

Best Practices of a School Based Behavioral Health Model

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Session Overview

- **Creation of Full Service Schools PLUS Model**
- **Implementation of Full Service Schools PLUS Model**
- **Program Evaluation**
- **Questions & Discussion Panel**



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.

Full Service Schools PLUS Overview

- 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

Mental Health Summit

- **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 212 school based employees in Youth Mental Health First Aid

School Readiness

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.

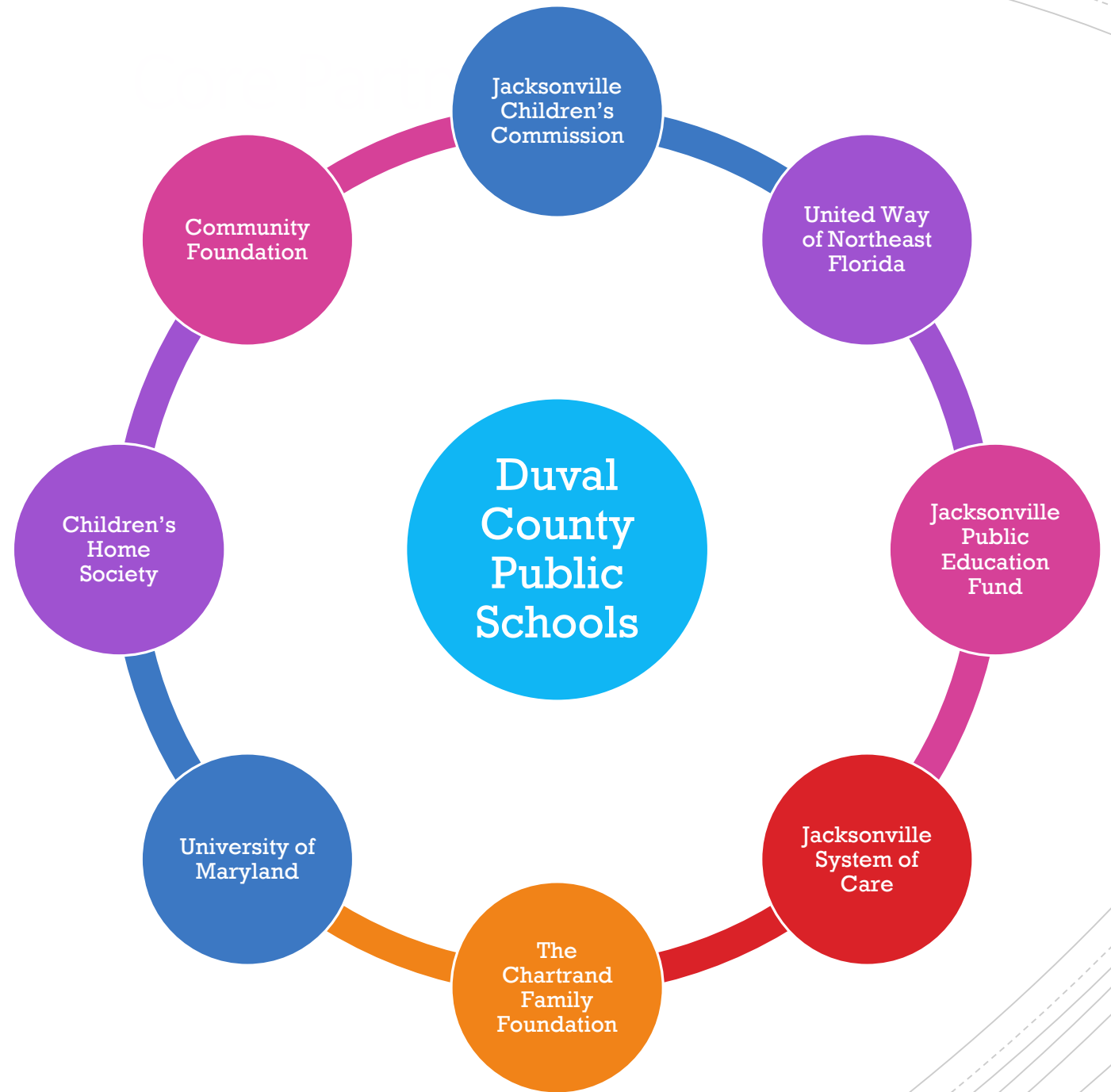
Middle

#155 Northwestern
#212 Jean Ribault

High

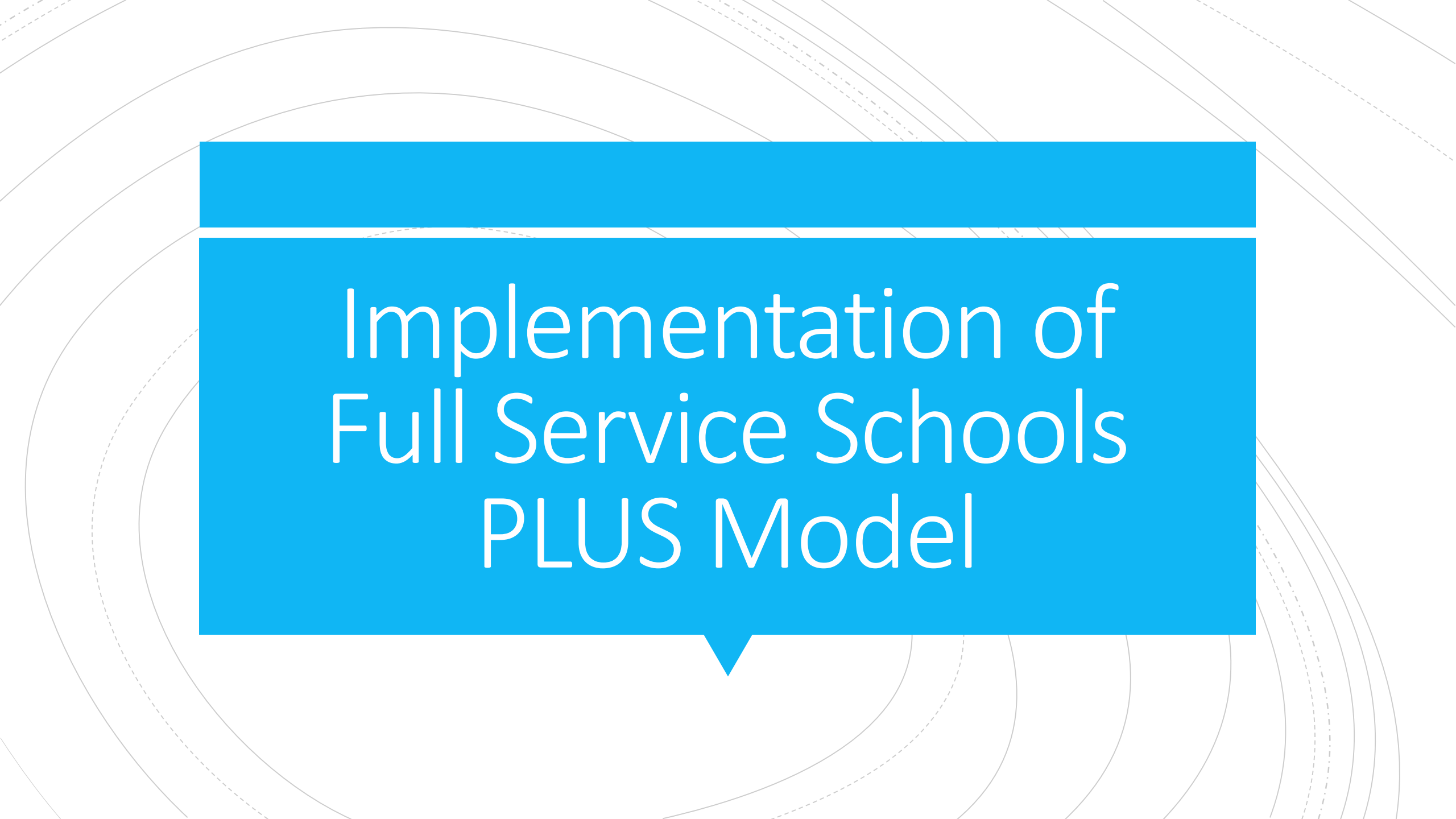
#96 Jean Ribault
#165 William M.
Raines
#285 Asa Philip
Randolph
Academies Of
Technology

