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Section A

Overview of the District's Expansion of School-based Behavioral Health

The South Capitol Street Memorial Amendment Act of 2012 (the Act) requires the Mayor to develop and submit a comprehensive plan to the Council of the District of Columbia that establishes and expands school-based behavioral health programs and services to all public and public charter school students by the 2016-2017 school year. In addition, the Act requires the Mayor to make recommendations to expand behavioral health programs and services at child development facilities and to analyze and align health education standards with the behavioral health needs of District youth. The goal is to provide interventions for all families of students with behavioral health needs; reduce aggressive and impulsive behavior; and promote social and emotional competency in all students.

The vision of this system change is to provide a comprehensive approach to prevention, matching resources to student needs, and provision of services based on those needs. This will make the most of the District's rich investments in school-based behavioral health services and robust behavioral health services in the community.

The Comprehensive School Behavioral Health Plan model is a coordinated behavioral health system designed to create a positive school culture that promotes mental wellness and provides timely access to high-quality services for children, youth, and their families. Part of the District's initiative to expand mental health services in every school ensures that each student will have access to universal mental health supports.

A key aspect of the grant is partnering with Community Based Organizations(CBOs), The DC Department of Behavioral Health has selected CBOs to integrate into schools to thoughtfully expand mental health services. Through a grant, CBOs will be able to follow the public health model of services (prevention, early intervention, and treatment).

Overview of the Tier System

1) Primary Prevention Services and Supports (Tier 1)

- · All students (100%) within the school community will receive these services.
- The goal of these activities will be to create a positive school climate that reinforces positive behaviors, supports resiliency and recovery among students, and reduces stigma related to mental illness.
- Emphasis is placed upon the promotion of pro-social skill development among children and youth.
- Program examples of school staff support include staff professional development, mental health/educational presentation (e.g. social skill building) for students, staff or parents/guardians and evidence-based or evidence-informed school-wide or classroom-based programs.

2) Focused Interventions/Early Intervention (Tier 2)

- 10% 15% of the school population is likely to require these services.
- These services and supports are delivered to children and youth who are at elevated risk for developing a mental health problem.
- These children have social/emotional challenges, behavioral symptoms and/or mental health needs that may not be severe enough to meet diagnostic criteria or eligibility for special education services.
- Mental health clinicians will provide consultation and support to teachers and school staff to develop child/youth-specific strategies to address identified educational or behavioral concerns.
- These interventions could include involvement in support groups, skill building groups such as social skill development or anger management groups, and training or consultation for families, teachers and other school personnel who work with identified children.

3) Intensive Support/Treatment (Tier 3)

- 1% 5% of the school population are likely to require individualized treatment to assist the child/youth to improve functioning in school, home and community.
- This level of care is designed for students who have active mental health symptoms that meet diagnostic criteria.
- · Program examples include evidence-based or evidence-informed individual, group or family treatment services and crisis intervention.
- These services may be offered on-site at the school or in the home/community at the discretion of the parents/guardian of the child.

Expectations of Partnering with a Community Based Organization

- The CBO will place a clinician in your school full time.
- The CBOs that are part of the School-based Behavioral Health Expansion will have the capacity to provide all tiers of services.
- The CBO clinician will be a member of the mental health/wellness team
- The CBO clinician will plan/assist in school wide behavioral health initiatives
- The CBO clinician will assist with student level crisis intervention (i.e. risk assessment for harm to self or others, mediation, and de-escalation)
- The CBO clinician can refer and link students and adults in their families to additional services (psychiatric, medication management, community support work)
- The CBO clinician can provide teacher consultation, professional development, and workshops

THE MATCHING PROCESS

- Schools will be provided a list of CBOs that have received grant funding through DBH.
- No student level data will need to be shared prior to a CBO clinician being placed in your school
- Schools will have the opportunity to interview CBOs to decide which CBO best meets the school's needs

Section B

Supporting Roles and Responsibilities

Role of School Behavioral Health Coordinator

The role of the School Behavioral Health Coordinator (SBHC) is seen as an integral part of any school behavioral health/wellness team. This role should be assigned shortly after a school identifies a Community Based Organization (CBO). The Behavioral Health Coordinator role would be assigned to a current staff member by the Principal. This is not a full-time position but should be held by someone who would naturally be a member of these team meetings and can take a leadership role. Ideally, this person would have a solid understanding of the RTI framework and multi-tiered interventions. Some examples of the role of the SBHC are:

- The SBHC should be a member of the administrative team or know who is responsible for the confidential tracking and storage of behavioral health referrals.
- Facilitates the completion of the School Strengthening Tool, and the development of the quarterly work plan. Serves as a standing member of the RTI/student wellness committee. Participates in and actively contributes to all multi and interdisciplinary student support team meetings.
- Coordinate referrals or services provided by outside partners that provide services to students and families.
- Collaborate with the school behavioral health team to identify school-wide or classroom trends in social, emotional and behavioral health needs and develop student programming based on those trends.
- Ensures access to school-level data (i.e homelessness, IEP, Attendance, grades, etc)

*DCPS Schools should check with their schools' program manager who may be acting as the SBHC.

