

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

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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

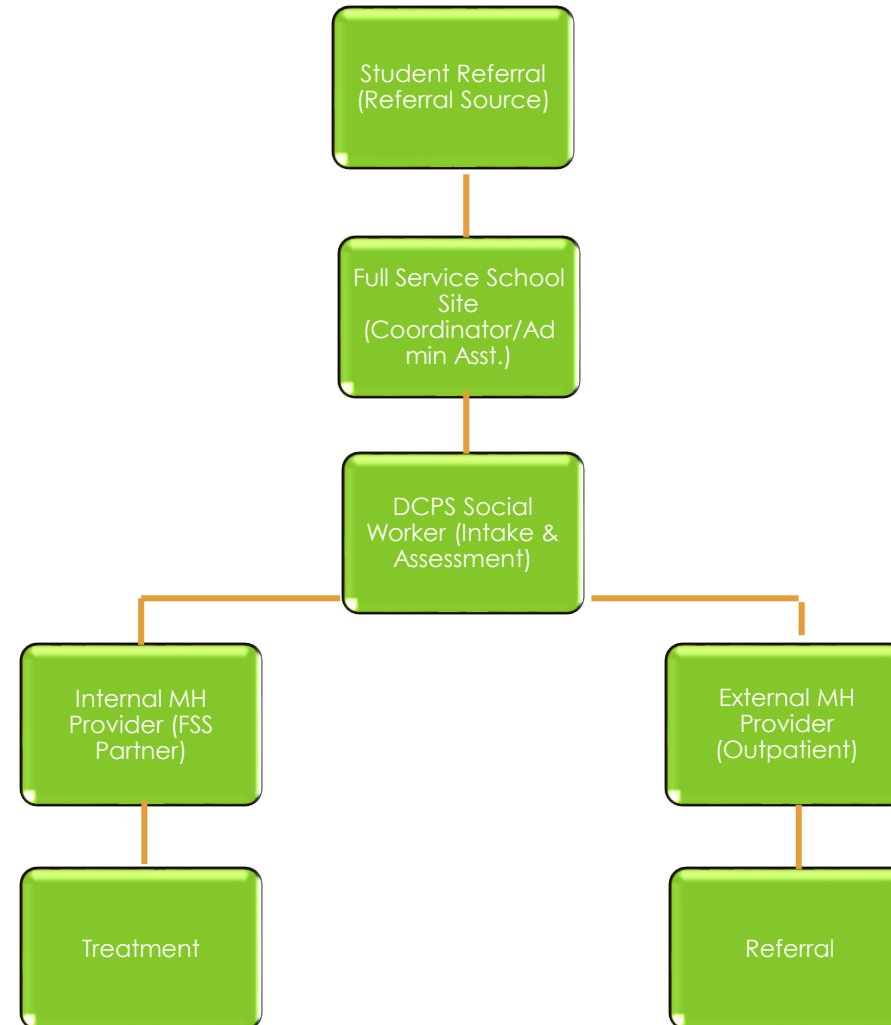
- The first Full Service School was developed Duval County in 1991
- Since 1991, this collaboration has grown to provide services in eighty-eight (88) schools (10 high schools, 15 middle schools, 59 elementary schools, 4 alternative/ exceptional schools)
- About 57,000 students, or approximately 45% 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

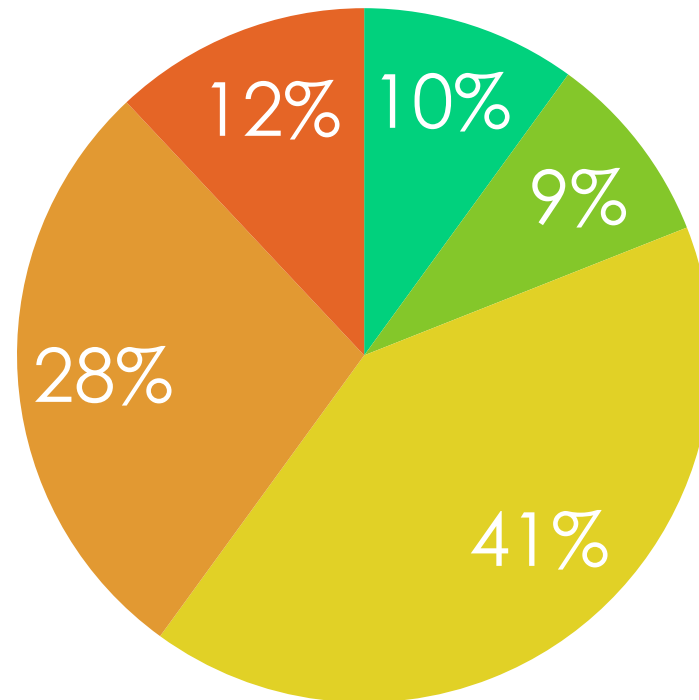
- Greater Springfield (Jackson HS)
- Arlington (Terry Parker HS)
- Beaches (Fletcher HS)
- Englewood (Englewood HS)
- Historic James Weldon Johnson (West Jax Academy)
- **Ribault (Ribault HS)**
- Westside (Jax Heights Elem.)
- Sandalwood (Sandalwood HS)

