EARLY CHILDHOOD AND SCHOOL-BASED BEHAVIORAL HEALTH SERVICES

Comprehensive Plan

Department of Behavioral Health
Deputy Mayor for Health and Human Services
Deputy Mayor for Education

DBH
DEPARTMENT OF BEHAVIORAL HEALTH

WE ARE WASHINGTON DC
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Table of Contents

Executive Summary

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.

Section 203 of the Act provided a March 30, 2013 date for the submission of the plan. However, given a Mayoral change and several agency leadership changes, an initial draft of a comprehensive plan was reconsidered. Rather than continuing a patchwork approach, the new Department of Behavioral Health (DBH) Director, Dr. Tanya A. Royster, asked stakeholders to re-imagine the plan by considering and incorporating all behavioral health resources available in the District, not just DBH resources, to support the emotional well-being of our City's youth.

The vision of this system change is to provide a comprehensive approach to prevention, screening, and matching resources to student needs, making the most of the District's rich investments in school-based behavioral health services and robust behavioral health services in the community. Despite the District's current investment of nearly $50 million overall in school-based behavioral health, there is not currently a strategy to provide prevention and screening services in 100% of the schools or ensure that all students who have behavioral health needs are connected to the appropriate services. Similarly, there is not currently the capacity for 100% of Child Development Centers to have access to individualized early childhood mental health consultation.

This plan, which was developed through a collaborative, interagency process, sets out the framework for creating a coordinated and responsive behavioral health system for all students in all public and public charter schools. We believe the effort to create a robust, integrated, and comprehensive plan informed by an interagency collaborative process was worth the additional time required to produce this plan. We also believe that a shared and unified vision for a service delivery framework that understands how to use all available resources in order to provide the broadest access to services will produce the most efficient and effective outcomes for children and youth in schools and child development centers.

Interagency Behavioral Health Working Group (BWG)

The Interagency **B**ehavioral Health **W**orking **G**roup (BWG) convened with the task of creating a unified vision that would allocate new and existing school-based behavioral health services for all public and public charter school students and expand early childhood mental health consultation in the child development centers. The BWG membership represents a cross-section of District Government agencies and organizations that are recognized for their vision, advocacy and investment of behavioral health resources and services in schools and child development centers. Through face-to-face meetings of the whole, sub-committee meetings, phone consultations, field work by members to conduct focus groups and interviews with groups of school and child development center administrators, collaboration with a hired consultant, and correspondences with updates and feedback, the BWG worked for over a year to develop the District's Comprehensive Plan. As part of the collaborative work, the BWG documented existing interagency behavioral health services; developed a process to determine need levels by school or child development center using available measures and recommend resource levels; and gained consensus on an interagency behavioral health service model.

Membership

- Christian E. Barrera, Policy Advisor-Health Policy, Office of the Deputy Mayor for Health and Human Services, Executive Office of the Mayor
- Deitra Bryant-Mallory, Director, School Mental Health, D.C. Public Schools, Student Wellness Division
- John Davis, Interim Chancellor, D.C. Public Schools
- Denise Dunbar, LCSW, Director, Child and Youth Services Division, Department of Behavioral Health
- Sharra Greer, Policy Director, Children's Law Center
- Elizabeth Groginsky, Assistant Superintendent of Early Learning, Office of the State Superintendent of Education
- Irene Holtzman, Executive Director, Friends of Choice in Urban Schools (FOCUS)
- Yair Inspektor, Director of Policy and Planning, Office of the State Superintendent of Education (Former Senior Policy Advisor, Office of the Deputy Mayor for Education, Executive Office of the Mayor)
- Djinge Lindsay, MD, Deputy Director for Programs, Community Health Administration, DC Department of Health
- Torey Mack, MD, Child, Adolescent, and School Bureau Chief, DC Department of Health
- Dr. Shalice McKnight, Chief Fellow, Child and Adolescent Psychiatry Fellow, Children's National Medical Center
- Michael Musante, Senior Director of Government Relations, Friends of Choice in Urban Schools (FOCUS)
- Barbara Parks, LICSW, Clinical Program Administrator, DC Department of Behavioral Health

