TASK FORCE ON SCHOOL MENTAL HEALTH

November 6, 2017

Agenda

Welcome & Introduction (10 minutes)

Task Force Purpose (5 minutes)

DBH Presentation – Overview: (25 minutes)

- Current School Mental Health Program and
- Proposed Comprehensive Plan to Expand School-Based Behavioral Health Services

Discussion (45 minutes)

Next Steps

Adjourn

Introductions

Task Force Seat Designation	Representative
District of Columbia Public Schools (DCPS)	Dietra Bryant-Mallory
Council of the District of Columbia - Committee on Health	CM Vincent Gray
Council of the District of Columbia - Committee on Education	CM Grosso
Non-Core Service Agency Provider	Michael Lamb
Department of Behavioral Health (DBH) Mental Health Program Clinician	Nathan Luecking
Department of Behavioral Health (DBH) Mental Health Program Clinician	Taiwan Lovelace
Deputy Mayor for Health and Human Services (DMHHS)	Dr. LaQuandra Nesbitt
DCPS Parent	Chioma Oruh
Non-Core Service Agency Provider	Michelle Palmer
Core Service Agency Provider	Marisa Parrella
Public Charter School Board	Scott Pearson
Core Service Agency Provider	Juanita Price
School Mental Health Expert	Olga Price
Department of Behavioral Health (DBH)	Dr. Tanya Royster
Office of the State Superintendent of Schools (OSSE)	Dr. Heidi Schumacher/Yair Inspektor
Deputy Mayor for Education (DME)	Chalon Jones
Public Charter School Parent	Molly Whalen
Facilitator	Jay Melder

Purpose & Deliverables

Report to the Mayor and the Council, including:

- An analysis of the Department of Behavioral Health's current school mental health program ("SMHP") to determine what schools participate in the SMHP and what activities occur across the schools, including an analysis of available Department of Behavioral health data.
- An analysis of the school mental health programs and providers currently operating in District of Columbia Public Schools and District of Columbia public charter schools.
- Any changes to the Comprehensive Plan to Expand Behavioral Health Services to all students in all District Public Schools and Public Charter Schools.

Presentation - Overview

Current School Mental Health Program

Proposed Comprehensive Plan to Expand School-Based Behavioral Health Services

Tanya A. Royster, M.D., Director

District of Columbia Department of Behavioral Health

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DBH School Mental Health Program (SMHP)

Summer 2000	• Began Summer 2000 - Safe Schools Healthy Students Federal Grant **to17 Public Charter Schools**
2002	• Expanded to 16 additional DC Public Schools *"Spingarn Cluster" totaling* **33 DCPS and PCS schools**
2006 -2008	• 2006 SMHP expanded to 15 additional schools – total **48 DCPS and PCS schools** • Added part-time school assignments
2013-2014	• Expanded to 19 additional schools totaling **67 DCPS and PCS schools**

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SMHP Activities and Services

- **Current (SY17-18) Capacity: Serving 65 Schools - 43 DCPS and 22 DCPCS**

- **Primary Prevention**: Intervention strategies for all students to PREVENT mental health, behavioral, and social issues before they occur. *Services include school-wide interventions, classroom-based interventions, mental health promotion activities such as prevention of substance abuse, sexual abuse, and violence.*

- **Early Intervention Services**: These services are provided at the first occurrence of emotional, behavioral, or social concerns (e.g., Primary Project).

- **Treatment Services:** Treatment is provided for students with a variety of problems, including depression, substance abuse, disruptive behavior, anxiety, peer relational problems, grief and loss, trauma, and family issues. *Services include individual, family, and group counseling.*

- **Crisis Services**: Interventions are provided for urgent situations and needs. *Services include crisis debriefing, grief counseling, and psychiatric referrals.*

- **Parent/Family Support**: Educational, supportive, and treatment services are provided for families.

