



# 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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## 22nd Annual School Mental Health Conference

**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

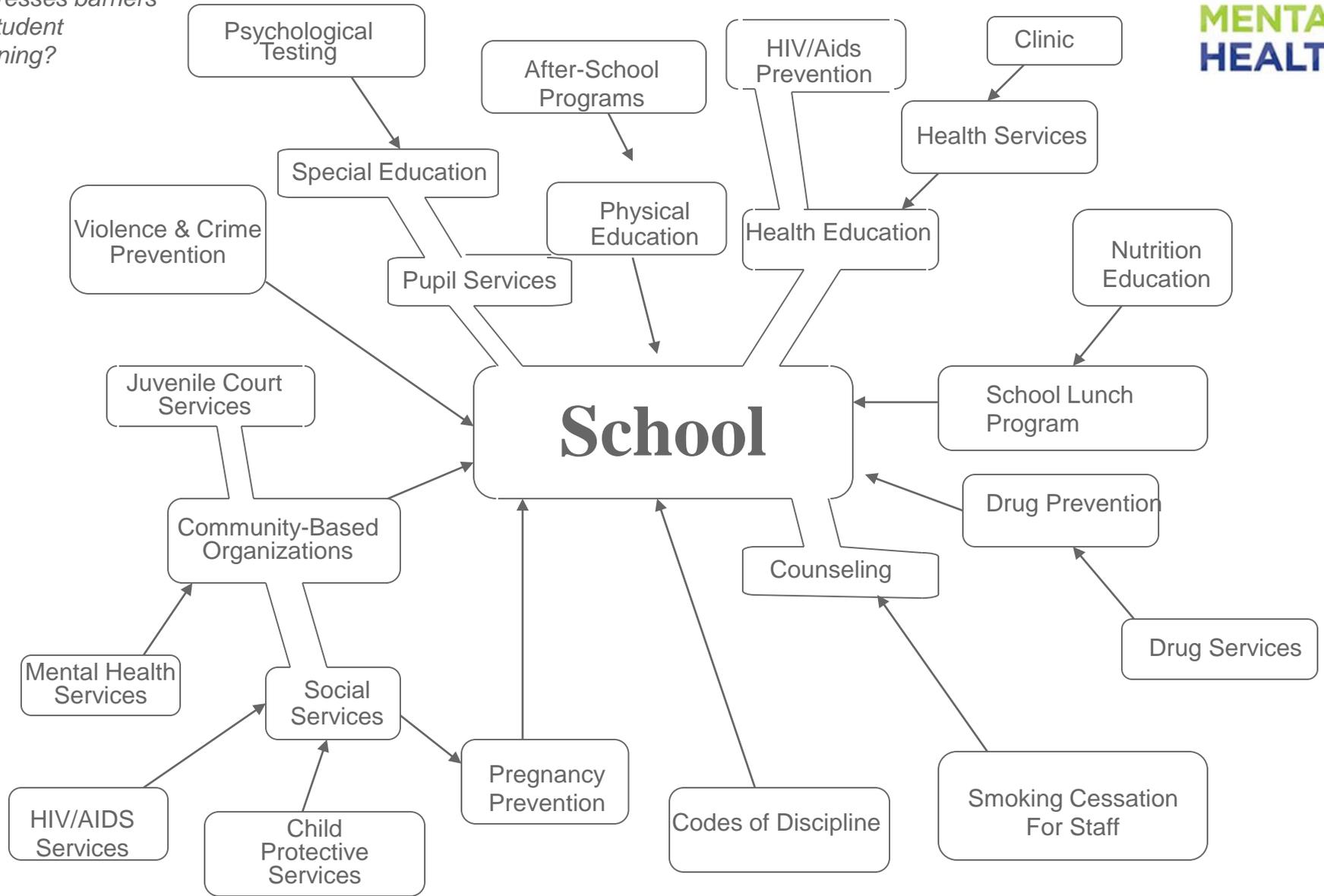




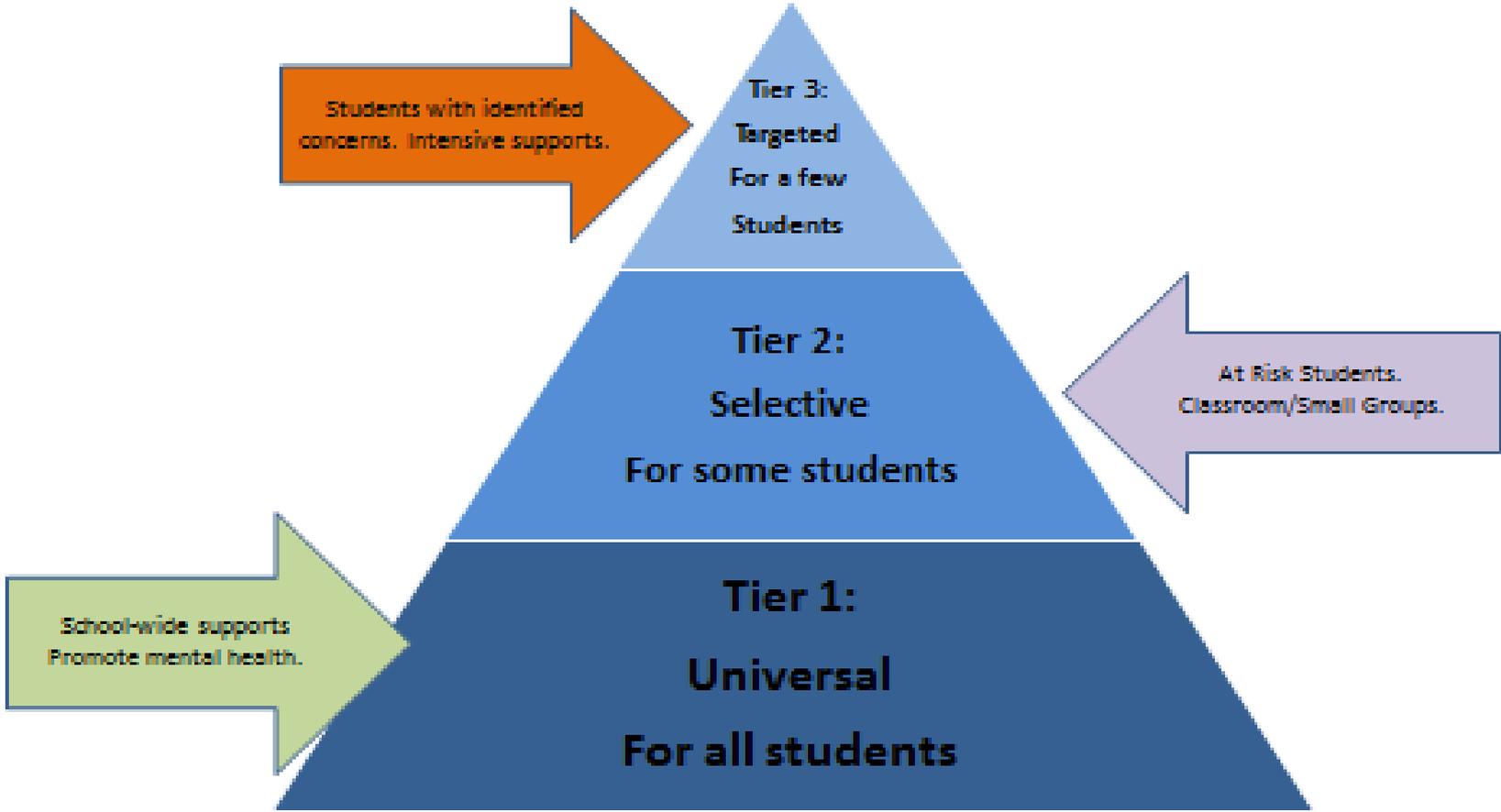