Full Service Schools Plus Partners



| SCHOOL NAME | REFERRALS TRACKED BY SSW | DUAL REFERRALS | THERAPEUTIC ONLY REFERRALS | SOCIAL SERVICES ONLY REFERRALS | GROUP ONLY REFERRALS |
|----------------------------|--------------------------|----------------|----------------------------|--------------------------------|----------------------|
| Jean Ribault High | 122 | 8 | 104 | 5 | 5 |
| William Raines High | 90 | 5 | 82 | 3 | 0 |
| Asa Philip Randolph | 82 | 12 | 63 | 2 | 5 |
| Jean Ribault Middle | 47 | 1 | 43 | 3 | 0 |
| Northwestern Middle | 130 | 12 | 99 | 12 | 7 |
| Martin Luther King ES | 56 | 6 | 40 | 6 | 4 |
| Rutledge Pearson ES | 52 | 1 | 43 | 1 | 7 |
| Sallye B. Mathis ES | 80 | 4 | 58 | 11 | 7 |
| Carter G. Woodson ES | 70 | 9 | 58 | 3 | 0 |
| St. Clair Evans Academy | 133 | 2 | 97 | 8 | 26 |
| S.A. Hull ES | 69 | 12 | 46 | 6 | 5 |
| Rufus E. Payne ES | 60 | 2 | 52 | 1 | 5 |
| TOTAL | 991 | 74 | 785 | 61 | 71 |

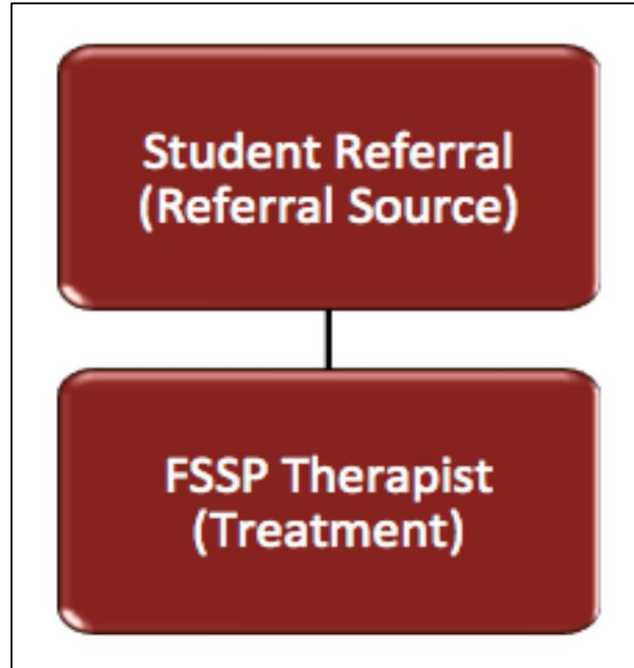
| As of June 2017 | #s Inclusive of all 8 FSS sites (75 schools) | | #s inclusive of the 12 FSS PLUS schools |
|---|---|------------------|--|
| | 2015-2016 | 2016-2017 | 2016-2017 |
| Total Referrals | 4767 | 4775 | 1025 |
| School | 3388 | 3338 | 562 |
| Parent/Staff | 877 | 877 | 388 |
| Agency | 502 | 560 | 75 |
| Total Served by Mental Health Provider | 2053 | 2357 | 870 |
| Total Declining Mental Health Services | 239 | 239 | 86 |
| People referred for services | 2103 | 2103 | 71 |
| Total Crisis Interventions | 1086 | 1086 | 990 |
| Total Children on waitlist for services | 9 | 7 | 0 |

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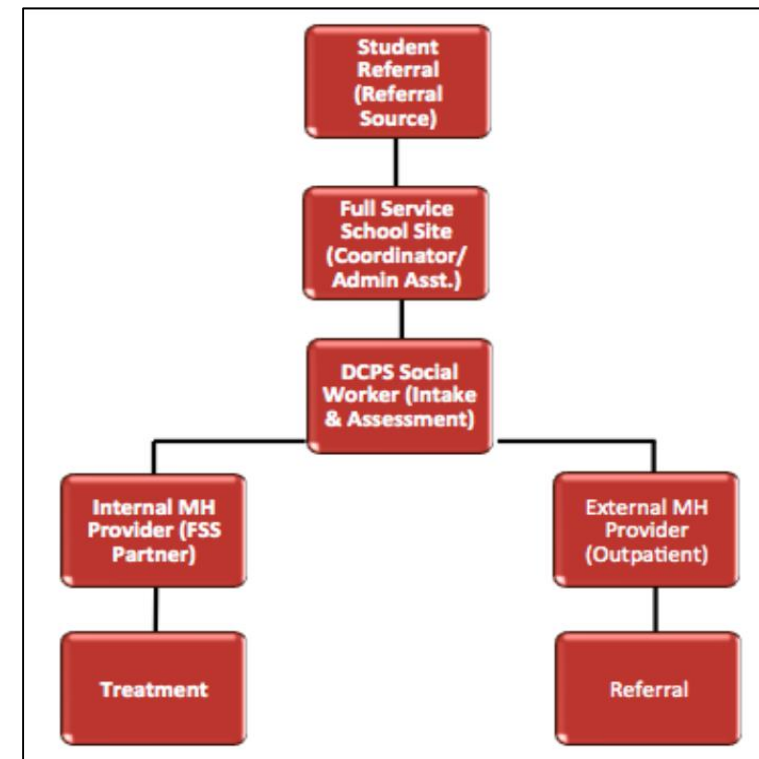
Implementation of Full Service Schools PLUS Model

Referral Process
Changed

PLUS



TRADITIONAL



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School Culture and Climate Changed