SMHP Treatment Data for SY16-17

DCPS 35 Full-time and 6 Part-time School Placements
DCPCS 10 Full-time and 11 Part-time School Placements

Students Referred to SMHP	DCPS – 1308 DCPCS – 750
Caseload	DCPS - 531 DCPCS – 215
Treatment sessions (individual, family, and group therapy	DCPS – 11,026 DCPCS – 4328
SMHP initiated psychiatric hospitalizations/evaluations	DCPS – 22 DCPCS - 15

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Total (SY 16-17)District Investments in School-Based Behavioral Health

AGENCY	SPENDING
Department of Behavioral Health: SMHP (65 Schools)	$ 8,140,000
DC Public Schools (51,242 students): • 172 licensed clinical social workers • 110 school psychologists	$ 26,775,000
DC Public Charter Schools (40,996 students): • 39 Counselors • 38 Social Workers • 65 Psychologists • 7 Psychiatrists	$ 13,725,000
Department of Health: • 7 School Based Health Centers for 4500 students • 1,334 students received mental health screenings • 231 students screened positive and referred for a mental health concern	$ 416,000
Total Approximate District Spending	$ 49,056,000

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School-Based Behavioral Health Goals

- Provide 100% of students in all DC Public and Public Charter Schools with Primary/Universal prevention supports (Tier 1)

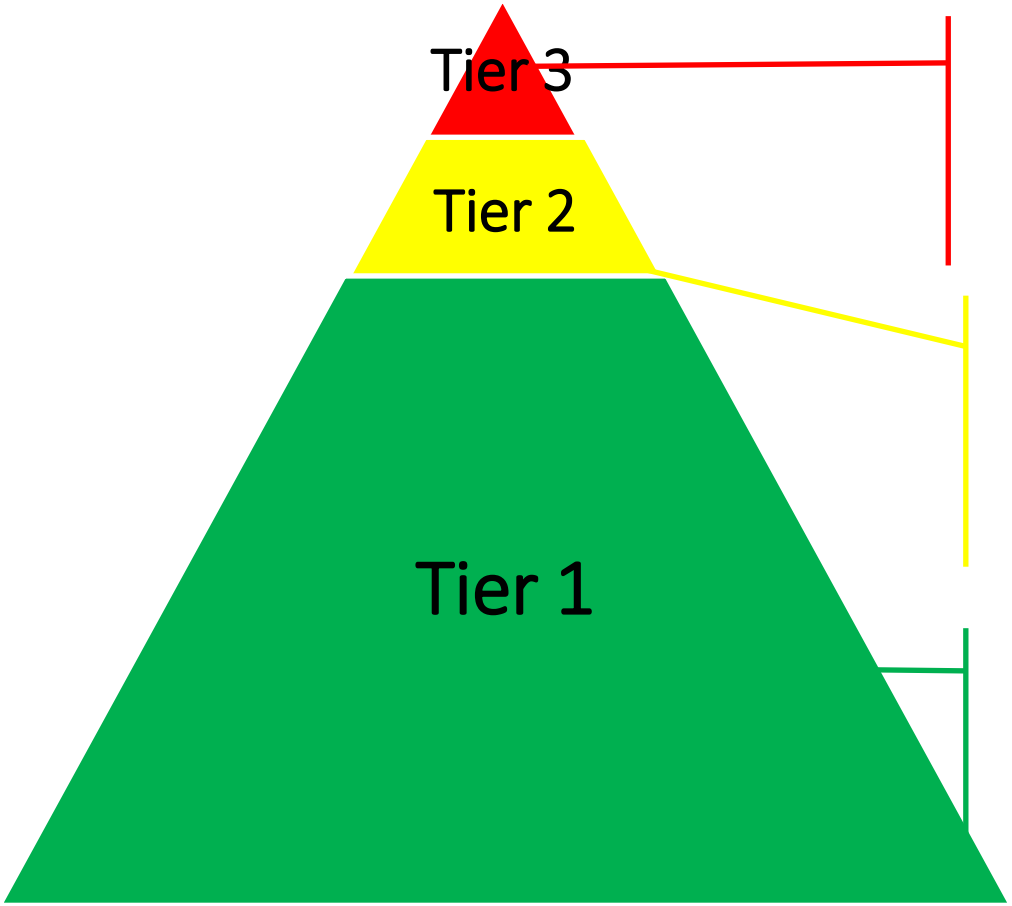
- Ensure that all students who need early intervention services (Tier 2) and all students who need clinical treatment (Tier 3) are connected to and receive quality services and supports.