# Mental Health and Schools

- 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



NYC DOHMH 1/16

# *School as Client*

Presenting Problem

Assessment

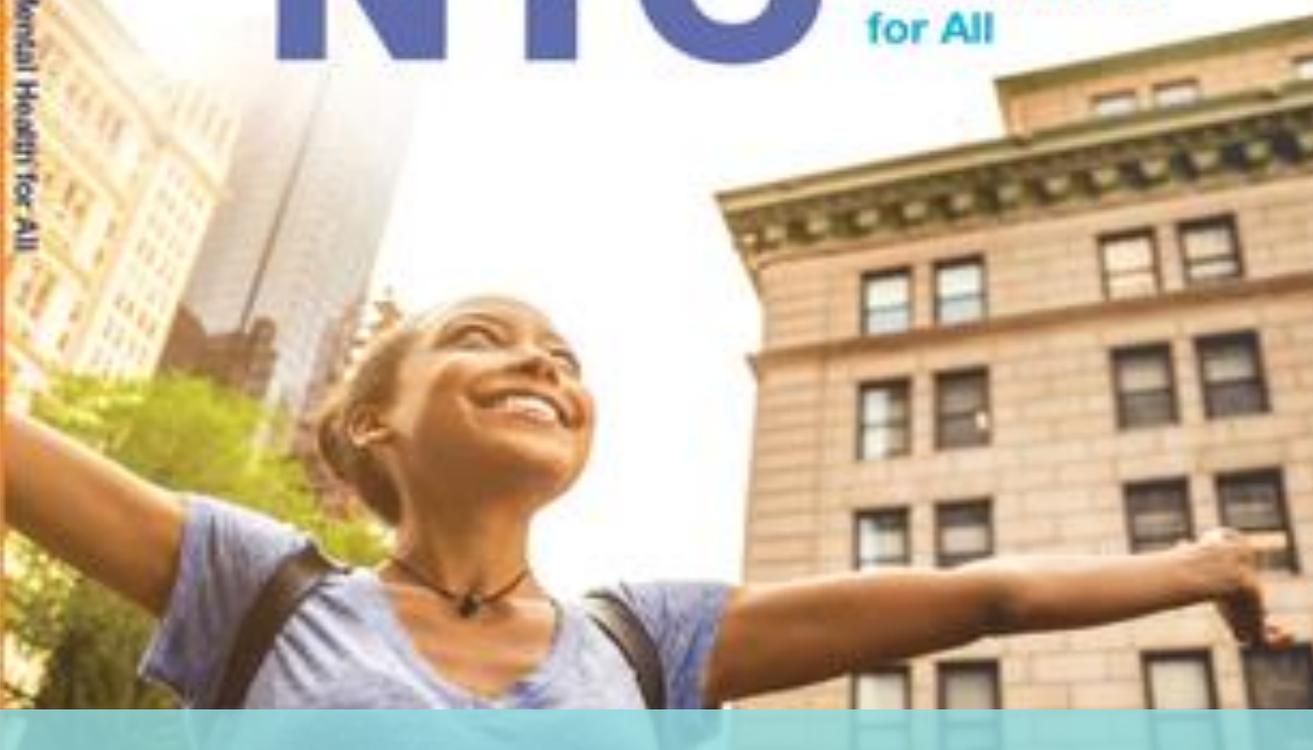
Treatment Plan

Learn the Language

# Thrive NYC

A Roadmap for  
Mental Health  
for All

ThriveNYC: A Roadmap for Mental Health for All



## MENTAL HEALTH ROADMAP



**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

## 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

- **P**romotion
- **A**ssessment
- **M**apping
- **T**raining
- **L**inkage
- **C**onsultation