TRADITIONAL FSS SERVICE MODEL



FSS FUNDING

FSS Funding Partners



- Duval County Public Schools
- Duval County Health Department
- Jacksonville Children's Commission
- United Way, Lucy Gooding
- St. Vincent's Mobile Health

FULL SERVICE SCHOOL RESULTS 2015-2016

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.





PLANNING STAGE

- 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.

ACTION STEPS

- 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



PLANNING STAGE

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

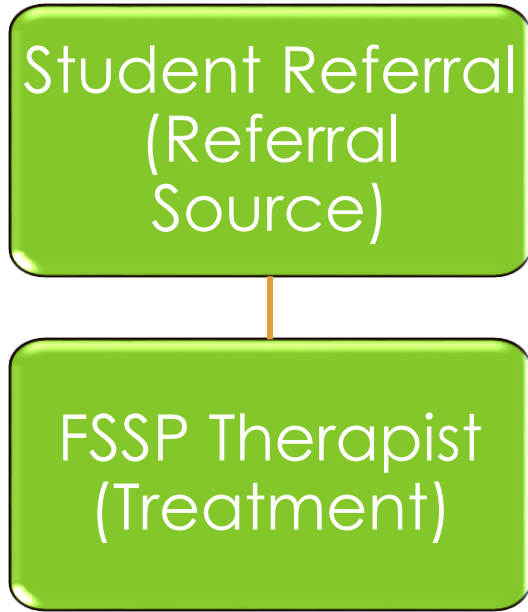
High

#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)