- Scott Pearson, Executive Director, DC Public Charter School Board
- Tanya A. Royster, MD, Director, District of Columbia Department of Behavioral Health
- Charneta Scott, PhD, Child and Youth Services Division, Department of Behavioral Health
- Anjali Talwaker, MD, Senior Deputy Director, Community Health Administration, DC Department of Health
- Michael Villafranca, Policy Analyst, Children's Law Center
- Audrey Williams, Manager, Intergovernmental Relations & School Support, DC Public Charter School Board

Sub-Committee on the Establishment of Comprehensive Criteria for Allocation of Early Childhood and School-Based Behavioral Health Resources Membership

- Deitra Bryant-Mallory, Director, School Mental Health, D.C. Public Schools, Student Wellness Division
- Renata Claros, Office of the State Superintendent of Education, Division of Early Learning
- Kafui Doe, MPH, Health and Wellness, Office of the State Superintendent of Education
- Denise Dunbar, LCSW, Director, Child and Youth Services Division, Department of Behavioral Health
- Dr. Shalice McKnight, Chief Fellow, Child and Adolescent Psychiatry Fellow, Children's National Medical Center
- Michael Musante, Senior Director of Government Relations, Friends of Choice in Urban Schools (FOCUS)
- Barbara Parks, Child and Youth Services Division, Department of Behavioral Health
- Scott Pearson, Executive Director, DC Public Charter School Board
- Sombo Pujeh, Health and Wellness, Office of the State Superintendent of Education
- Charneta Scott, PhD, Child and Youth Services Division, Department of Behavioral Health
- Audrey Williams, Manager, Intergovernmental Relations & School Support, DC Public Charter School Board

Comprehensive Plan Overview

This document is organized as follows:

Section 1. Behavioral Health Education Standards. This section summarizes the collaboration between DBH and the Office of the State Superintendent of Education (OSSE) to update and obtain approval of the 2016 Health Care Standards as required by the South Capitol Street Memorial Amendment Act of 2012.

Section 2. Current Behavioral Health Services in Schools and Child Development Centers. This section provides an overview of known behavioral health resources that are being provided in all public and public charter schools and child development centers and the available service delivery data.

Section 3. Shared Vision for an Integrated Approach to District-wide Provision of Behavioral Health Services. This section describes the unified behavioral health service delivery model and the process for allocating new and existing early childhood and school-based resources that leverages the strengths of all agencies and resources engaged in this work.

Section 1. Behavioral Health Education Standards

As required by the South Capitol Street Memorial Amendment Act of 2012, the Department of Behavioral Health (DBH) worked with the Office of the State Superintendent for Education (OSSE) to analyze and revise OSSE's health education standards. DBH made recommendations to OSSE to ensure the standards are aligned with the behavioral health needs of youth in the District. OSSE, in turn, partnered with the State Board of Education to revise the standards, actively engaging DBH and other District agencies, health advocates, parents, teachers and other local stakeholders in the process of ensuring that the Standards reflect best-practices, evidence-based approaches, and align with the National Health Education Standards, second edition (NHES). In 2016, the State Board of Education approved the new Health Education Standards.

The new Health Education Standards[1] provide a clear, skill-based, and age-appropriate approach to essential health topics that currently impact District students. These standards are grounded in the latest health trends within the District and reflect the Whole School, Whole Community, Whole Child model[2], considered a national best practice in addressing health and academic outcomes. The standards provide an overarching context of what students should know and be able to do to adopt or maintain health- enhancing behaviors.

[1] See Appendix A

[2] The Whole School, Whole Community, Whole Child model combines and builds on traditional elements of coordinated school health by using an ecological approach directed at the whole school, where the school then draws its resources and influences from the community and uses those resources to treat the whole child.

Section 2. Current Behavioral Health Services in Schools and Child Development Centers

In order to develop a District-wide comprehensive plan, it was necessary for the BWG to evaluate the current resources, totally nearly $50 million, allocated to behavioral health services by the different agencies and schools engaged in this work. Table 1 summarizes spending on early childhood and school-based behavioral health services in the District across all agencies, followed by a more in-depth description of each agency's programs and services.