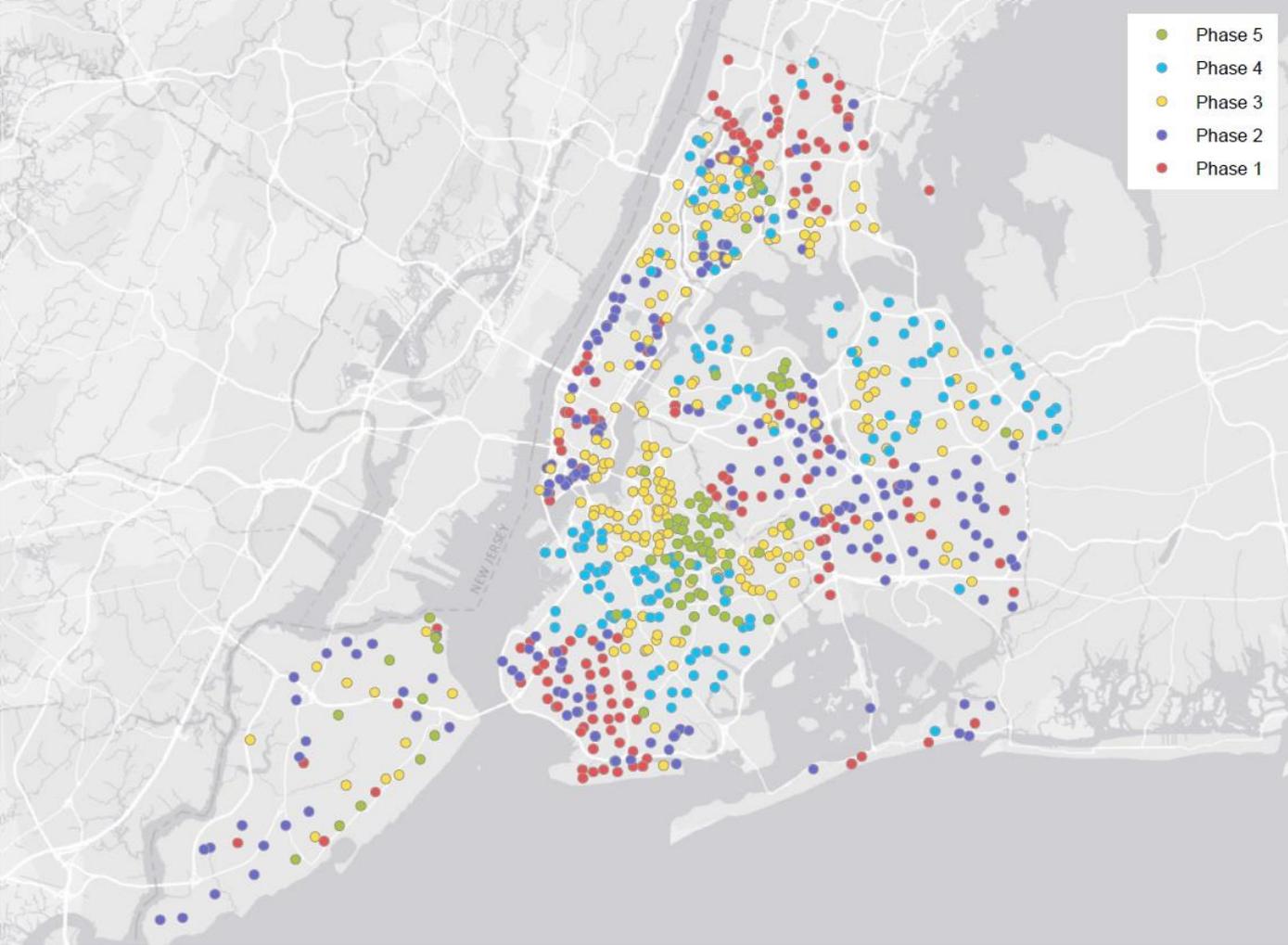
## Products

- 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

### Competency

Intervention

Fidelity

Staff Selection

Training

Coaching

### Organization

“readying the environment”

Data Driven Decision Making

CQI Efforts

Collaborative Approaches to Sustain Positive Change

# 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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