- **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**

**School-Based
Tiered
Interventions
Changed**

**Tier 3: Students with
Severe/Chronic
Problems**

**Intensive schools
interventions with
community supports**

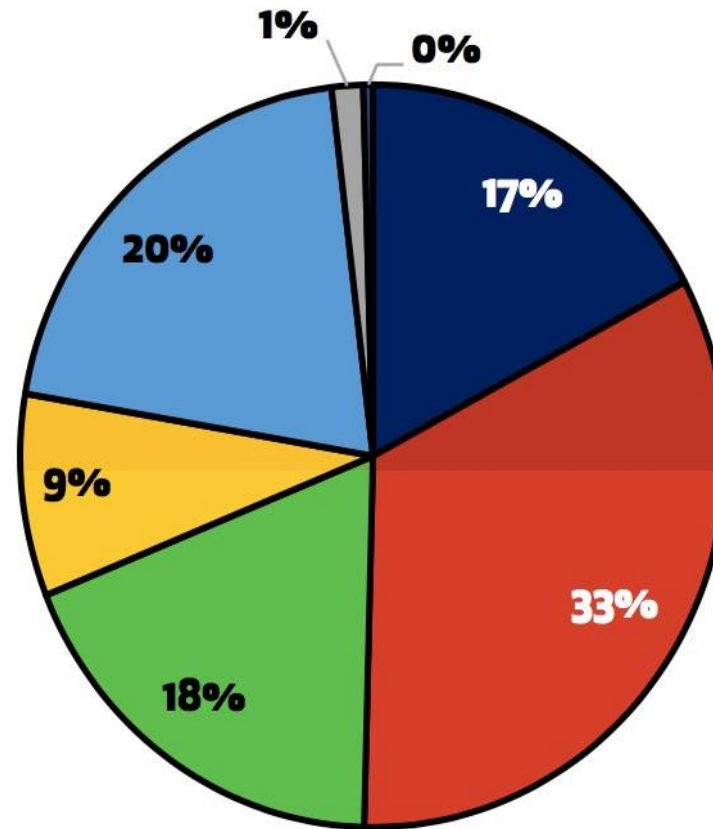
Tier 2: At Risk Students

**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**

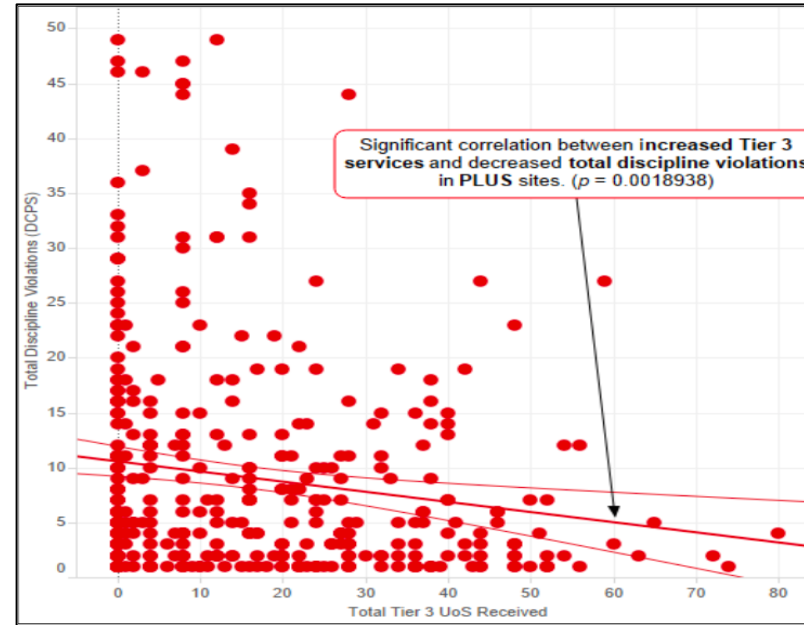
Referral Reasons



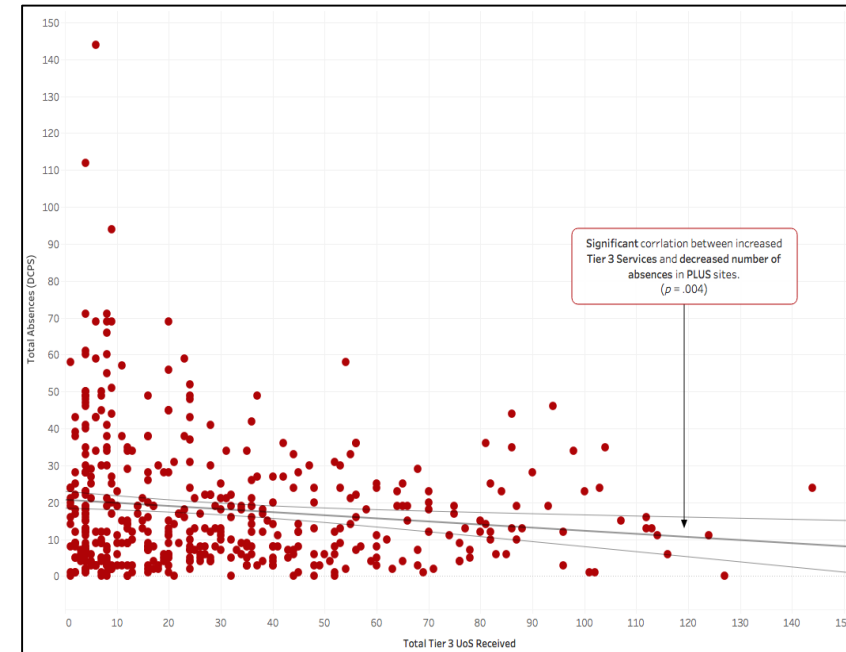
- Academic Performance Issues
- Behavior Issues
- Classroom Conduct Issues
- Family & Friend Issues
- Health & Wellness Issues
- Other Issues
- Drug & Alcohol Issues

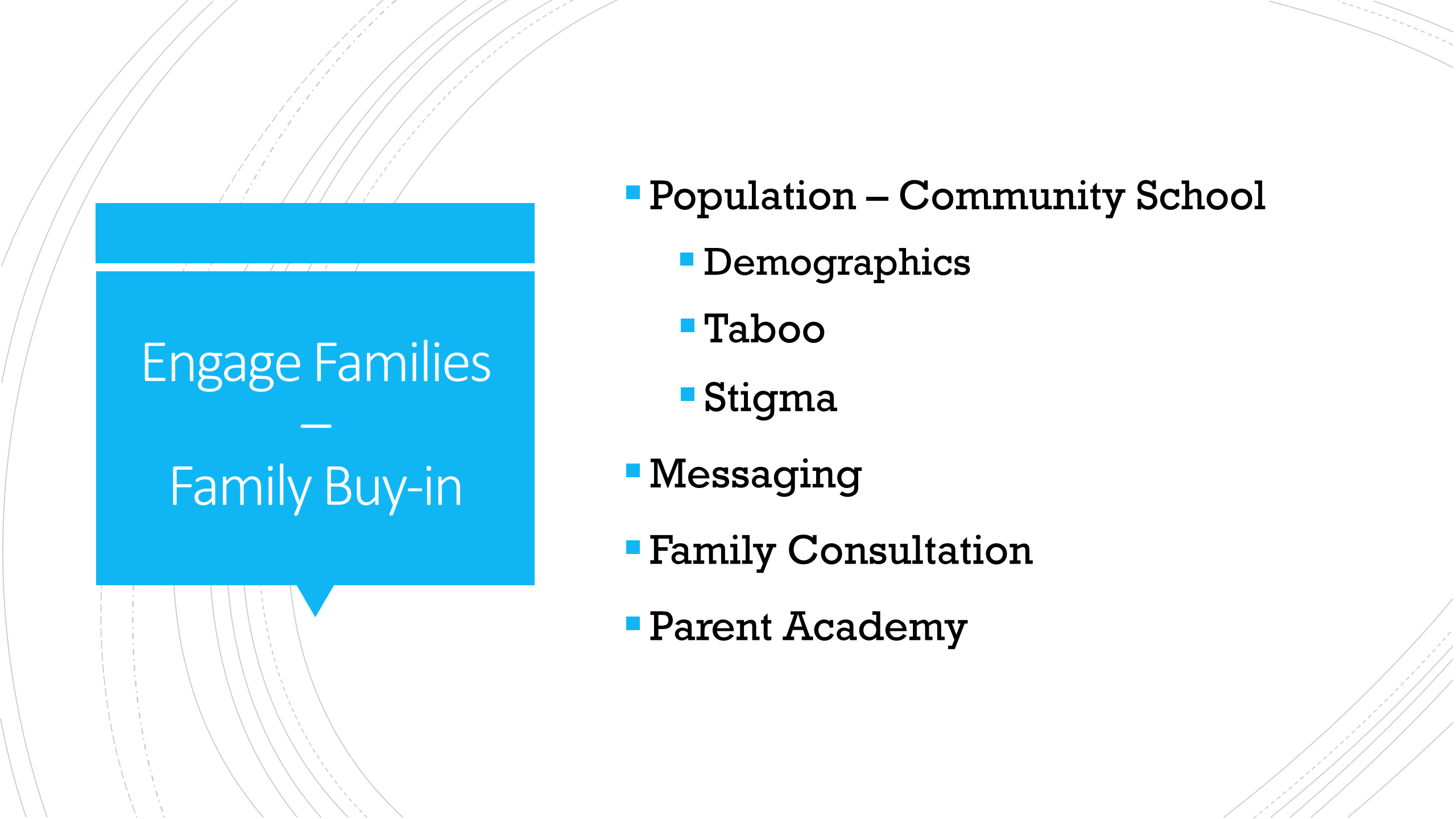
Early Warning Indicators

DISCIPLINE



ABSENCES



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Engage Families – Family Buy-in

- **Population – Community School**
 - Demographics
 - Taboo
 - Stigma
- **Messaging**
- **Family Consultation**
- **Parent Academy**

School Buy in - Support

- Team with School Counselor
- Teacher Support
- Professional Development
- Consultation
- Visibly Available
- Communication
- The Whole Child
- Untraditional way of engaging student learning

***ENGRAINED IN FABRIC
OF THE SCHOOL***

The PERFECT Fit
= Sustainability

GROWS

- Wasn't involved in interview process
- Us vs Them
- Worked in isolation
- Adaptability

GLOWS

- Was involved in interview process
- Open lines of communication
- Collaboration within leadership team
- Availability