School-Based Behavioral Health Needs and Gaps

- The **DBH School Mental Health Program** has positive outcomes and strong support, but:
  - after 17 years **serves only 28% of our public and public charter school students**
  - Will take another **34 years and about $73 million to expand to all 235 schools**
  - Low number of children provided intensive support **(10-20 on caseload)** doesn't meet the overall access goal
- No strategy to provide prevention and universal screening services in 100% of the schools

- No strategy to ensure that all students who have behavioral health needs are connected to appropriate services

School Behavioral Health Public Health Model



(1-5% of students)

Intensive Support

- Individual student treatment
- Assessment based

(10-15% of students)

Focused Group/Individual Interventions

- At-risk students
- Immediate Response

(80% of students)

Promotion and Primary Prevention

- All settings, all students
- Preventive, Proactive

- Note that the proportion of students in a given school or district may vary substantially from this ideal across schools and over time, but this ideal may drive future planning as we seek to improve student behavioral health

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Tier 1, 2, and 3 Explained

Promotion and Primary Prevention Services and Supports (Tier 1)

- All students (100%) receive these services
- Creates positive school climate, reinforces positive behaviors, supports resiliency and recovery among students, and reduces stigma
- Promotes pro-skill development among children and youth
- Includes staff development, mental health education & social skill building for students, staff or parents/guardians

Focused Interventions (Tier 2)

- 10% - 15% of students with social/emotional challenges, behavioral symptoms and/or mental health needs not severe enough to meet diagnostic criteria or eligibility for special education services
- Services include support groups, skill building groups such as social skill development or anger management groups, and training or consultation for families, teachers and other school personnel who work with identified

Intensive Support (Tier 3)

- 1% - 5% of students with active mental health symptoms that meet diagnostic criteria and who require individualized treatment to improve functioning in school, home and community.
- Individual, group or family treatment services and crisis intervention, offered at school or in the home/community at the discretion of the parents/guardian.