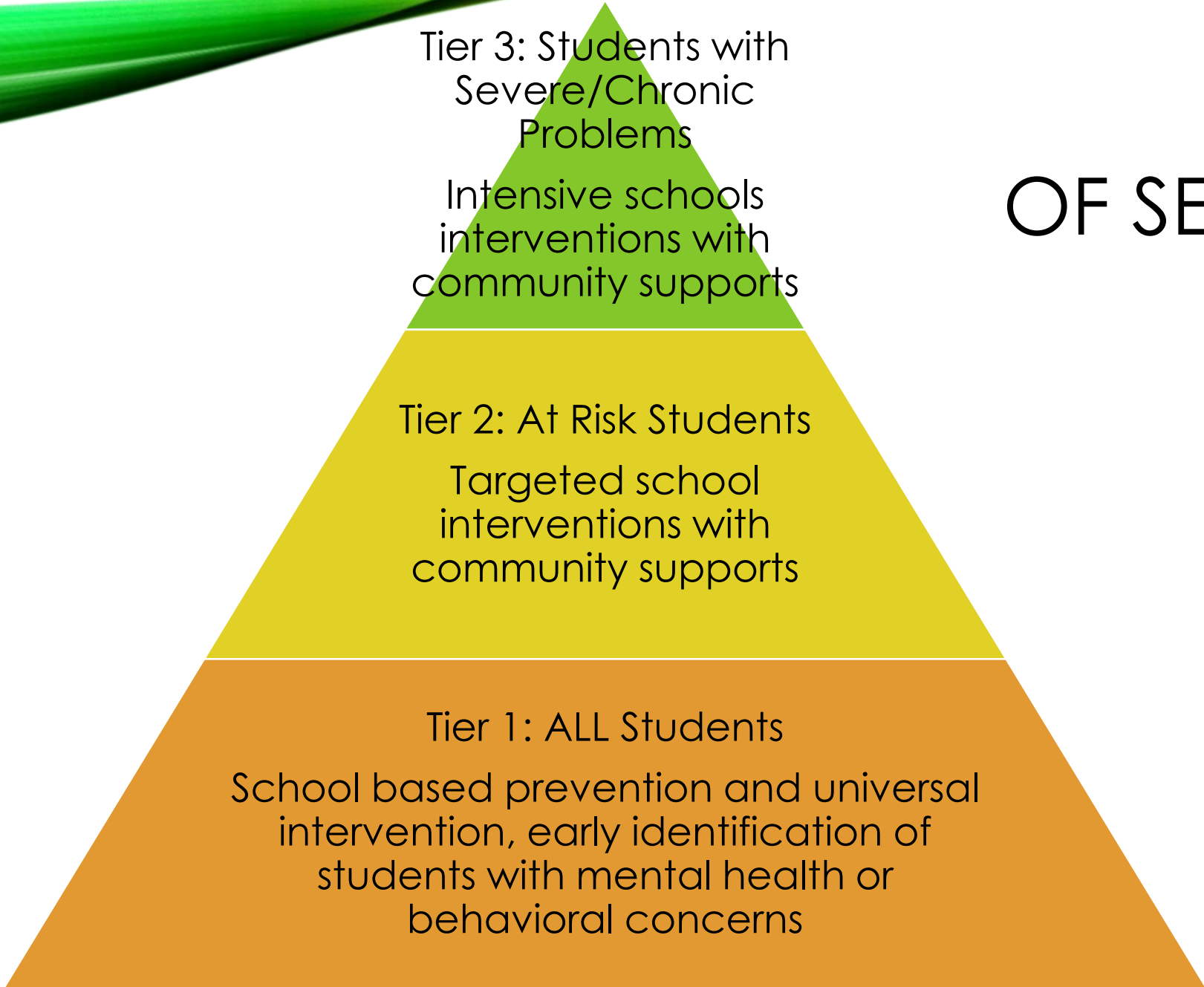


IMPLEMENTATION

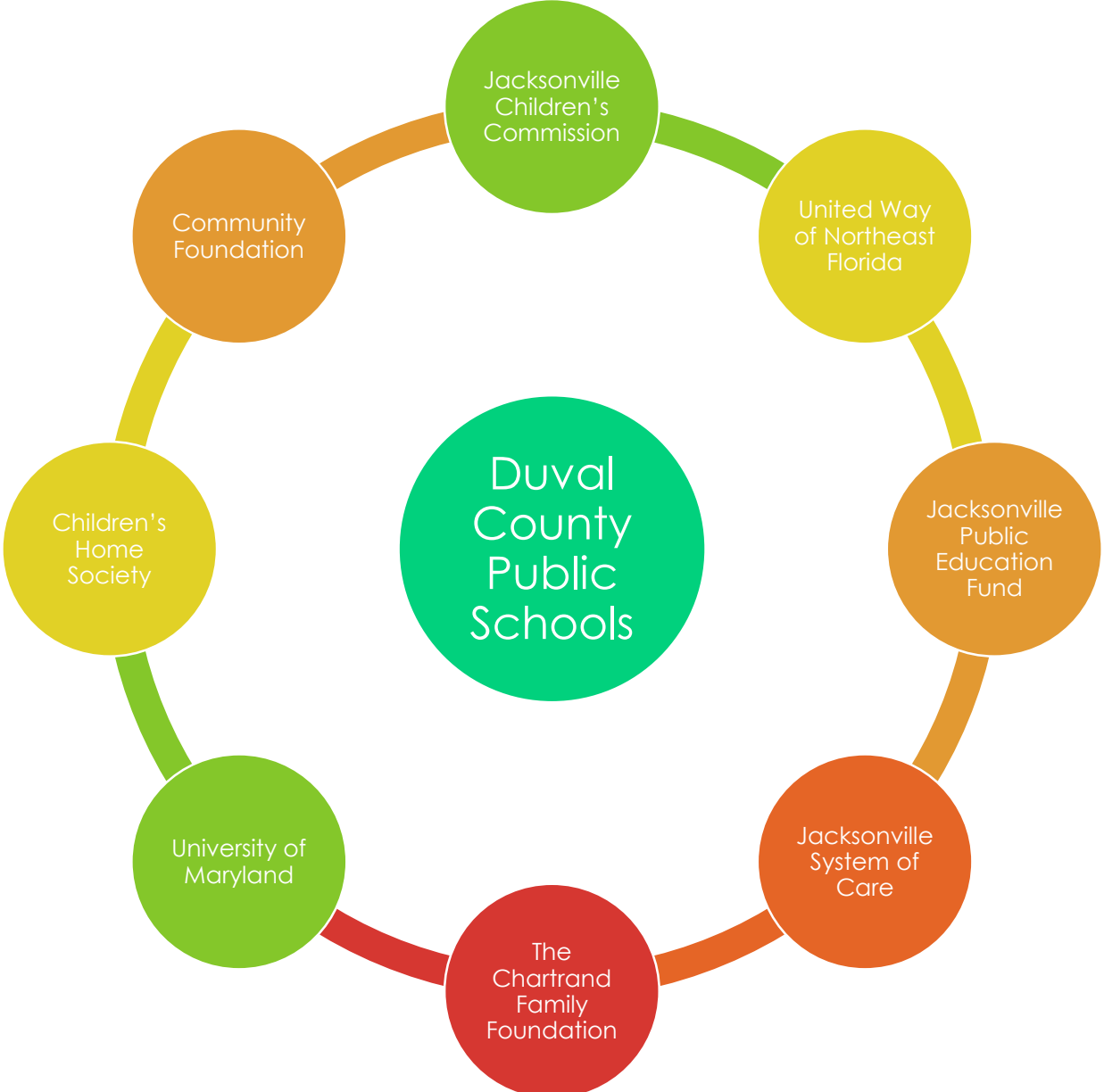
- What Changed...
 - Referral Process
 - Immediate Feedback loop to referring persons
 - Easier access to students by therapists being housed on-site as well as family access to the provider
 - Therapist becomes embroidered into the culture of the school