Program Evaluation

Data Collection, Process & Impact



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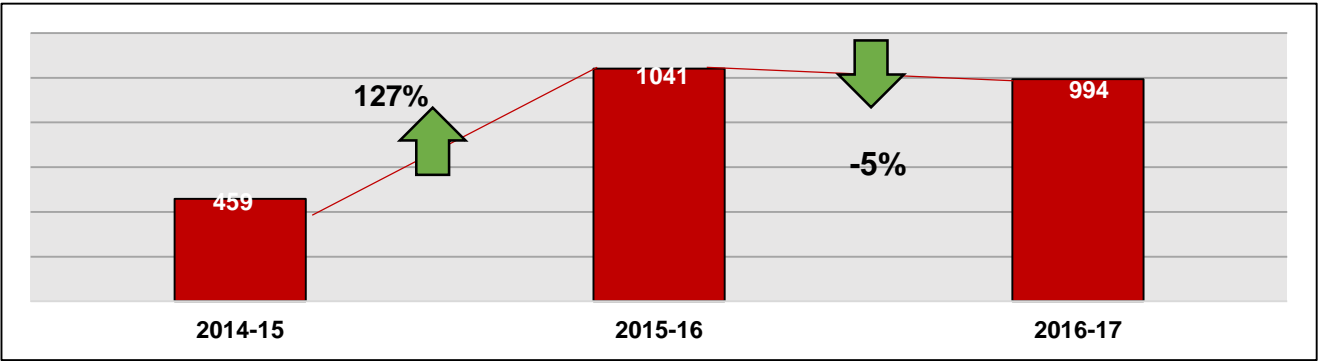
Powering Potential

| Source Agencies | Implementation Data (Process Evaluation) | Impact Data (Outcomes Evaluation) |
|------------------------------------|---|--|
| Duval County Public Schools | <ul style="list-style-type: none"> • Referral Process • Tiered Service Data <ul style="list-style-type: none"> • Tier 1 – Prevention • Tier 2 – Intervention • Tier 3 – Treatment • Data Fidelity/Quality • Exit /Completion Data | <ul style="list-style-type: none"> • Referral Capacity • Cognitive & Behavioral Functioning • Discipline • Attendance • Stakeholder Perceptions |
| Jacksonville Children’s Commission | | |
| Children’s Home Society | | |
| United Way of Northeast Florida | | |

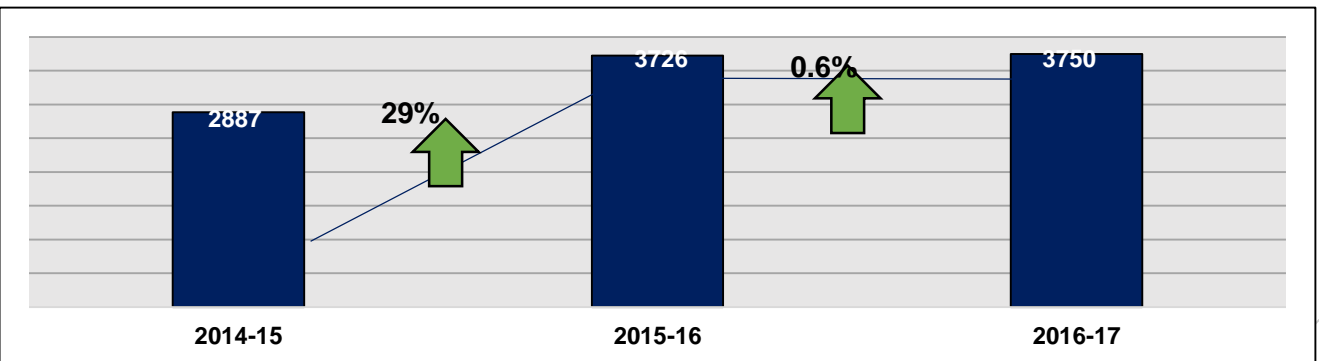
| Stakeholder Group | Method | Constructs |
|---------------------------|-----------------------|---|
| Students | Survey | <ul style="list-style-type: none"> • Awareness • Knowledge • Comfort • Mental Health Training • Satisfaction • Understanding • Communications • Feeling Supported • School Climate & Culture |
| Parents/Caregivers | Survey Focus Group | |
| Teachers & Administrators | Survey | |
| Therapists | Survey Focus Group | |