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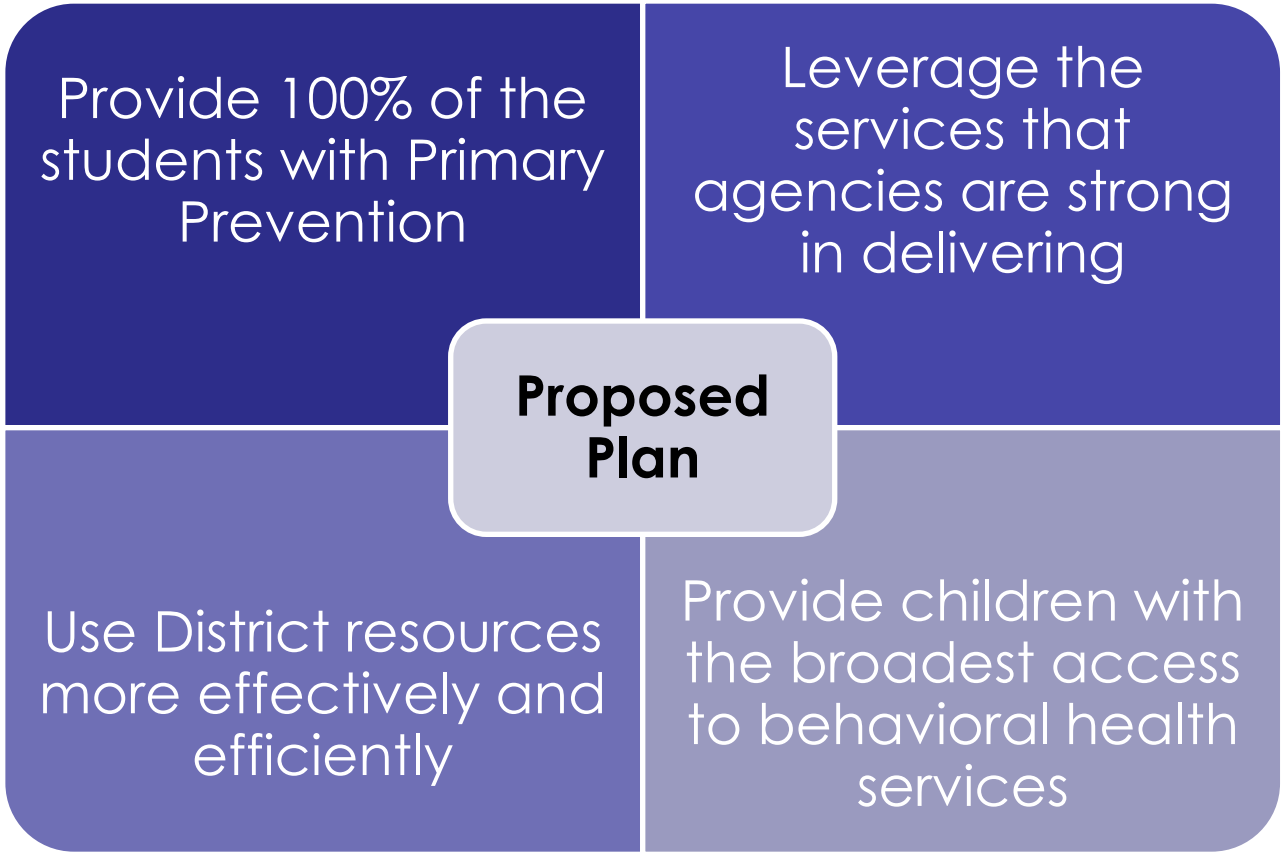
Proposed Expanded School-Based Behavioral Health Plan



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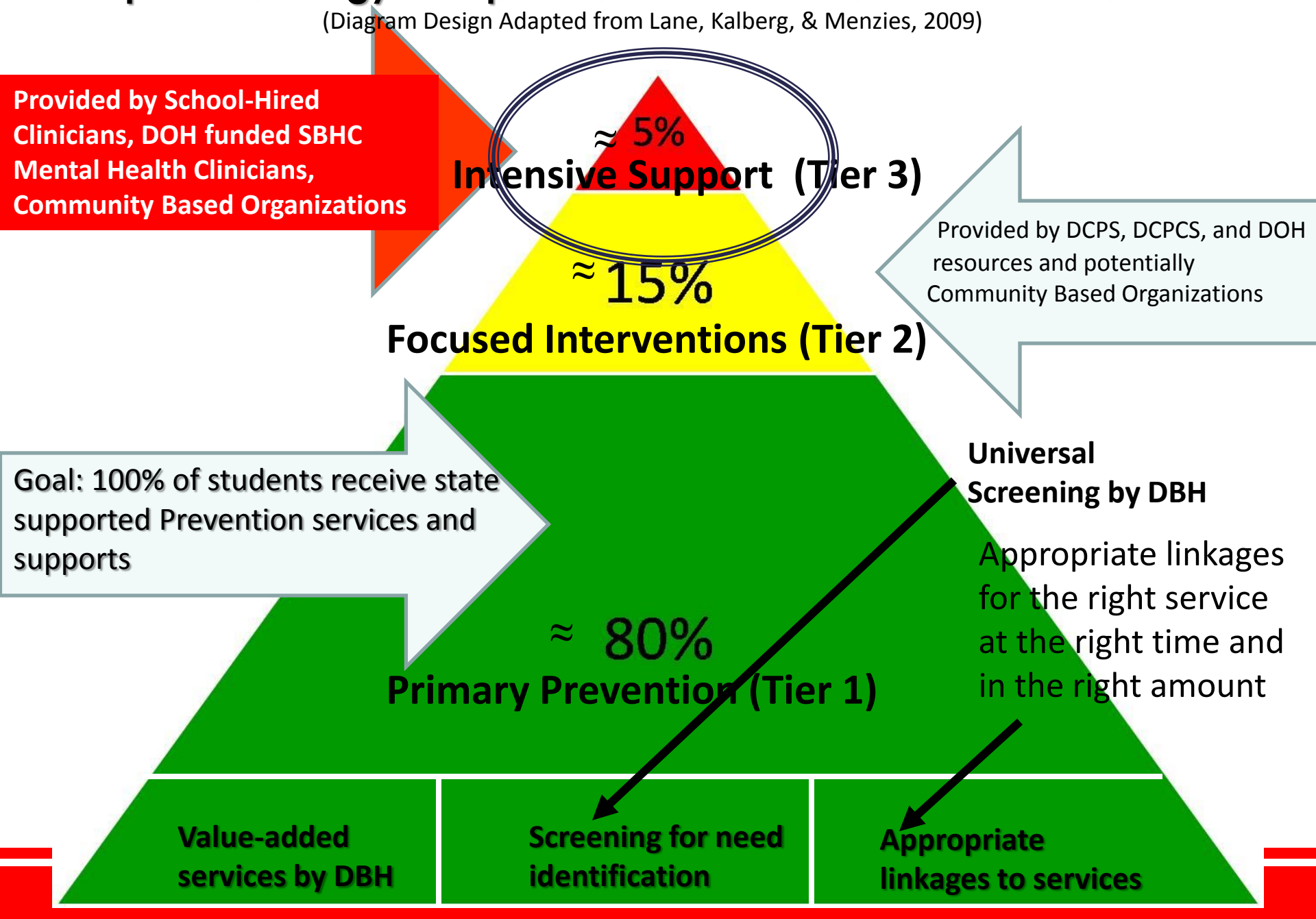
Proposed Strategy to Expand Services to All Students in All Schools