TIERS OF SERVICE



CORE PARTNERS



FULL SERVICE SCHOOLS PLUS YTD UTILIZATION

SCHOOL NAME	REFERRALS TRACKED BY SSW	DUAL REFERRALS	THERAPEUTIC ONLY REFERRALS	SOCIAL SERVICES ONLY REFERRALS	GROUP ONLY REFERRALS
Jean Ribault High	88	15	71	2	0
William Raines High	70	12	58	0	0
Asa Philip Randolph	92	27	53	5	7
Jean Ribault Middle	107	0	92	15	0
Northwestern Middle	116	7	104	0	5
Marlin Luther King ES	63	2	49	1	11
Rutledge Pearson ES	82	3	82	1	1
Sallye B. Mathis ES	68	2	51	0	15
Carter G. Woodson ES	80	7	64	0	9
St. Clair Evans Academy	88	11	59	1	17
S.A. Hull ES	70	4	53	1	12
Rufus E. Payne ES	79	3	64	3	9
TOTAL	1008	93	800	29	86

As of June 2016	#s Inclusive of all 8 FSS sites (87 schools)		#s inclusive of the 12 FSS PLUS schools
	2014-2015	2015-2016	2015-2016
Total Referrals	1803	2389	1041
School	1407	1670	670
Parent/Staff	228	494	351
Agency	168	185	20
Total Served by Mental Health Provider	566	953	744
Total Declining Mental Health Services	94	102	74
People referred for services	1000	898	58
Total Crisis Interventions	131	536	990
Total Children on waitlist for services	57	43	0