Table 1. Summary of Approximate Spending Across All Agencies

AGENCY	***APPROXIMATE SPENDING***
DEPARTMENT OF BEHAVIORAL HEALTH	$ 8,140,000
DC PUBLIC SCHOOLS	$ 26,775,000
DC PUBLIC CHARTER SCHOOLS	$ 13,725,000
DEPARTMENT OF HEALTH	$ 416,000
TOTAL APPROXIMATE DISTRICT SPENDING	$ 49,056,000

DBH School Mental Health Program (SMHP):

Currently, the Department of Behavioral Health (DBH) has partnerships to provide school-based mental health services in 47 public and 23 public charter schools to address student social/emotional and behavioral health needs to maximize academic achievement. DBH uses a public health model in the DBH School Mental Health Program (SMHP) to organize service delivery. This approach mirrors the Response to Intervention (RTI) perspective in its most general form and was recognized in the "*Behavioral Health for Children, Youth and Families in the District of Columbia,*" the study of the District's public mental health services required in the South Capitol Memorial Act, conducted by Georgetown University.[3]As the report noted, "…a public health approach to children's mental health encourages systems to concentrate the largest portion of their efforts on preventing and promoting mental health and then move up the pyramid to provide more individualized treatments and interventions" (Miles et al., 2010).

A public health approach to children's mental health encourages systems to concentrate the largest portion of their efforts on preventing and promoting mental health and then move up the pyramid to provide more individualized treatments and interventions

Consistent with the RTI model, licensed mental health clinicians with the SMHP offer a range of prevention, early intervention and treatment services, including evidence-based

[3] *"Behavioral Health for Children, Youth and Families in the District of Columbia"* http://dbh.dc.gov/node/1011562

practices, to children and youth ages 3 through 21 years. Thus, the SMHP has the potential to touch every child enrolled in a school where a clinician is assigned; however, only about 1/3 of all schools are currently staffed through the SMHP. Table 2 illustrates the number of SMHP personnel providing services during the 2016 fiscal year at an estimated cost of $8,140,000. The utilization data for the SMHP clinicians is illustrated in Table 3.

Table 2. DBH School Mental Health Service Workforce and FY16 Budget

Provider	*# in Workforce*	*Estimated Salary and Fringe per Employee*
DBH SMHP Clinician	59	$100,000
DBH SMHP Supervisor	5	$115,000
DBH SMHP Program Manager	1	$125,000
DBH Healthy Futures Consultant	8	$100,000
DBH Healthy Futures Program Manager	1	$125,000
DBH Primary Project Associate	20	$ 19,250[4]
DBH Primary Project Manager	2	$115,000

SOURCE: DBH School Mental Health Program 2016

Table 3. SMHP Utilization Data

Student Cohort	*SYR 14-15 FY 15*	*SYR 15-16*
# of students referred to SMHP clinician	2313	2438
# of student walk-ins	3967	3486
# of students on caseload	692	1037
# of students referred to outside services (e.g., housing, food, etc.)	225	260
# of students referred to outside mental health services (CSA/MHA/MCO)[5]	214	156

SOURCE: DBH School Mental Health Program, 2014-2016.

DBH Primary Project and Healthy Futures

The Primary Project Program is an evidence-based, early intervention and prevention program for children in prekindergarten (age 4) through third-grade who are identified as having mild problems with social-emotional adjustment in the classroom. The program screens for identification of need and provides an "intervention" of one-to-one, non-directive play sessions. As shown in Table 4 below, the Primary Project-SMHP Continuum increased its reach in the District in SYR 15-16, with 2,878 public and 2,276 public charter school students screened for a total of 5,154 students across both systems. Additionally, referrals to Mental Health Services triage in SMHP reached 781 and 517 public and public charter school students, respectively, for a total of 1,298 total student referrals in SYR

[4] Salary based on contractual bidding process.
[5] CSA (Core Services Agency); MHA (Mental Health Authority); MCO (Managed Care Organization)

2015-2016. The number of children who completed the Primary Project Program to fidelity during SYR 2015-2016 was 391. There was limited reach in Child Development Centers (CDC), with only 16 children referred to an early childhood consultation group in SYR 2015-2016.

OSSE has signed a Memorandum of Understanding (MOU) with DBH to expand services to the child development centers and homes in the Quality Improvement Network.

Table 4. Primary Project Screening, Referral and Treatment Reach for SYR 2014-2015 and 2015-2016

Student Cohort	*SYR 14-15*	*SYR 15-16*
# of students screened	4775	5154
# of students referred to Mental Health Services	1364	1298
# of students participating in Primary Project	441	419
# of students in Child Development Centers referred to outside mental health services (Kids Comprehensive Services)	22	16

SOURCE: DBH Primary Project Program, 2014-2016.