Referral Volume

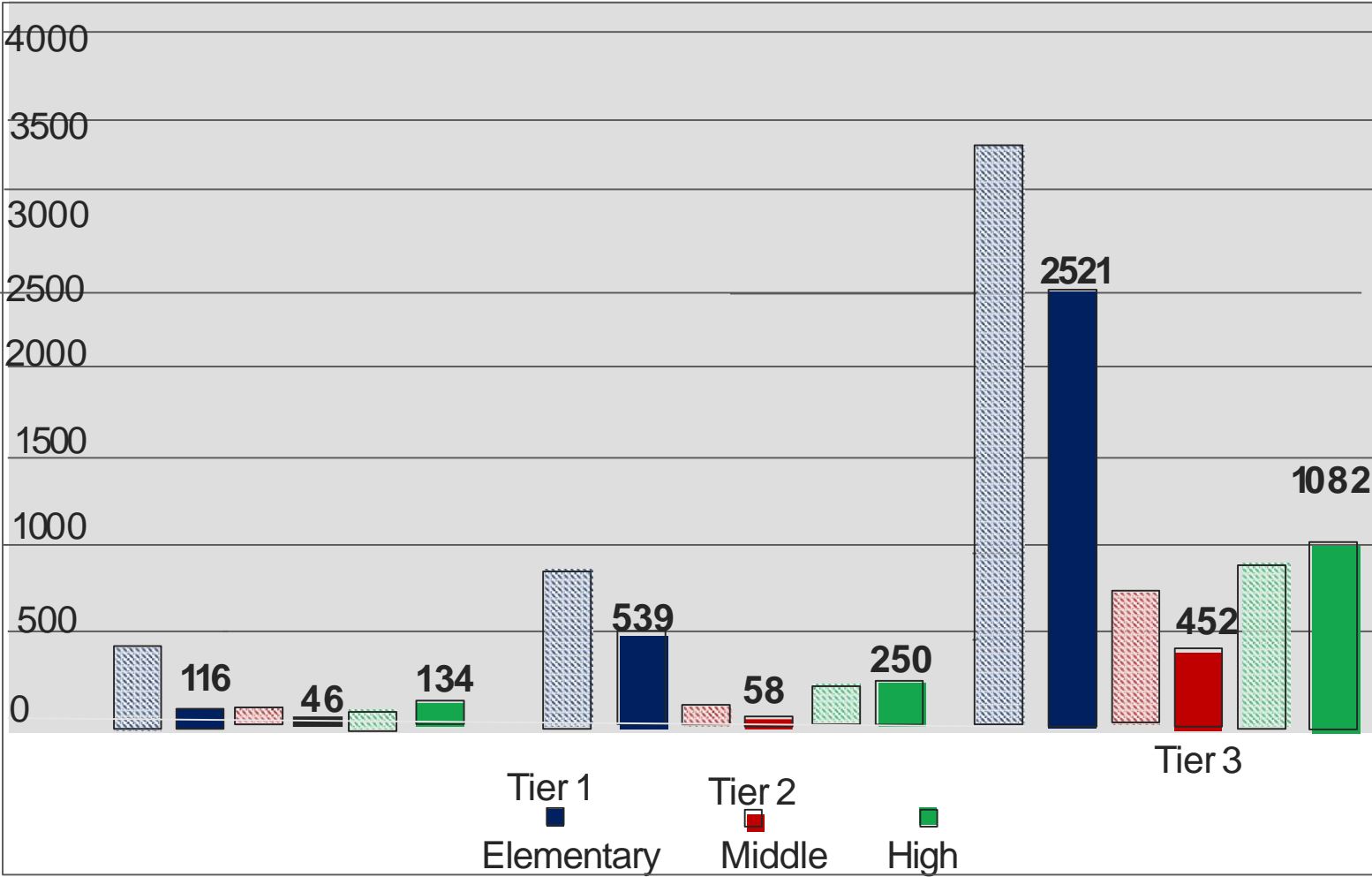
PLUS



TRADITIONAL



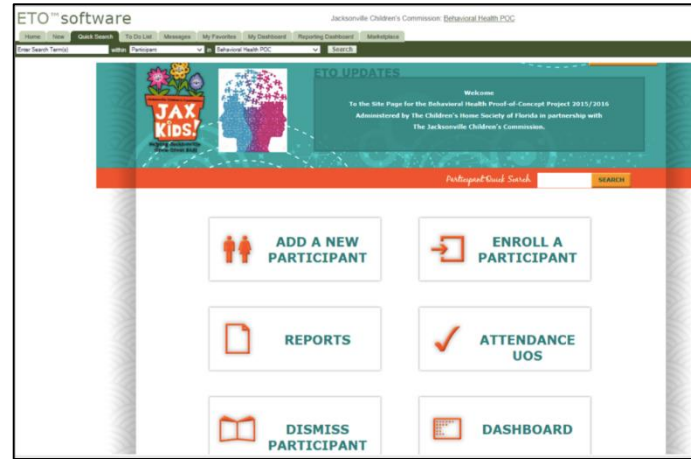
Tiers by School Type



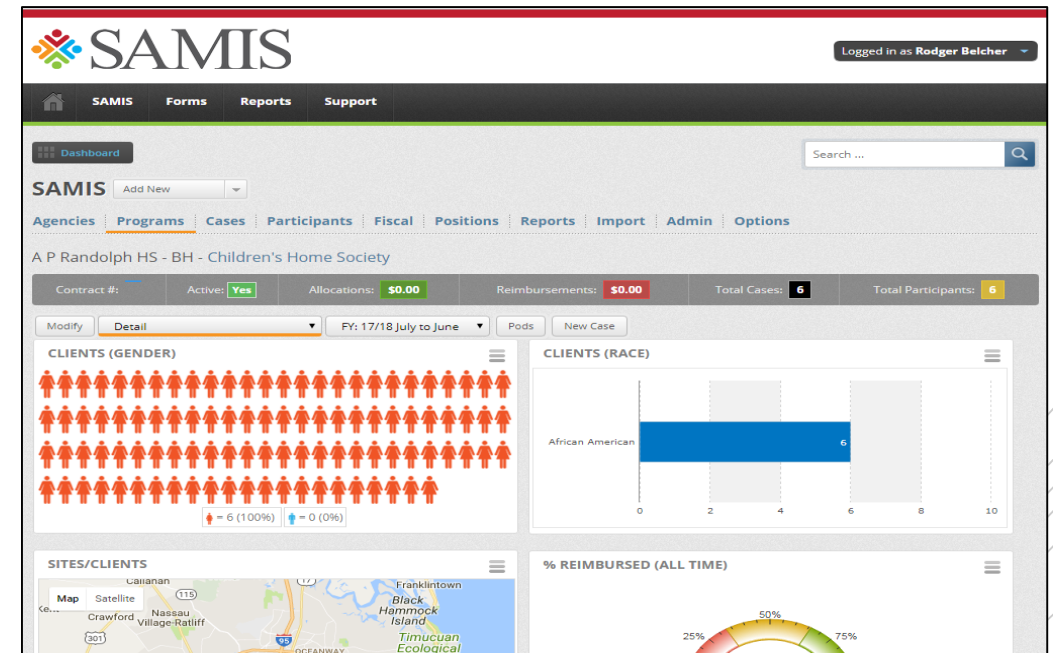
Note: Stripped bars represent SY 2015-16. Solid bars represent SY 2016-17

Data Systems

YEARS 1 & 2

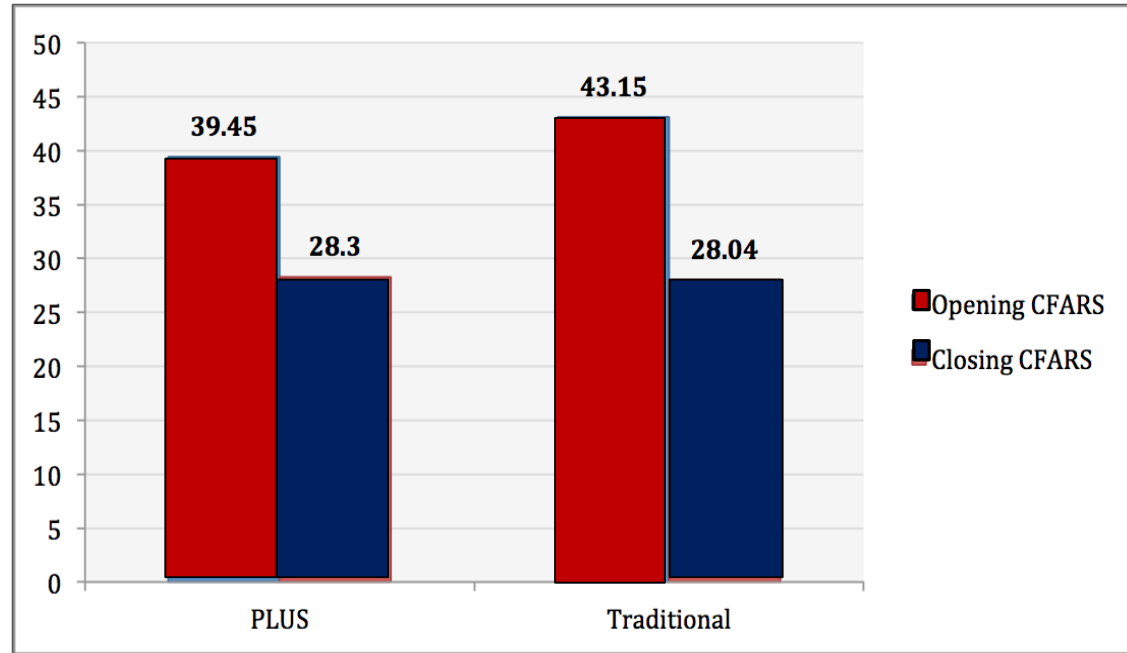


YEAR 3

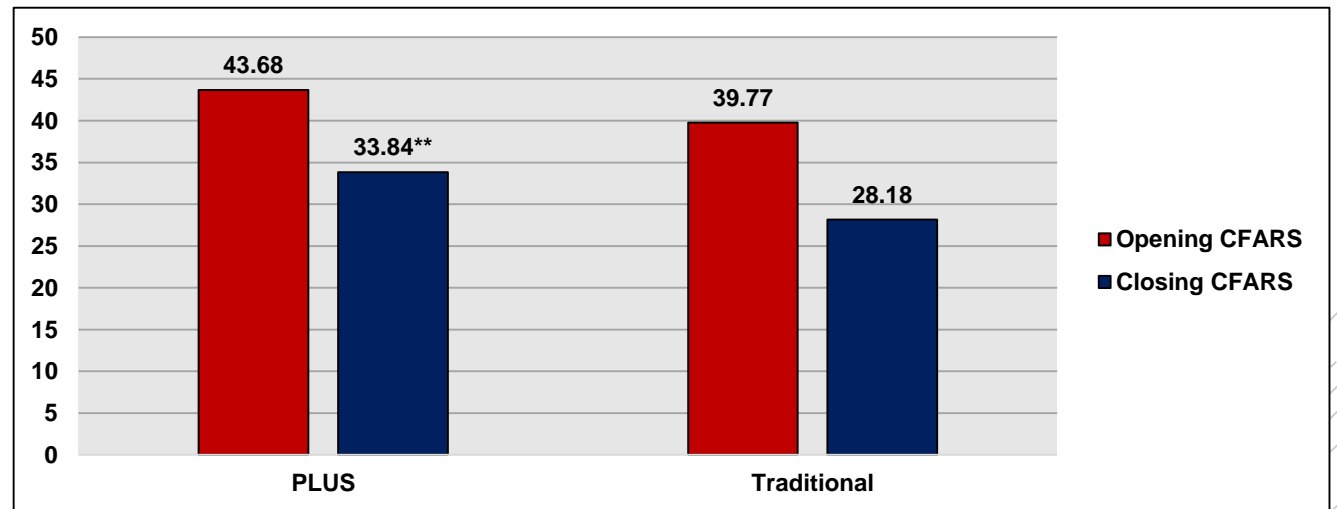


Pre/Post Assessment

YEAR 1



YEAR 2



Student Survey

- Survey Administration:
 - Paper/ Pencil
 - Administered by therapists
 - January 17 to April 10

| Characteristics | Students (N=102) |
|---|------------------|
| Program Type | |
| Traditional | 16% |
| PLUS | 84% |
| Gender | |
| Female | 50% |
| Male | 43% |
| Other | 1% |
| Race/Ethnicity | |
| Black/African American | 79% |
| Caucasian/White | 2% |
| Hispanic/Latino | 1% |
| Multiracial | 7% |
| Other | 4% |
| Average Age | 12.95 |
| Number of Appointments | |
| First Time | 1% |
| 2-5 Times | 21% |
| 6-9 Times | 28% |
| 10 or More Times | 43% |
| Received FSS Services Prior to this Year | |
| Yes | 28% |
| No | 64% |
| Grade Level | |
| Elementary | 43% |
| Middle | 15% |
| High | 36% |
| Percentages may not add up to 100% due to rounding or missing values. | |