JACKSONVILLE
PUBLIC
EDUCATION
FUND

Evaluation Plan OUTCOMES AND DATA COLLECTION



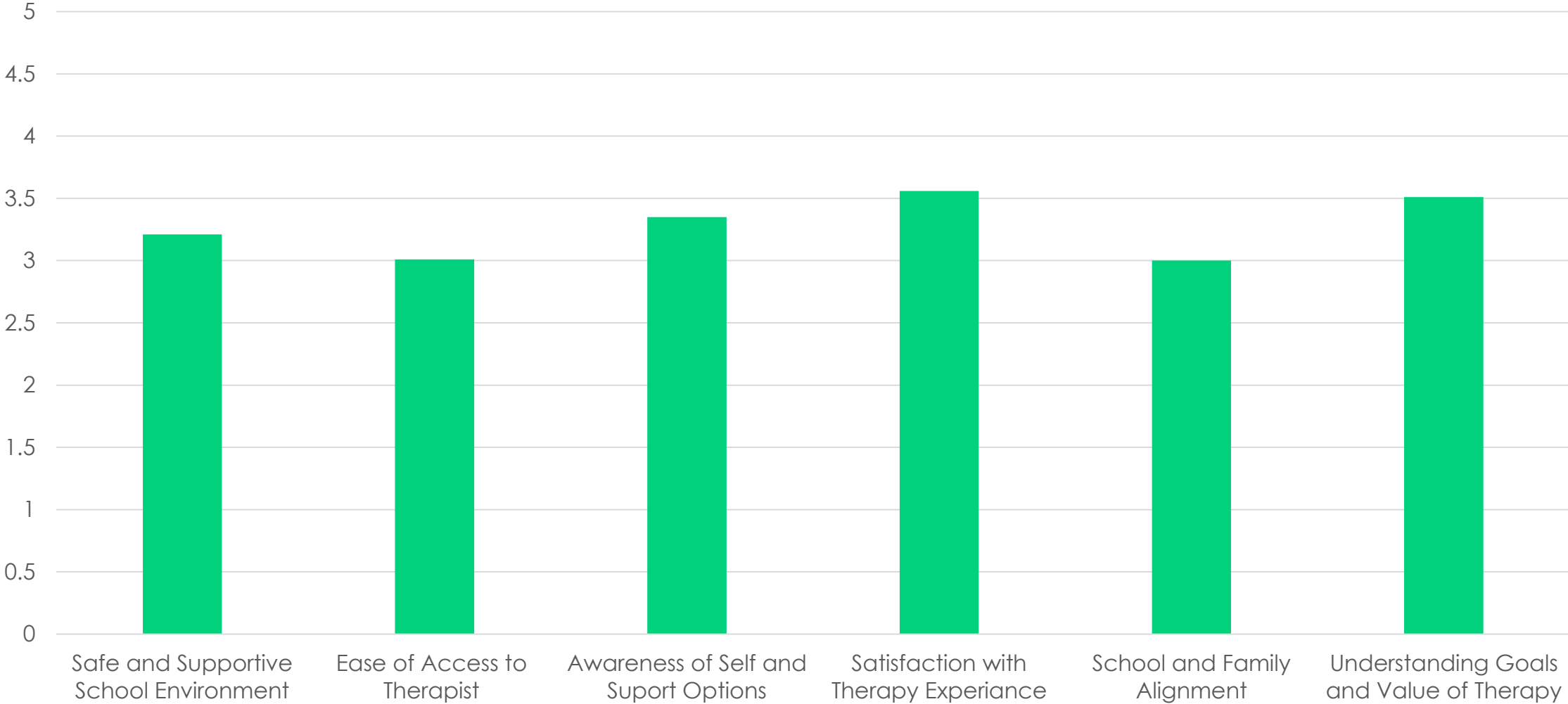
DATA COLLECTION

Source Agencies	Implementation Data	Impact Data (Y1)
Duval County Public Schools	<ul style="list-style-type: none">• Referral Data• Tier Data<ul style="list-style-type: none">• Prevention (Universal)• Intervention (Targeted)• Treatment (Specific)• Exit /Completion Data• Contract Funding/Medicaid	<ul style="list-style-type: none">• Referral/diagnosis alignment• Discipline by violation type• Attendance• Academic Performance
Jacksonville Children's Commission		
Children's Home Society		
United Way of Northeast Florida		