In the Healthy Futures Program, a mental health professional offers center-based and child and family-centered consultation services to early care and education providers and family members to build skills such as promoting social and emotional development and preventing the escalation of challenging behaviors. Healthy Futures has added 23 new sites to its 26 existing sites and is now in five home based sites. The plan is to increase up to a total of 15 home based sites.

- In SYR 2015-2016, Healthy Futures provided early childhood mental health consultation to 1,943 young children in 130 classrooms in 26 Child Development Centers (CDCs) with a concentration in Ward 8. Healthy Futures operates in CDCs and not in DC public or public charter schools.
- Fifteen percent of all children screened had a behavioral concern.
- Only two children were expelled from the 26 CDCs, which is below the national average of 6.7 per 1,000.
- Among the 54 children involved in child-specific consultation, teachers reported statistically significant reductions in their behavioral concerns and improvements in self-regulation, initiative, and total protective factors after three-four months of consultation.
- A full year of consultation significantly predicted classroom and individual level improvements in behavioral concerns.
- Referrals are made to Strong Start (OSSE) for ages infant to three, and Early Stages (DCPS) from age three for speech, Occupational Therapy, Physical Therapy and behavioral concerns.

District of Columbia Public Schools (DCPS). Overview of Evidence-Based Behavioral Treatments in DCPS (Source: DCPS Mental Health Outcomes Report, SY14-15)

DCPS has achieved meaningful progress in the provision and evaluation of evidence-based behavioral health services in the past few years. DCPS has focused on expanding high-fidelity implementation of evidence-based school mental health services. Evidence-based services provided by DCPS[6] are being evaluated and have been shown to be effective:

- Over 3,000 students are prescribed school-based mental health treatment via an IEP[7].
- Approximately 424 students without an IEP or 504 Plan received school-based mental health services during the 2014-2015 school year.
- 54% of students receiving Child Centered Play Therapy had improvement in Strengths and Difficulties Questionnaire (SDQ) scores.
- Average Child PTSD symptom scores for CBITS[8] participants declined by 41% post-test and by 50% among SPARCS[9] participants.

DCPS currently employs 172 licensed clinical social workers and 110 school psychologists at an approximate cost of $26,775,000. See Table 5 below for additional workforce information.

Table 5. DCPS School Mental Health Workforce and FY16 Budget

Provider	*# in Workforce*	*Estimated Salary and Fringe/Salary Range per Employee*
DCPS School-Based Social Worker	172	$54,975-106,540
DCPS Central Office Social Worker	3	$54,975-106,540
DCPS School-Based Psychologist	110	$54,975-106,540
DCPS Central Office Psychologist	9	$68,677-126,561

[6] See Appendix B for a full list of DCPS Behavioral Treatment Programs
[7] IEP (Individualized Education Plan)
[8] CBITS (Cognitive Behavioral Intervention for Trauma in Schools)
[9] SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress)

District of Columbia Public Charter Schools (DCPCS)

Because the DC Public Charter School Board does not collect information on the types of services charter schools offer, no report is available that summarizes the current services provided by Local Education Agencies (LEAs) overseen by the DC Public Charter School Board. The DC Public Charter School Board did, however, gather data from schools' annual reports and the School Health Profiles to determine the number and types of behavioral health staff the schools employ. Information obtained from the School Health Profiles (2016) and the 2015-2016 School Annual Reports is compiled in Appendix C. Based on average industry salary ranges, these resources are likely to total approximately $13,725,000.

School Based Health Centers (SBHCs)

The Department of Health (DOH) oversees seven of the eight School-Based Health Centers in the District. The SBHCs are located at Anacostia, Ballou, Cardozo, Coolidge, Dunbar, Roosevelt and Woodson High Schools. The eighth center at Eastern High School is operated by Unity Health Care. All sites offer behavioral health services. There are currently no School Based Health Centers at public charter schools.

