
Maestro o administrador de la escuela	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Padres y familiares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estudiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Médico de familia o pediatra	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otros en la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Para los estudiantes que necesitan apoyo de salud mental, ¿qué tan adecuadamente pueden los maestros y administradores escolares identificarlos y orientarlos (con la participación de los padres) al consejero u otro tipo de apoyo correspondiente?

- ☐ Totalmente adecuado
- ☐ Generalmente adecuado
- ☐ Algo adecuado
- ☐ Ligeramente adecuado
- ☐ No adecuado
- ☐ No estoy Seguro



42. ¿Hay suficientes cuidadores (consejeros, trabajadores sociales y otros proveedores) en el sistema escolar para apoyar las necesidades de salud mental de la mayoría de los estudiantes?

- ☐ Sí, por completo
- ☐ Sí, parcialmente
- ☐ No
- ☐ No estoy seguro

43. Marque los elementos necesarios para abordar las barreras o desafíos que enfrentan los estudiantes y los padres para acceder al apoyo de salud mental de los estudiantes.

- ☐ Ninguno
- ☐ Más consejeros u otros profesionales de la salud mental en la escuela
- ☐ Más consejeros u otros profesionales de la salud mental fuera del sistema escolar en la comunidad
- ☐ Más información sobre cómo obtener ayuda para mi hijo/a (o hijo/as) si creo que puedan necesitar apoyo de salud mental
- ☐ Apoyo o participación adicional con los maestros y otras personas en la escuela
- ☐ Peticiones de financiación adicional del sistema de escuelas públicas del condado de Polk para proporcionar más servicios de salud mental en la escuela
- ☐ Transparencia en el manejo de asuntos de salud mental, finanzas escolares, familia y cuidadores de niños y otras cosas que ayuden a los estudiantes a obtener apoyo de salud mental si lo necesitan.
- ☐ Otro (especificar):

44. ¿Cuánto estrés cree que enfrentan sus hijo/as en el entorno escolar?

- ☐ Estrés extremo
- ☐ Estrés alto
- ☐ Estrés moderado
- ☐ Algún estrés, pero no mucho
- ☐ Poco o ningún estrés

45. ¿Siente que el comportamiento de su hijo/a está afectando su bienestar mental en la escuela?

- ☐ Sí, mucho
- ☐ Sí, algo
- ☐ Sí, parcialmente
- ☐ No, en absoluto
- ☐ No estoy seguro

46. ¿Siente que tiene suficiente orientación, asesoramiento y otro tipo de apoyo en las escuelas para el bienestar y la salud mental de su hijo/a, si o cuando fuese necesario?

- ☐ Sí, por completo
- ☐ Sí, parcialmente
- ☐ No
- ☐ No estoy seguro

47. En referencia a la escuela de su hijo/a (o las escuelas de sus hijos) en general, por favor indique en qué medida cada uno de los siguientes elementos es útil (si acaso) para abordar las necesidades ACTUALES de salud mental y emocional. [se necesita con urgencia, muy útil, algo útil, ligeramente útil, nada útil; no estoy seguro]

	nada útil	ligeramente útil	algo útil	muy útil	se necesita con urgencia	no estoy seguro
Más personal escolar de tiempo completo para brindar asesoramiento sobre salud mental ESCUELAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso más fácil a consejeros COMUNITARIOS y servicios de salud mental para estudiantes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un proceso más sencillo para ayudar a los padres a comprender formas de obtener apoyo y atención para los estudiantes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Más intercambio de información entre PADRES, y ESCUELAS (por ejemplo: consejeros escolares, maestros y otros) con respecto al apoyo que reciben los estudiantes que necesitan apoyo de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. ¿Qué más sería útil para apoyar la salud emocional y mental de su hijo/a?

49. Si tuviera recursos ilimitados, ¿qué una o dos cosas haría para mejorar la salud mental de los estudiantes del sistema de escuelas públicas del condado de Polk?

50. ¿Qué pueden hacer las escuelas para involucrar a los padres de forma que puedan trabajar juntos para abordar la salud mental y otros problemas importantes en la escuela? Por favor, escriba sus ideas en el cuadro a continuación.

\* 51. También mantendremos algunas conversaciones telefónicas con los padres que deseen compartir información más detallada, opiniones y experiencias. ¿Le gustaría participar en una breve llamada telefónica o discusión grupal?

- ☐ Sí  
☐ No

Polk County Public School - Student Health and Wellness Survey

#### Información de contacto

52. En caso afirmativo, deje su dirección de correo electrónico o número de teléfono y nos pondremos en contacto con usted.

Correo electrónico

Número de teléfono

## Appendix O: Types of Initial Referrals

The first step in intervention is an observed situation or event. School staff – teachers, administrators, coaches, and others – have established processes / protocols that they use when a student is disruptive or otherwise needs a behavior change. There are several types of issues that require or precipitate different responses. The three primary types of initial issues include those illustrated in the following graphic:

### Conventional (behavioral, mental health, or other risk-associated occasion)

- Student is sent to the Administrator's (or other school staff member) office for review of the issue and next steps (based on connecting with the student and, where needed, assessment by the School Counselor or others. Note that based on the Counselor's review, the student may be referred to school-based providers, the District-level School Mental Health Team, community members, or other providers

### Crisis (potential threat to self or others)

- The PCPS crisis team has specific protocols and procedures from the PREPaRE Curriculum created by the National Association of School Psychologists that are followed when responding to a school after a crisis event. All of our crisis team members are PREPaRE trained and expected to use this method of crisis intervention when working with schools. It is a crisis protocol designed specifically by and for use in school crisis situations.
- Secondly, for crisis protocols regarding an individual student threatening to hurt themselves, they are referred immediately to a mental health professional for a risk assessment. Schools may also contact Peace River Center, a community partner, for assistance with students who are deemed moderate or high risk. If the student is threatening to hurt others, the student should be referred immediately to the School Threat Management Team for a threat assessment using the Florida Threat Management Model. If the student is experiencing a behavior crisis, the student should be referred to the school's CPI (Crisis Prevention & Intervention) team. Those team members are trained to de-escalate the situation and safely restrain the student if necessary.

### Imminent threat (violent occurrence or other active-danger events)

- If there is an imminent threat impacting either students or staff at a school, administration should immediately call 911 and then notify their regional assistant superintendent and the Office of Safe Schools regarding the concern.