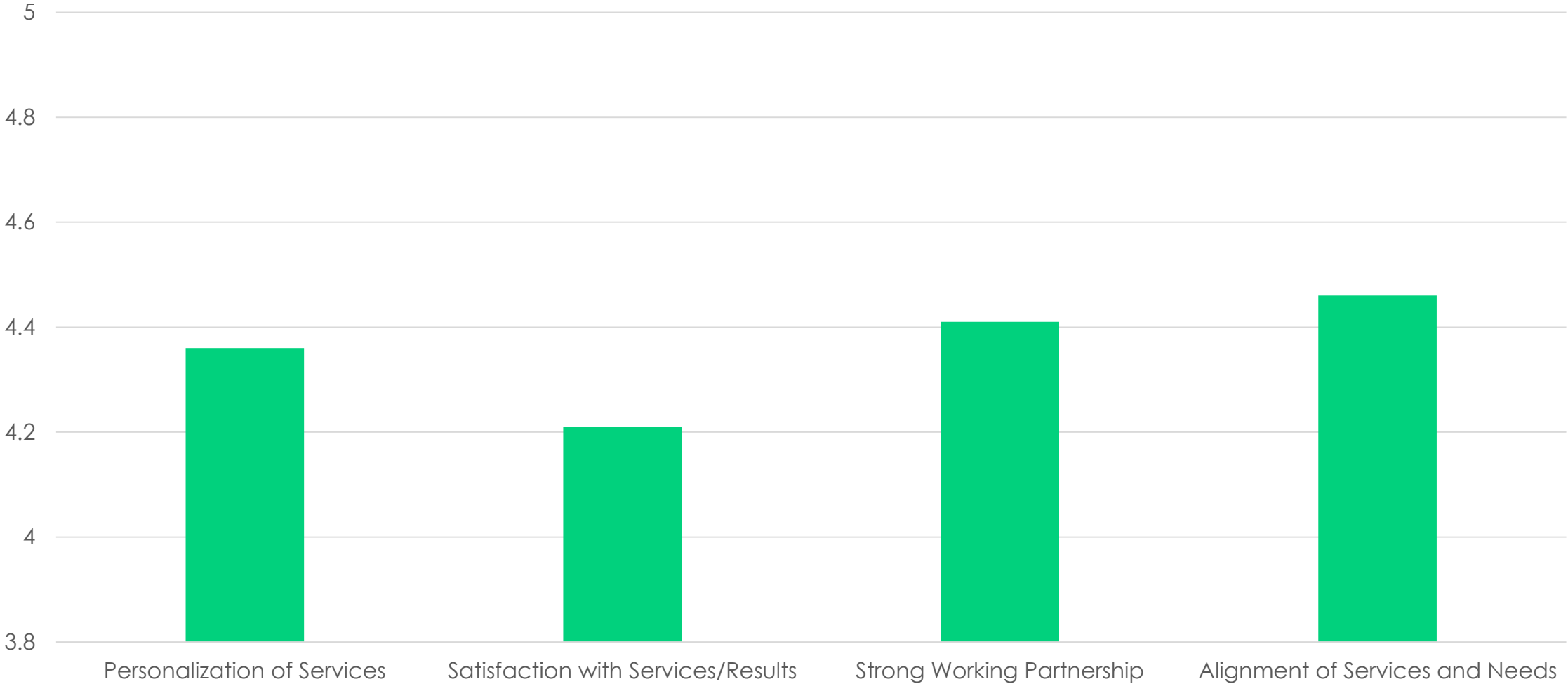
EVALUATION COMPONENTS

Stakeholder Group	Method	Constructs
Students	Survey	<ul style="list-style-type: none">• Satisfaction• Understanding• Communications• Feeling Supported• Concerns• School climate/attitudes• Feedback/Suggestions
Parents/Caregivers	Survey Focus Group	
Teachers & Administrators	Survey	
Providers (Therapists)	Survey Focus Group	

