FROM PLANNING TO IMPLEMENTATION: DEVELOPING A SCHOOL BASED BEHAVIORAL HEALTH MODEL

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Tracy McDade, Children’s Home Society of Florida
OVERVIEW OF SESSION

• Overview of the Full Service Schools Model
• Overview of the Full Service Schools PLUS Model
  • Planning
  • Implementation
• Collaborative Partners
  • RFP
  • Therapists
• Questions & Discussion
MENTAL HEALTH FACTS

• Research shows that 1 in 5 children and adolescents experiences symptoms of a mental health illness and as many as 80% may go untreated. (American Journal of Psychiatry)

• Half of adult mental health problems begin before the age 14. (Archives of General Psychiatry)

• More than half of adolescents in the US who fail to complete high school have a diagnosable psychiatric disorder. (US Department of Education 23rd Report to Congress on the implementation of Individuals with Disabilities)
FULL SERVICE SCHOOLS

• Full Service Schools Movement which originated in the early 1900s to address holistically the myriad of social issues that impacted impoverished and at-risk children and youth through the central coordination of services within the school systems.

• Formalized in 1974 with the Federal Community Schools Act, the first statewide initiative was launched in 1987 with the purpose to integrate a range of services in one central location at or near schools.

• In 1990 the Florida legislature passed the Full Service School Act calling for an integration of multiple services (health, social services, extended learning programs etc.).
FULL SERVICE SCHOOLS - DUVAL

• The first Full Service School was developed Duval County in 1991

• Since 1991, this collaboration has grown to provide services in eighty-eight (88) schools (10 high schools, 15 middle schools, 59 elementary schools, 4 alternative/exceptional schools)

• About 57,000 students, or approximately 45% of Duval County Public School students, are eligible for Full Service Schools' services.

• The Full Service Schools network of providers and partners provide access to therapists, psychologists, nurses, behaviorists, substance abuse counselors, targeted case managers, and other professionals.
FULL SERVICE SCHOOLS LOCATIONS

- Greater Springfield (Jackson HS)
- Arlington (Terry Parker HS)
- Beaches (Fletcher HS)
- Englewood (Englewood HS)
- Historic James Weldon Johnson (West Jax Academy)
- Ribault (Ribault HS)
- Westside (Jax Heights Elem.)
- Sandalwood (Sandalwood HS)
TRADITIONAL FSS SERVICE MODEL

Student Referral (Referral Source)

Full Service School Site
(Coordinator/Admin Asst.)

DCPS Social Worker (Intake & Assessment)

Internal MH Provider (FSS Partner)

External MH Provider (Outpatient)

Treatment

Referral
Duval County Public Schools
Duval County Health Department
Jacksonville Children's Commission
United Way, Lucy Gooding
St. Vincent’s Mobile Health
FSS Results 2015-16 (How Well/Better Off):

• 90% of students completing treatment were promoted to the next grade level.
• 96% of students completing treatment demonstrated a measurable increase in overall functioning as a result of services received through Full Service Schools.
• 96% of parents/caregivers and non-parent referral sources indicated that they saw an improvement in their child’s behavior upon completion of treatment.
• 99% of parents/caregivers of students completing treatment indicated that they and their child were treated well; were satisfied with the services offered; and would recommend FSS to a family member or friend.
Our community has embraced the idea that children will be more successful in school if they have the resources to address their medical, physical, behavioral, social and mental health needs.
• National Center for School Mental Health at the University of Maryland School of Medicine co-directors Drs. Sharon Stephan and Nancy Lever facilitated a strengths and gaps analysis of the School Health and Behavioral Health System for Duval County

• Highlighted the challenges related to access or quality that currently existed within the Duval community including:
  • inconsistency in accessibility of resources
  • parent involvement
  • mental health awareness/education
  • more effective data tracking
  • sharing and inconsistency/lack of fidelity with implementation of evidence based programs
PLANNING STAGE

• School and Behavioral Health Summits
  • The summits occurred three times over seven months in an effort to:
    • Validate strengths, challenges, and gaps;
    • Participate in a formal school health and behavioral health capacity building process;
    • Develop, prioritize, and reach a consensus on school health and behavioral health recommendations and action steps; and
    • Assist in the development and advancement of a coordinated and systematic district strategy related to school health and behavioral health.
RECOMMENDATIONS

• Recommendations for advancing student health and behavioral health:

  • **Recommendation 1** – Establish an integrated model of school-based (on-site) student wellness, behavioral health and health care that ensures adequate capacity for all students and all schools.
  
