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

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

**Summer 2000**
- Began Summer 2000 - Safe Schools Healthy Students Federal Grant to 17 Public Charter Schools

**2002**
- Expanded to 16 additional DC Public Schools “Spharag 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

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

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<thead>
<tr>
<th>Category</th>
<th>DCPS</th>
<th>DCPCS</th>
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<tbody>
<tr>
<td>Students Referred to SMHP</td>
<td>1308</td>
<td>750</td>
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<tr>
<td>Caseload</td>
<td>531</td>
<td>215</td>
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<tr>
<td>Treatment sessions (individual, family, and group therapy)</td>
<td>11,026</td>
<td>4328</td>
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<tr>
<td>SMHP initiated psychiatric hospitalizations/evaluations</td>
<td>22</td>
<td>15</td>
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<th>AGENCY</th>
<th>SPENDING</th>
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<tr>
<td>Department of Behavioral Health: SMHP (65 Schools)</td>
<td>$ 8,140,000</td>
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<td>DC Public Schools (51,242 students):</td>
<td>$ 26,775,000</td>
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<tr>
<td>• 172 licensed clinical social workers</td>
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<td>• 110 school psychologists</td>
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<td>DC Public Charter Schools (40,996 students):</td>
<td>$ 13,725,000</td>
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<tr>
<td>• 39 Counselors</td>
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<td>• 38 Social Workers</td>
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<td>• 65 Psychologists</td>
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<tr>
<td>• 7 Psychiatrists</td>
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<td>Department of Health:</td>
<td>$ 416,000</td>
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<tr>
<td>• 7 School Based Health Centers for 4500 students</td>
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<td>• 1,334 students received mental health screenings</td>
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<td>• 231 students screened positive and referred for a mental health concern</td>
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<td>Total Approximate District Spending</td>
<td>$ 49,056,000</td>
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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**

- **Tier 3**
  - Intensive Support
    - Individual student treatment
    - Assessment based
  - (1-5% of students)

- **Tier 2**
  - Focused Group/Individual Interventions
    - At-risk students
    - Immediate Response
  - (10-15% of students)

- **Tier 1**
  - Promotion and Primary Prevention
    - All settings, all students
    - Preventive, Proactive
  - (80% of students)

- 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.
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.

Proposed Expanded School-Based Behavioral Health Plan

- Provide 100% of the students with Primary Prevention
- Leverage the services that agencies are strong in delivering
- Use District resources more effectively and efficiently
- Provide children with the broadest access to behavioral health services

Proposed Strategy to Expand Services to All Students in All Schools

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

Goal: 100% of students receive state supported Prevention services and supports

≈ 80% Primary Prevention (Tier 1)

≈ 15% Focused Interventions (Tier 2)

≈ 5% Intensive Support (Tier 3)

Provided by School-Hired Clinicians, DOH funded SBHC Mental Health Clinicians, Community Based Organizations

Provided by DCPS, DCPCS, and DOH resources and potentially Community Based Organizations

Universal Screening by DBH

Appropriate linkages for the right service at the right time and in the right amount

Value-added services by DBH

Screening for need identification

Appropriate linkages to services
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