From the Outside/In: Creating a School Mental Health Consultant Model – Building Capacity in 900 NYC Schools

October 19, 2017
22 Annual School Mental Health Conference

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There are no financial interests to disclose
Agenda

1. Welcome & Introductions
2. Anchoring the Work
3. NYC Mental Health Landscape and Shifts
4. School Mental Health Consultant Program: Drivers
   - Competency
   - Organization
   - Leadership
   - Strategies and Lessons Learned
5. Successes and Challenges Through the cycle of Implementation
6. Q&A
History of the School Mental Health Program: Timeline
Mental Health and Schools

• In a biennial survey of NYC public high schools, over a quarter (29%) of students report having felt so sad or hopeless every day for at least 2 weeks that they stopped doing some usual activities over the past year (NYC YRBS, 2015).

• 8% of New York City public high school students report having made one or more suicide attempts in the past year (NYC YRBS, 2015); that percentage doubles if a student reports bullying on school grounds (NYC YRBS, 2013).

• Nationally, in an average school of 600 students, approximately 100 students are coping with a mental illness (SAMHSA NITT-Project Aware). *

• Mental illness is associated with being pushed out of school through suspension, expulsion and credit deficiency (SAMHSA NITT-Project Aware)

• Only 1/3 of students with mental illness get a post-secondary education (SAMHSA NITT-Project Aware)

• Early detection of mental health concerns leads to improved academic achievement, and reduced disruptions at school (SAMHSA NITT-Project Aware)
Which of these addresses barriers to student learning?
Three-Tiered School Mental Health Framework

Tier 1: Universal
For all students

Tier 2: Selective
For some students

Tier 3: Targeted
For a few Students

Students with identified concerns. Intensive supports.

At Risk Students.
Classroom/Small Groups.

School-wide supports
Promote mental health.
School as Client

Presenting Problem

Assessment

Treatment Plan

Learn the Language
**Thrive NYC** is a major commitment to mental health, one that is tackling a problem that directly affects 20% of New Yorkers—in addition to all of the people in their lives—requires a population-wide response.

**Thrive NYC** will advance these principles in part through 54 targeted initiatives—representing an investment of $850 million over four years—that together comprise an entirely new and more holistic approach to mental health in New York City, and set a foundation for taking on this public health challenge in the years ahead.
SCHOOL MENTAL HEALTH CONSULTANT PROGRAM
Implementation Drivers

- Competency
- Organization
- Leadership
- Strategies and Lessons Learned
- Successes and Challenges Through the Cycle of Implementation
- Questions and Answers
Background

Program Components
- Program Infrastructure
- Data Infrastructure
- Strategic Partnerships
- 114 Field Staff; 5 Central Office Staff; 1:10 ratio
- Delivery of High Quality Consultation to Schools

Novel Features
- Developed as part of the Act Early Section in Thrive NYC. Historic investment of $11 million dollars in School Mental Health.
- Investment in staff vs. services; capacity building vs. programming.
- Scale and scope - 60% of NYC Schools covered by Consultation; 100% have some MH intervention.
- Individualized approaches aimed at leadership and school community
- “Light touch” model-No Direct Services; can augment service provision where there is another provider.
School Mental Health Consultant Model

Service Interventions
- Promotion
- Assessment
- Mapping
- Training
- Linkage
- Consultation

Products
- Scored Assessment
- School Mental Health Plans
- Consolidated Plans
- Resource Directories

Program Standards
- 30.60.90 framework - School as Client.
- 2 Visits monthly.
- 4 Trainings Annually.
- Weekly Communication with School Teams.
- Supervision.
- Weekly Data Collection and Reporting.
Consultant Program Scale: 950 Schools
Organizing Structure/ Collaborations

Central Office and Field

• Mental Hygiene/Bureau of Children, Youth, and Families
• Office of Executive Deputy Commissioner
• Bureau of Family and Child Health
• Office of School Health

Inter-Agency Partnerships

• DOE Office of Operations
• DOE Office of Field Support
• DOE Field Support Centers
• Office of Students in Temporary Housing
• Mayor’s Office
• Thrive Office
# Drivers: Competency and Organization

**Stage:** Exploration and Installation

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<th>Competency</th>
<th>Organization</th>
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<td>Intervention</td>
<td>“readying the environment”</td>
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<td>Fidelity</td>
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Drivers: Leadership
Stage: Installation

Management Strategies that Address Implementation

Accountability at All Levels: DOE. OSH. MHY. City Hall

Clear Communication with **Schools** - You cannot over-communicate!

Clear Communication with the **Field** - Work in Progress

Clear Communication with **DOE Central Teams**

Year I Focus Groups with Leaders and Partners
Strategies and Lessons Learned
Stage: Implementation Year 1

**Strategies**
- Differentiation
- Mobilization
- Partnerships
- Competency Trust
- Boundaries
- Flexibility

**Lessons Learned**
- This adds value/fills a void for Schools.
- Changing Culture is Hard and Takes Time.
- Relationships are Key.
- Consultation isn’t for everyone—clinicians may not be best suited.
Long Term Outcomes (3-5 years)

- Increase capacity to provide services using a public health model in **schools**.
- Make clear connections between mental health programs and existing school academic goals so as to increase social and emotional well-being of students and contribute to **student’s success**.
- Build Supportive **Environments**-create positive climates that support mental health.
- Enhance **Family and Community Engagement**.
- Improve the socioemotional, interpersonal, coping skills to promote the overall positive well-being of **students**.
KEY CONSIDERATION POINTS Year 2 of Implementation

- Continue to Develop the Work Force’s Core Capabilities
- Standardize Practice.
- Tweak the Model through Continuous Quality Improvement
- Prove the Model: Conduct a Formative Evaluation.
- Use Data Better.
- Embedded Strategies: Schools view their work through a MH lens.
KEY CONSIDERATION POINTS For School Mental Health

• Our goal is to implement and create effective ways of increasing school-based access to mental health services for all NYC students regardless of race, ethnicity, social and economic status to prevent the on-set of mental health challenges and lessen those that exist.

• SMH program are the *implementation drivers* for access and integration of mental health services in schools.

• SMH ensures that school leadership and staff have the resources, systems in place, tools, and capabilities to address student mental health needs and improve school climate.

• Assessment must be done for *every school* – triggers mental health process

• We facilitate outside providers or link existing resources to incorporate mental health interventions for student and school community *Not a cookie cutter approach!*
Key Points

• Differentiate - Find the X Factor
• Take Stock - But Don’t Let It Paralyze Decision Making
• Partnerships Are Fundamental
• Competency Trust - Trust your people
• Flexibility is Key

• Sustainability - Out of the Box - Don’t Kick the Can
• Use Data to Make Decisions/ Make the Case for funding
• This takes time and has a life cycle of its own
• Impact - Not the goal for first year
Questions and Answers
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