  • **Recommendation 2** - With assistance from diverse stakeholders, improve data systems, utilization and oversight of data to enhance continuous quality improvement and outcomes monitoring of school health and behavioral health services.
  
  • **Recommendation 3** - Using different training modalities and technology, develop and conduct user-friendly, practical, and culturally and linguistically sensitive education and professional development activities for students, families, school staff and community behavioral health partners to support improved student health, behavioral health and wellness.
• Committees were assigned to each recommendation content area to move the actions steps forward. As a result of the Executive Summary recommendations the following occurred:

• Hired a dedicated Director of School Behavioral Health within DCPS

• Built upon a current well positioned infrastructure to expand delivery of on site school behavioral health services across a multi-tiered system of care (Ribault HS FSS)

• Improved data systems, utilization and oversight of data to enhance continuous quality improvement and outcomes monitoring school behavioral health. Hired an outside data management team through a competitive bid process funded by the Chartrand family foundation. Finalized the MOU between the data team and collaborative partners.

• Trained ___ schools based employees in Youth Mental Health First Aid
School readiness during planning year:

• Competitive RFP developed to identify a single service provider
• Schools volunteered to participate in the new model
• Schools identified a dedicated treatment room for service providers
• School Staff learned how to make an appropriate referral
• Schools participated in Youth Mental Health First Aid Training
• Monthly Advisory Council Meetings were conducted at each school to discuss progress and resolve issues and concerns
• Parent Academy sessions held at schools
• Worked with interior decorators to enhance treatment rooms
PILOT SCHOOLS

Elementary
- #91 Sallye B. Mathis
- #95 Rutledge Pearson
- #124 St. Clair Evans Academy
- #163 Rufus Payne
- #166 Carter G. Woodson
- #169 Samuel A. Hull
- #220 Martin Luther King Jr.

Middle
- #155 Northwestern
- #212 Jean Ribault

High
- #96 Jean Ribault
- #165 William M. Raines
- #285 Asa Philip Randolph Academies Of Technology
FSS PLUS SERVICE MODEL

Student Referral (Referral Source)

FSSP Therapist (Treatment)
IMPLEMENTATION

• What Changed...
  
  • Referral Process

  • Immediate Feedback loop to referring persons

  • Easier access to students by therapists being housed on-site as well as family access to the provider

  • Therapist becomes embroidered into the culture of the school
TIERS OF SERVICE

Tier 3: Students with Severe/Chronic Problems
- Intensive schools interventions with community supports

Tier 2: At Risk Students
- Targeted school interventions with community supports

Tier 1: ALL Students
- School based prevention and universal intervention, early identification of students with mental health or behavioral concerns
<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>REFERRALS TRACKED BY SSW</th>
<th>DUAL REFERRALS</th>
<th>THERAPEUTIC ONLY REFERRALS</th>
<th>SOCIAL SERVICES ONLY REFERRALS</th>
<th>GROUP ONLY REFERRALS</th>
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<tr>
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<td>Asa Philip Randolph</td>
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<td>53</td>
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<td>Martin Luther King ES</td>
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<td>49</td>
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<td>11</td>
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<td>TOTAL</td>
<td><strong>1008</strong></td>
<td><strong>93</strong></td>
<td><strong>800</strong></td>
<td><strong>29</strong></td>
<td><strong>86</strong></td>
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<td>As of June 2016</td>
<td>#s Inclusive of all 8 FSS sites (87 schools)</td>
<td>#s inclusive of the 12 FSS PLUS schools</td>
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<td>----------------------------------</td>
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<td>Total Referrals</td>
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<td>School</td>
<td>1407</td>
<td>1670</td>
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<td>Parent/Staff</td>
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<td>Agency</td>
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<td>Total Served by Mental Health Provider</td>
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<td>Total Children on waitlist for services</td>
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Evaluation Plan
OUTCOMES AND DATA COLLECTION
## DATA COLLECTION