All of the SBHC vendors are required to offer behavioral health services per the following clauses in the scope of work of the grant agreement:

- A Mental Health Clinician shall provide behavioral health services on-site, at minimum, one full day per week or more, as needed, based on volume and student population need.
- The Grantee shall conduct and/or ensure appropriate assessment, early intervention, treatment, counseling, and other psychiatric referrals are completed.
- The Grantee shall collaborate with DOH, DCPS, and Department of Behavioral Health (DBH) to establish appropriate referral mechanisms to ensure students' connection to behavioral health services, both within school and/or in the community as appropriate.

Currently, through estimated funding of $116,000, mental health clinicians are present 1.5 days/week at Ballou and Dunbar due to volume. In the remaining SBHCs, the mental health clinicians are present 1 full day/week. The SBHCs are equipped with screening and assessment tools which are completed and used to determine referrals to the mental health clinician. Referrals for mental health services are also received from school personnel. No SBHC utilization data are available at this time.

Community Mental Health Organization with DOH Funding to Provide School and Community Based Mental Health Services

Wendt Center for Loss and Healing:
DOH provides funding of approximately $300,000 to the Wendt Center via Title V funding. The center provides Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and Theraplay to children and youth, ages 6 to 17, in school and community based settings in Wards 1 through 8, with a particular focus on Wards 7 and 8. The goal number of enrollees is 300. Through this funding, licensed clinical staff conducts mental health assessments and screenings using the Wendt Center Child Post Traumatic Stress Disorder (PTSD) Symptom Scale (CPSS) and Mood and Feelings Questionnaire (MFQ) and facilitate individual and group counseling sessions.

Core Services Agencies with Memorandums of Agreement with DCPS, DCPCS, or Turnaround for Children[10]

To supplement existing services within specific schools, an LEA may enter into a memorandum of agreement (MOA) with a Core Service Agency or other community-based provider of behavioral health services. CSAs that have Memorandums of Agreement to provide services within DC Public and DC Public Charter Schools include:

- First Home Care (12 DCPS and 4 DCPS/Turnaround)
- Family Matters (1 DCPS)
- Contemporary Family Services (3 DCPS, 1 DCPCS, 1 Private)
- Mary's Center (5 DCPCS, 9 DCPS)

The approximate total cost across these agencies is $3,954,700.

In school year 2015-16, DCPS piloted a central office vetting process for community mental health partnerships to address some core challenges they were experiencing amongst their DCPS schools:

1. Inequity across schools—some schools had several mental health partners, while others did not have any.
2. Misalignment between partners & DCPS staff –partners often worked in isolation from existing related service providers, making it difficult to coordinate and monitor progress.
3. Minimal oversight/accountability –there was little to no accounting for the qualifications of each partner and the type of service they were providing.
4. School and partner communication issues- Principals and administrators reported having limited experience with mental health interventions and were often unclear about the types of support the partners could and could not offer.

[10] Turnaround for Children is an organization that pairs on-site student support capacity with community mental health providers to help build a Multi-Tiered System of Support, train teachers on classroom strategies, and coach leaders to build systems and relational trust with adults.

In school year 2016-17, based on pilot findings and in collaboration with the DCPS Office of General Counsel (OGC), the DCPS School Mental Health Team moved forward with a centralized community mental health partnership vetting and MOA process, now the sole avenue for DCPS principals to enter into service agreements with a community mental health agency. This centralized process ensures that mental health partners are appropriately matched with DCPS schools based on needs and resource gaps. Implementation in schools is supported by the DCPS School Mental Health Team, which ensures that community mental health partners are integrated into the existing service delivery systems.

Section 3. Shared Vision for an Integrated Approach to District-wide Provision of Behavioral Health Services

The BWG endorses a new Comprehensive School Mental Health Program (CSMHP) as the model to expand health services to every public and public charter school in the District. The guiding principle is to develop a unified service delivery framework to maximize the available resources to all students and ensure there is no disparity in resource allocation between similarly situated schools and child development centers.

Achieving the goals of this unified service delivery framework requires:

- Development of a shared vision of behavioral health services for all students.
- Review of current provision of behavioral health services.
- Agreement on a decision framework for identifying proxy of risk at the school level to inform Tier 3 need and recommended supplementing of behavioral health resources across agencies to address building level demands.
- Development of a sustainable interagency coordinating body.
- Ongoing review of behavioral health services and recommended service levels regardless of providing agency.