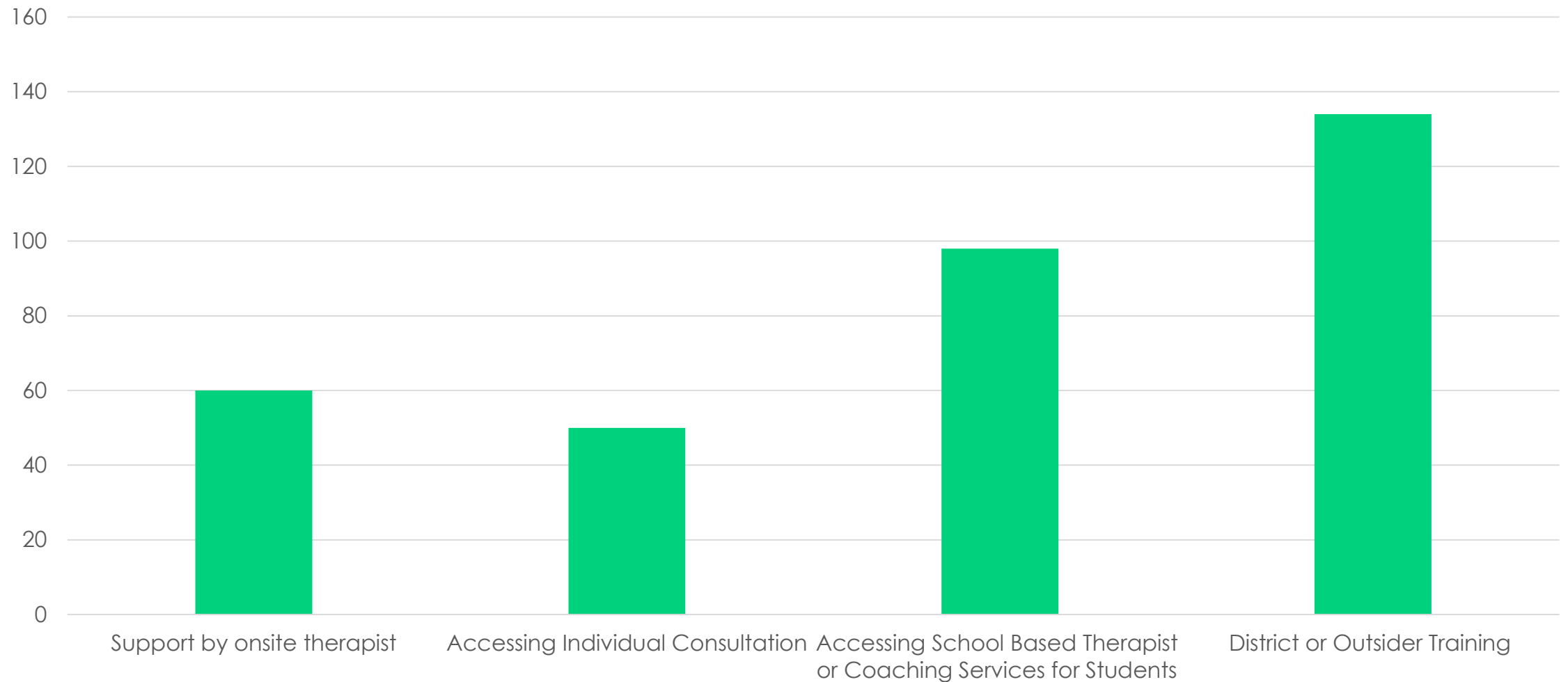
STUDENT SURVEY



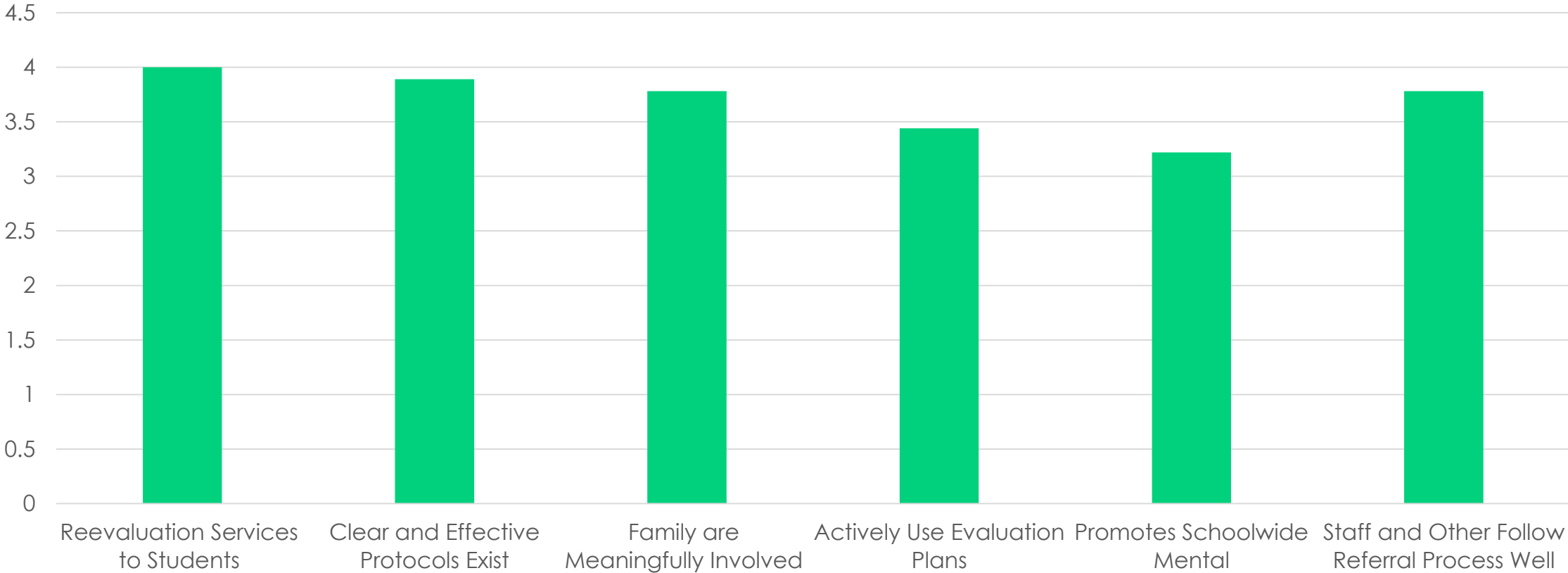
PARENT SURVEY



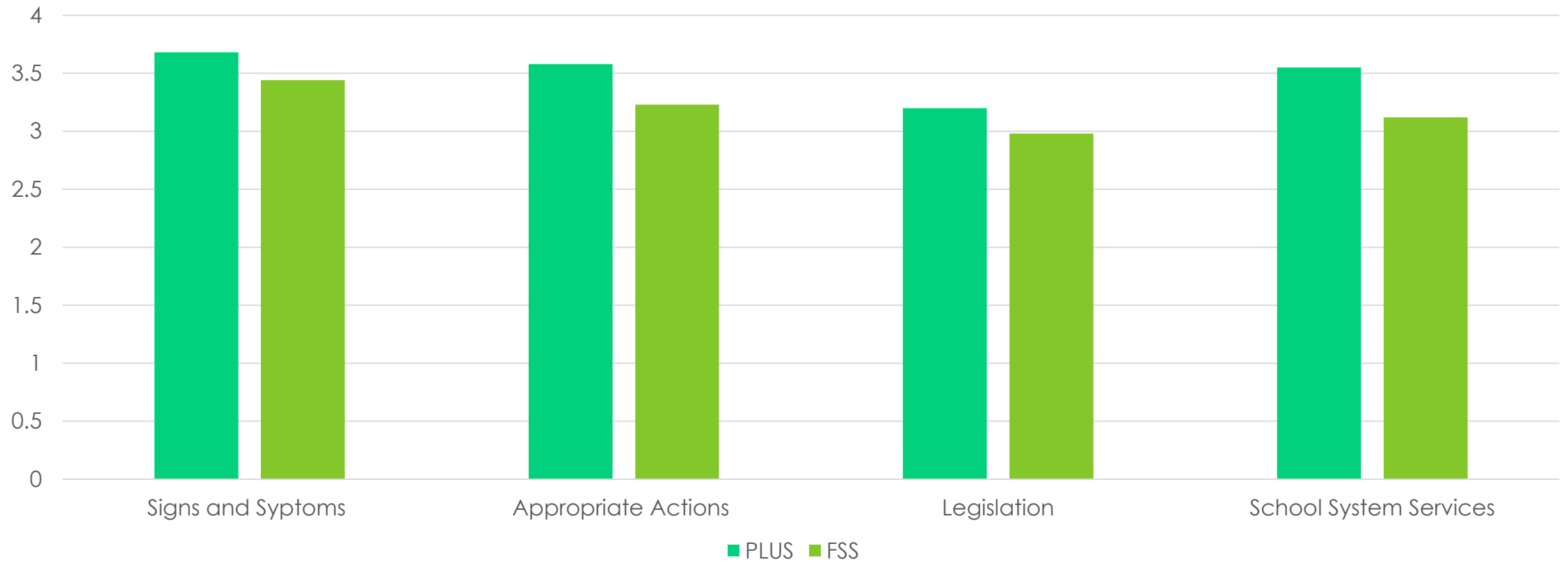
TEACHER SURVEY



THERAPIST SURVEY



ADMINISTRATOR SURVEY





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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