Role of the DBH Clinical Specialist

As schools and CBO's begin to integrate and expand services they may need additional support. The DBH Clinical Specialist is here to provide CBO's and Schools with consultative services

and technical assistance. Additionally, they can help identify gaps in services and fill those gaps. The specialists are available by phone, email and in-person meetings and visits.

The DBH Clinical Specialists can:

- Provide technical support to the School Behavioral Health Coordinator
- Provide technical support for the integration of the CBO into the school
- Support and promote alignment of services, specifically in tiers 1 and 2.
- Aid in the teaming and alignment of school-based teams
- Aid in the development of the work plan
- Conduct progress check-ins and support the implementation of the Work Plan
- Provide classroom presentations as needed
- Assist in training and workshop development for CBO and School staff as well as families.

What could this role look like:

- 1. The CBO clinician and School social worker(s)s are having trouble getting families to engage in programming. They reach out to the DBH clinical specialists for additional ideas and guidance around family engagement.
- 2. The School is struggling with having a functioning RTI/wellness team. The DBH Clinical Specialist can make recommendations for strategies for team development and functioning. Additionally, they can attend the meetings to help the SMHC run an efficient and effective meeting.

The Strengthening Tool & Work Plan: Anchors for Effective Results

This section will provide a definition for School Strengthening Tool and Work Plan. Also, it will show how the strengthening tool and plan can be used by the mental health team, administration and other stakeholders to provide integrated, comprehensive school mental health services.

The school Strengthening Tool & Work plan were adapted from the Center for Disease Controls (CDC) School Health Index and embrace the Whole School, Whole Community, Whole Child (WSCC) framework. The WSCC framework is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices.

The school strengthening tool will prioritize domains of school counseling, psychological and social services, employee wellness and health promotion, family engagement, and social and emotional climate.

Your School Behavioral Health Coordinator will work in conjunction with the CBO clinician and ensure that they act as the lead as your team completes the School Strengthening Tool. Based off the information from the School Strengthening Tool they will help develop and then use that assessment to create the work plan. The DBH Clinical Specialist can function as an additional support in the completion of the strengthening tool and work plan.

Steps your team will take to complete the work plan:

- Step 1: SBHC and CBO Clinician view the CDC's School Health Index Video
- **Step 2:** SBHC and CBO Clinical watch webinar on using the School Strengthening Tool & Work Plan.
- **Step 3:** SBHC will assemble the school team to complete the straightening tool within 30 days
- Step 4: School team will complete the strengthening tool
- **Step 5:** SBHC will lead the team in completing the work plan.

Section C

CBO's & Schools: Teaming for Action

Now that you have a basic understanding of the model for comprehensive school mental health and the roles that can support its integration and expansion, let's talk about teaming. Here we will explore the value of a mental health team and its potential to stabilize and maintain expansion of mental health services in your school. A benefit of having a CBO in your school is that mental health services can be expanded without exhausting resources and are vital to the promotion of services to students. In addition to providing individual therapy services, they can also provide community support worker services and other mental health related services.

The School Mental Health Team (SMHT)

A school mental health team is defined as a team of school and community stakeholders at a school or district level that meets regularly use data-based decision making and relies on action planning to support student mental health.

Examples of SMH teams: School climate team, student support teams, school wellness team and SMH communities of practice.

The value of creating and supporting the School Mental health team

Imagine having a group with the experience and/or licensure specifically for the population at your school or campus.

1. Expanding mental health services and related activities has many moving parts in a system that is already layered and nuanced. School mental Health teams serve to

coordinate communication, collaboration, and mutual support among individual team members who might otherwise operate in isolation.

- 2. With a school mental health team, you can develop a common vision and priorities for improvement to ensure that the school mental health system is meeting the needs of all students and the larger community.
- 3. School mental health teams can explore how to maximize limited resources to address the mental health needs of students and their families in a systematic and strategic way.

 Possible team members for a school-based School mental health team: School health and behavioral health staff, teachers, school administrators, parents/caregivers, students, school-based community health and behavioral health providers.

Building or Strengthening a High Functioning team-best practice Indicator(s)

- 1. Creating opportunities and spaces for the CBO clinician to provide programming, meet staff and students, prior to providing tier 3 services.
- 2. Establish communication mechanisms (i.e. email communications, team meetings, conference calls) to ensure effective and ongoing communication between staff/leadership and community partners
- 3. Use agreements or memoranda of understanding to detail the terms of the partnership
- 4. Ensure the full continuum of care within a multi-tiered system of support is addressed by school and community partners working together and maximizing their respective access to knowledge and resources.
- 5. Use data sharing and data sharing agreements to allow for accessing and sharing data to inform needed services and supports and the impact of partnership activities.

 Tips:
 - → Your School Behavioral Health Coordinator and DBH Clinical Specialist can play a supportive, consultative role.
 - → Utilize the school *Mental Health Alignment (www.aligntool.com) Tool* to reduce duplication and align staff skills and capacity to the right areas.