The New Comprehensive School Mental Health Program Model (CSMHP)

The new CSMHP 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. This model outlines the shared vision of the BWG to make behavioral health services available to all students. The model will enables:

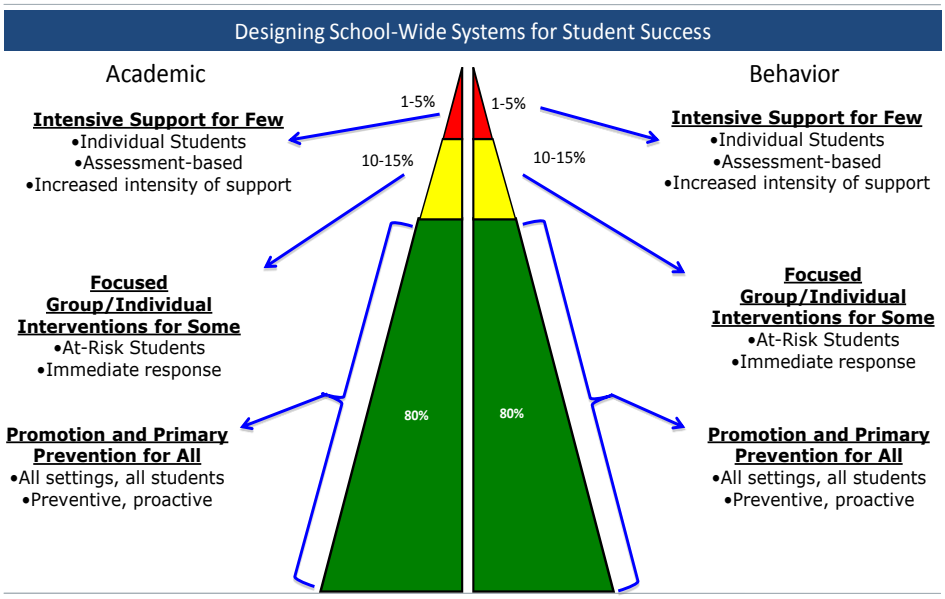
- Better coordination between DCPS, DCPCS, DBH, DOH, and OSSE.
- School-specific program development.
- Increased interaction with a school's behavioral health team and school faculty with direct coordination with principals.
- Greater emphasis on treatment and utilizing evidence-based practices.

This model uses a public health approach as its organizing framework, including:

- Population-based interventions that focus on the mental health and well-being of all children.
- Creating environments that promote and support mental wellness and resiliency.
- Balancing the focus on children's mental health problems with a focus on positive mental health.
- Working collaboratively across service sectors and entities that impact children's well-being to support positive mental health.
- Adapting the strategies employed to the needs and strengths of the children, families and caregivers to be served (Miles, et al., p15).

As shown in Figure 1 below, behavioral health services and supports will be aligned with academic interventions to maximize student achievement.

Figure 1. Comprehensive School Mental Health Program Model



In some schools, the distribution of need for any given level of tiered support may vary from this broad public health approach; however, the general concept of the model still applies regardless of how much effort is needed at each level.

School Leadership Critical To Success

As is the current practice for coordinating and appropriately leveraging the expertise of team members in a school, the principal or designee is responsible for managing all

academic and mental health services with support from the discipline specific management team. Additionally, all staff assigned to the building, including the DBH school-based mental health clinicians, will report to the principal or designee. This approach facilitates integrated and coordinated interdisciplinary collaboration.

Behavioral Health Service Tiers

Levels of tiered services and supports will be offered within each school, In addition, crisis support will be available to all schools from the Child and Adolescent Mobile Psychiatric Service (ChAMPS), the DCPS Crisis Teams, and the DBH/SMHP Crisis Teams for all youth, regardless of the population. Below is a general overview of the tiered levels:

1) Promotion and 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 (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 (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.

4) Follow-up Services and Recovery Supports.

- Follow-up support identified in individualized aftercare plans developed to provide on-going, intermittent support to children/youth who have experienced behavioral health problems will be provided.
- Program examples include parent support groups, peer support groups, development and implementation of individual recovery plans and crisis plans.

Need Determination, Recommendations on Clinical Staff, and Timeline

In addition to school-wide interventions focusing on the mental health and well-being of all children and creating a school environment that promotes and supports student mental wellness and resiliency, the new model will align allocation of clinical services (Tier 2 and Tier 3 services) with the level of need of that school. Using proxy measures, each school will be identified as having low, medium or high need. Schools in the high need category will be recommended to have at least one full-time mental health clinician. Medium and low need schools are recommended to have at least one part-time mental health clinician.