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<tr>
<th>Source Agencies</th>
<th>Implementation Data</th>
<th>Impact Data (Y1)</th>
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<td>Duval County Public Schools</td>
<td>• Referral Data</td>
<td>• Referral/diagnosis alignment</td>
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<td></td>
<td>• Tier Data</td>
<td>• Discipline by violation type</td>
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<tr>
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<td>• Prevention (Universal)</td>
<td>• Attendance</td>
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<td></td>
<td>• Intervention (Targeted)</td>
<td>• Academic Performance</td>
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<tr>
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<td>• Treatment (Specific)</td>
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<tr>
<td>Jacksonville Children's Commission</td>
<td>• Exit /Completion Data</td>
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<td>Children’s Home Society</td>
<td>• Contract Funding/Medicaid</td>
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<td>United Way of Northeast Florida</td>
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## EVALUATION COMPONENTS

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<tr>
<th>Stakeholder Group</th>
<th>Method</th>
<th>Constructs</th>
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<tr>
<td>Students</td>
<td>Survey</td>
<td>• Satisfaction</td>
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<tr>
<td></td>
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<td>• Understanding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communications</td>
</tr>
<tr>
<td></td>
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<td>• Feeling Supported</td>
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<tr>
<td></td>
<td></td>
<td>• Concerns</td>
</tr>
<tr>
<td>Parents/Caregivers</td>
<td>Survey Focus Group</td>
<td>• School climate/attitudes</td>
</tr>
<tr>
<td>Teachers &amp; Administrators</td>
<td>Survey</td>
<td>• Feedback/Suggestions</td>
</tr>
<tr>
<td>Providers (Therapists)</td>
<td>Survey Focus Group</td>
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</tr>
</tbody>
</table>
STUDENT SURVEY

- Safe and Supportive School Environment
- Ease of Access to Therapist
- Awareness of Self and Support Options
- Satisfaction with Therapy Experience
- School and Family Alignment
- Understanding Goals and Value of Therapy
PARENT SURVEY

- Personalization of Services: 4.4
- Satisfaction with Services/Results: 4.2
- Strong Working Partnership: 4.4
- Alignment of Services and Needs: 5.0
Reevaluation Services to Students
Clear and Effective Protocols Exist
Family are Meaningfully Involved
Actively Use Evaluation Plans
Promotes Schoolwide Mental
Staff and Other Follow Referral Process Well
YEAR 1 EVALUATION RESULTS

• Program Benefits
  • Improved access to mental health services
  • Provided emotional supports
  • Facilitates open communication

• Observable difference since program implementation
  • Academic improvement
  • Positive behavioral changes
  • Decrease referrals
  • Improved coping skills
  • Improved relationships and rapport building
  • Increased collaboration and team approach
YEAR 1 EVALUATION RESULTS

• Challenges and Barriers to Program Implementation
  • Parental involvement
  • Program awareness
  • Communication gaps
  • School schedule, space, testing
  • Student availability
Academic achievement is not solely based on classroom instruction. Some children come to school with serious problems – abuse, grief, hunger, drug use, undetected learning disorders, or poor health due to lack of medical attention. Not only are these children not ready to succeed in school, they often act out in class from frustration or as a cry for help.

The Full Service Schools PLUS Model helps to bridge the gap for services so these students can receive confidential treatment within the walls of their school.
QUESTIONS AND DISCUSSION
THANK YOU!

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