PARENT FOCUS GROUP/SURVEY

“It does help. ‘Cause I’m by myself too and I have the three boys. And that help, that structure. I remember, at the beginning, I considered this a last resort. Like, okay, let’s see what happens. And it’s like a godsend to me now.”

-PLUSParent

- **Students benefit**
- **Parents benefit**
- **Barriers they had to overcome**
 - **Generational**
 - **Cultural**
- **Accessibility of the therapist**

THERAPIST FOCUS GROUP/SURVEY

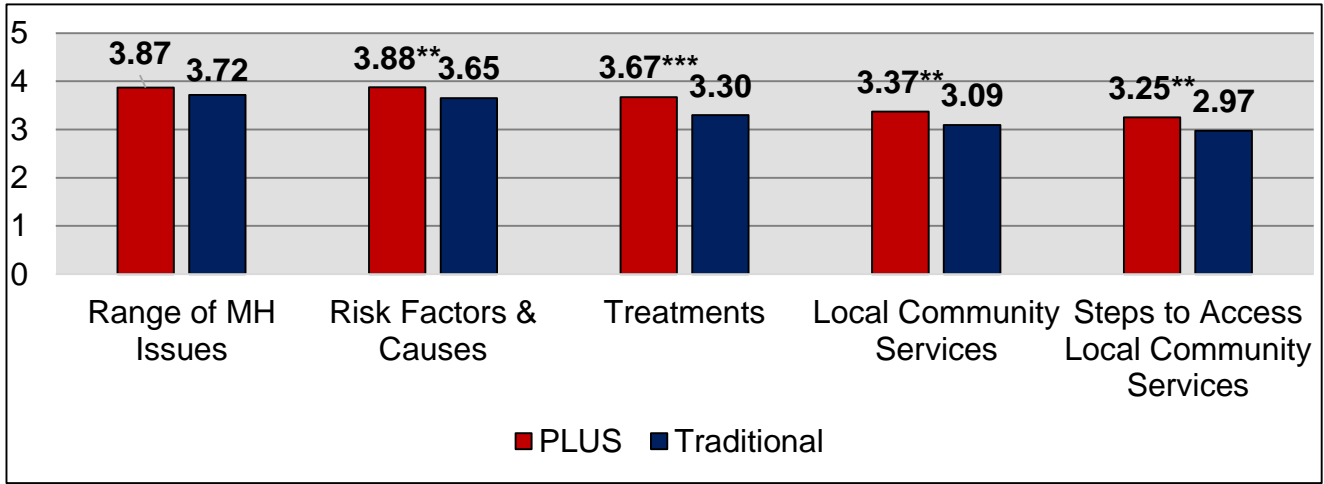
"I know for me at my school, there's less discipline referrals. Before, last year, due to the fact that now my AP and principal, they get the kids to come to me versus just writing a referral. They say go see [name redacted] or go see the guidance counselor, and if it's still they write a referral, but it has decreased since last year."

-PLUS Therapist

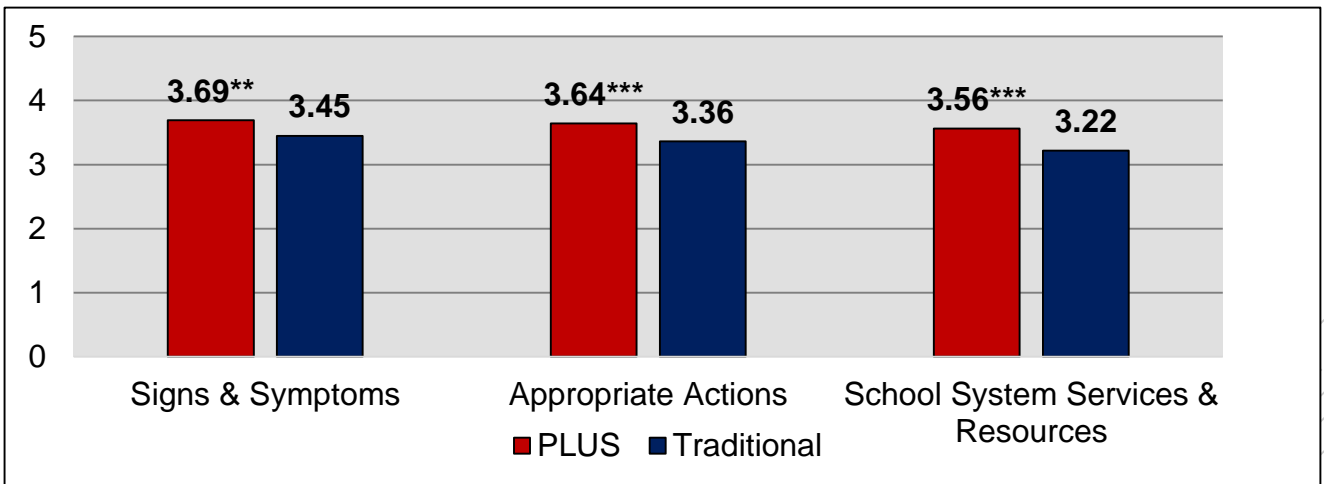
- Services benefitted the students
- Shift in the school culture
- Barriers similar to Traditional therapists
 - Lack of mental health awareness
 - Parental involvement
- Uniquely identified barriers
 - Socioeconomics (homelessness and/or transient families, funding)
 - Safety concerns
 - Lack of cohesion and reliable resources
- Benefit of a network of communication