(Diagram Design Adapted from Lane, Kalberg, & Menzies, 2009)



How the Proposed Plan Addresses Needs and Gaps

- **Provides Primary Prevention and Services and Supports (Tier 1)** to all students in all schools using DBH SMHP resources in partnership with DCPS and DCPCS programs and resources
- **Provides Focused Intervention (Tier 2)** through DBH, DOH, DCPS, DCPCS, and Community-Based programs and services
- **Provides Intensive Support (Tier 3)** through DCPS and DCPCS hired clinicians, DOH School Health Center clinicians, and Community-Based Provider Clinicians, which can also be school based
- **Collects universal screening data giving a school-wide view** of individual and global issues within school as a whole
- **Identifies who to serve, when to serve, and with what services**
- **Allows for data-driven school wide planning** and funding

Existing School/Community Partnerships and Outcomes

- In SY 16-17, Local Education Agencies entered into agreements with four community-based providers of behavioral health services.
  - **First Home Care** (12 DCPS and 4 DCPS/Turnaround)
  - **Family Matters** (1 DCPS)
  - **Contemporary Family Services** (3 DCPS, 1 DCPCS, 1 Private)
  - **Mary's Center** (5 DCPCS, 9 DCPS)
- Community providers achieved positive outcomes similar to those achieved by the DBH School Mental Health Program.
  - Findings derived from data collected using the same Child and Adolescent Functional Assessment Scale (CAFAS)used by DC Child Serving Agencies.

CAFAS Outcome Comparisons CBOs and SMHP

- The range of decrease in scores of youth with high acuity was 17-40 points (20 points is significant)
- First Home Care and Mary's Center had the most significant decrease among the 4 CBOs
- Mary's Center and SMHP show a decrease in CAFAS scores in youth who are both low and high acuity
- The scores of the high acuity youth of the providers from First Home Care, Mary's Center, and SMHP show a significant decrease in their scores

Discussion

What are the gaps in current Programs & Resources?

How does the Proposed Comprehensive Plan address those gaps?

What other steps should the Task Force consider?

Next Steps