Teacher Survey

AWARENESS

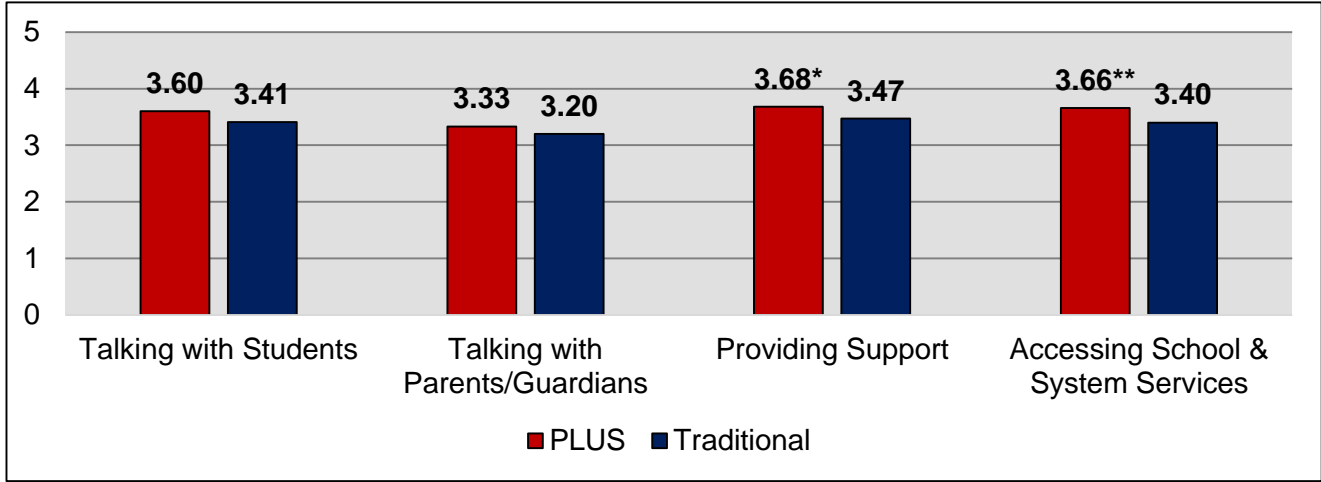


KNOWLEDGE

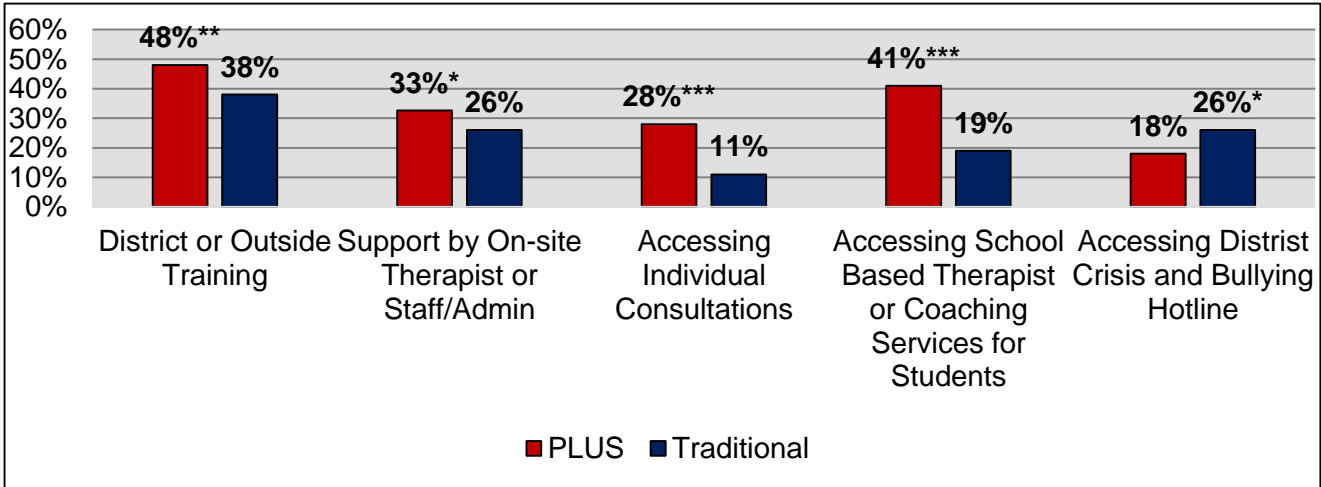


Teacher Survey

COMFORT LEVEL

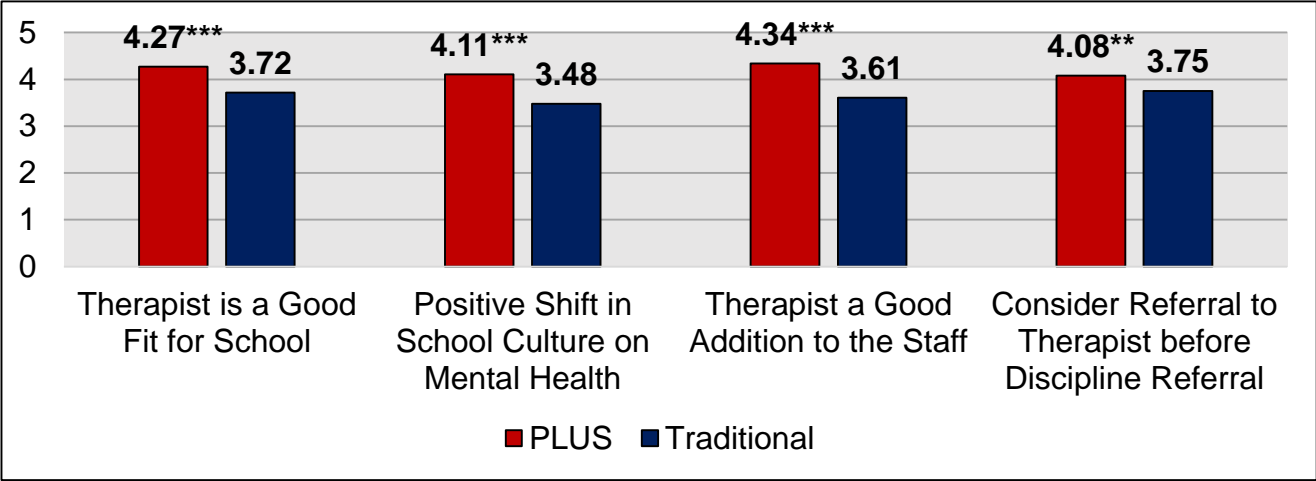


MENTAL HEALTH TRAININGS

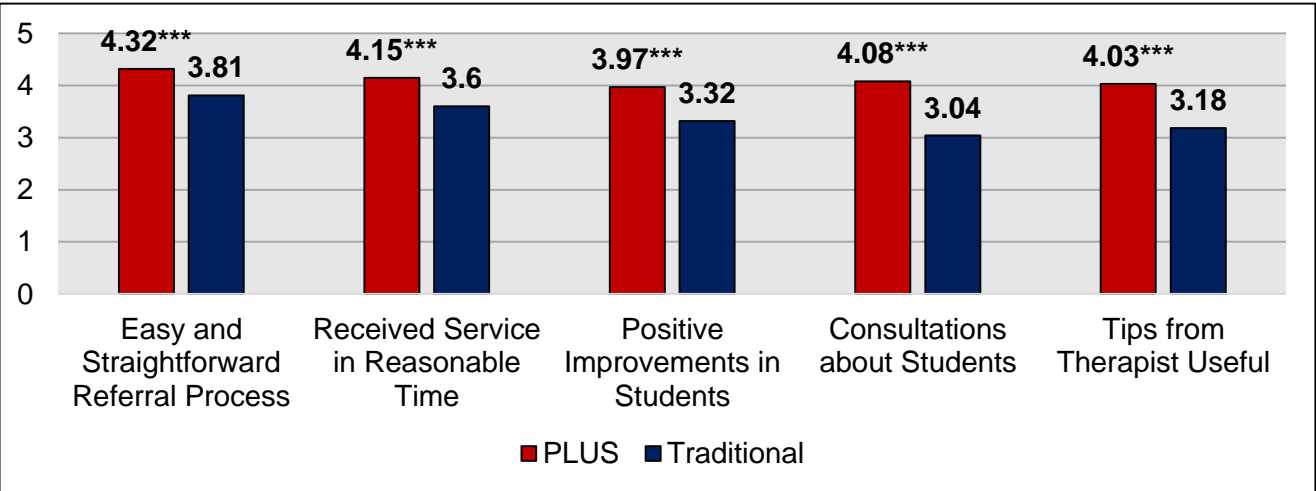


Teacher Survey

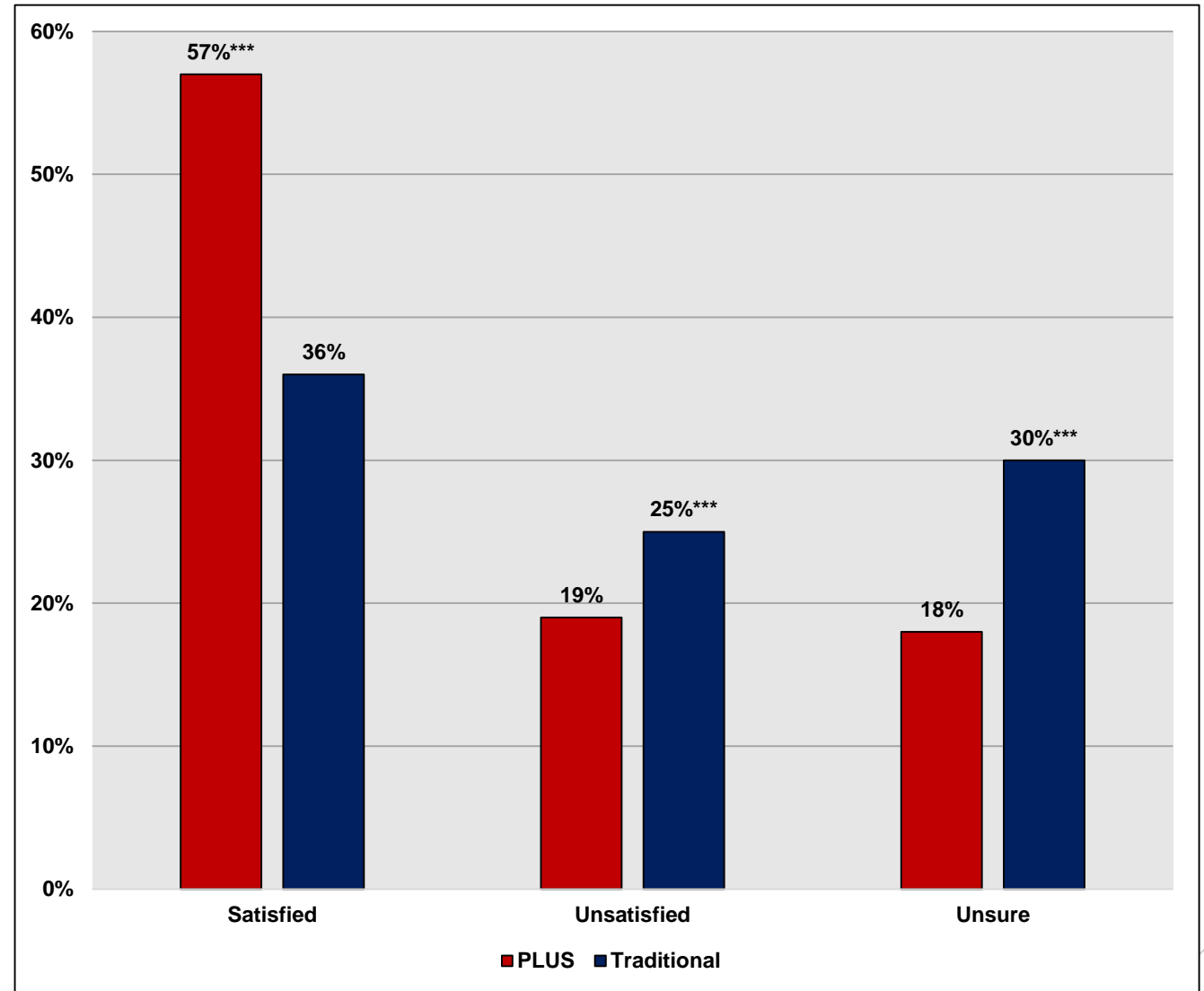
SCHOOL CLIMATE



FEEDBACK ABOUT SERVICES

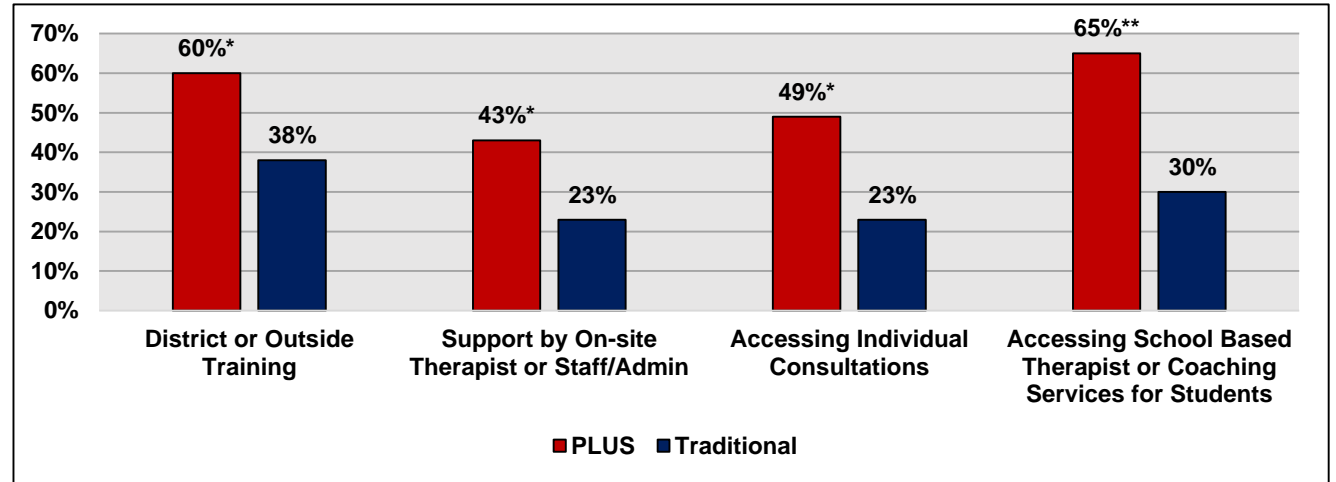


Teacher Survey

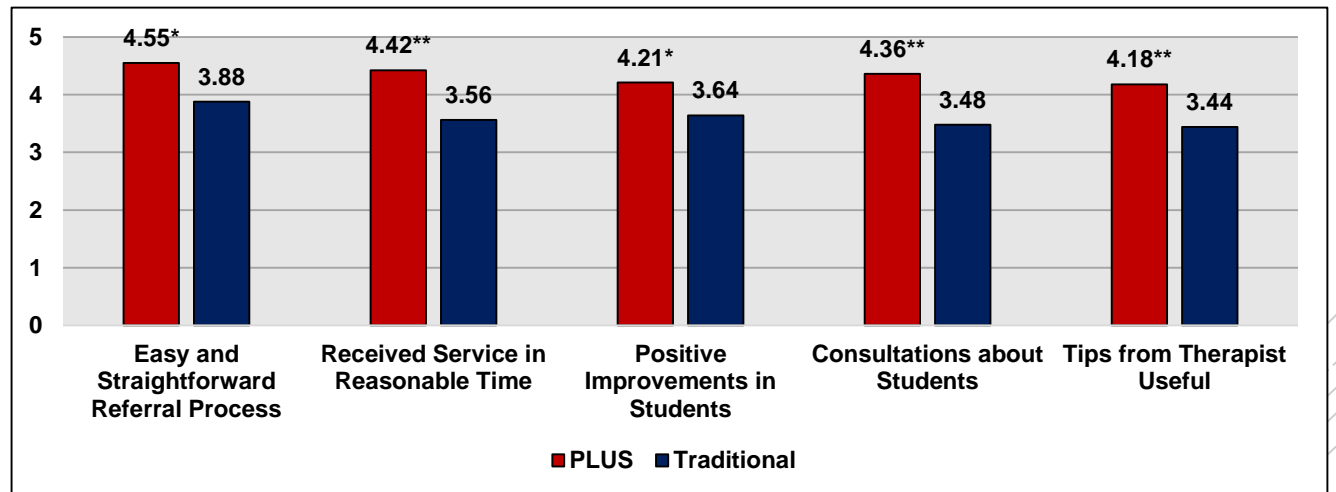


Administrator survey

MENTAL HEALTH TRAININGS



FEEDBACK ABOUT SERVICES



Year 2 Evaluation Recommendations

- **Communicate** early and often with parents. Therapists in both models should be visible to the parents before children are referred for services.
 - Have booths or presentations at pre-existing events at schools (i.e. open house, parent academy, first day of school, etc.).
 - Use teachers as the gateway to parents; they are comfortable talking to parents about student mental health (this also means that teachers should receive more specialized training).

Year 2 Evaluation Recommendations

- **Shift** the marketing and framing of the services that are offered. The stigma seems to lie with families not wanting to be perceived as having a “problem” or that something is wrong with their child. The parents who have used the services talked about how much of a burden was lifted from them.

Year 2 Evaluation Recommendations

- **Examine** more official, DCPS-administered school climate and culture indicators to see if there is a school level shift taking place from the students up to the administrators and out to the parents.

Year 2 Evaluation Recommendations

- **Expand** the PLUS model! Teachers and administrators are clearly benefitting. More specifically, the Traditional administrators hold the belief that having a resource directly on campus is very important. Coupled with the improvements we are seeing in students on discipline and attendance over the last two year, this program is one that has the momentum to expand.

Panel
Discussion and
Questions



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.

Thank You!

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