The mental health clinician will be either a school hired provider or a provider who is employed by an outside agency. Depending on a review of the school's current available resources, if an additional clinician is needed, the school leader will either hire from the school's budget or seek an LEA/Community Based Organization Memorandum of Agreement.

A Coordinating Council facilitated by DBH and comprised of some of the same members from the BWG and other recommended individuals, assist in developing and reviewing the need determination process annually or as needed. Initially, school need for PK-12 will be determined using the following data, which are available proxy measures of school-need:

a. **OSSE: At-Risk profile by school**: "At-risk" means a DCPS student or a public charter school student who is identified as one or more of the following: (A) homeless; (B) in the District's foster care system; (C) qualifies for the Temporary Assistance for Needy Families program or the Supplemental Nutrition Assistance Program; or (D) a high school student that is one year older, or more, than the expected age for the grade in which the student is enrolled. https://beta.code.dccouncil.us/dc/council/code/titles/38/chapters/29/

b. **504 Plans:** Number of students in a school with a 504 Plan on file. These plans are accommodations under Section 504 of the Rehabilitation Act for students who are not receiving services under a current Individual Education Plan.

c. **Individual Education Plans (IEP):** Number of students in a school with an IEP on file.

d. **Community Eligibility Provision (CEP) Site Designation**: The Community Eligibility Provision (CEP) allows schools and LEAs to provide free breakfast and lunch to all students and eliminate the burden of collecting household applications to determine eligibility for school meals. CEP school sites are heavily concentrated in lower income areas where 40% or more of the student population qualify for SNAP benefits, TANF or other state supported programs, such as Medicaid.

e. **Attendance rate**: The school attendance rate is a percent calculated as the number of enrolled students that were present on a given school day over the total number of enrolled students at the school. To account for daily fluctuations in student enrollment, a school's attendance rate is calculated over a period of time (i.e. more than a day), as the sum of the number of enrolled students that were present on each school day in the period of time being measured over the sum of the total number of enrolled students at the school for each day in the same period of time.

The above data are considered to be an indicator of need if the school meets or exceeds the below thresholds for the respective data:

a. At-risk = 70% or more of the students meet this measure
b. 504 Plan = 10% or more of the students have a 504 Plan
c. IEPs = 20% or more of the students have an IEP
d. Community Eligibility Provision (CEP) = 40% or more of the students are eligible
e. Attendance Rate = Less than 80%

The initial criteria for school Level of Need determinations, based on the above indicators of need, is as follows:

- School has less than two indicators of need = Low Need
- School has two indicators = Medium Need
- School has more than two indicators or a school has been coded/flagged by OSSE as at-risk = High Need

Recommendations for the Expansion Strategy for Behavioral Health Programs in DC Public Schools, DC Public Charter Schools, and Child Development Centers

The BWG's unified vision for the new service delivery framework leverages existing services and allocates them according to each agency's strength and each school's need. This design is intended to use the resources of the District more effectively and efficiently in the service of providing children and youth in schools and child development centers with the broadest access to behavioral health services.

- Promotion & Primary Prevention Level (Tier 1):
    - DBH, OSSE, and DOH resources will provide Universal (Primary) Prevention and Technical Assistance Services. DBH will also provide secondary prevention through the Primary Project Program-School Mental Health Program continuum.
        - At the beginning of SYR 17-18, the role of the DBH/School Mental Health Program clinician will change in the schools from being responsible for delivering services at each of the primary prevention, early intervention, and treatment levels of service delivery in one or two schools to being responsible for the prevention level and providing technical assistance/support to the principal in schools to which they are assigned.
        - "Tier 1" is defined as Promotion and Primary Prevention Services and Supports. The expanded training of the DBH clinicians will support their prevention work within their school placements to collaboratively address school-based trauma, substance abuse, school culture/bullying/violence prevention, and wellness/ mindfulness. Training slots will also be made available for cross-sector partner training. The expected outcome is to provide value-added services within schools through intervening early and changing the trajectory of students with regard to behavioral health concerns, identifying needs for high level of care and making the appropriate linkages. At the prevention level, DBH's foundation services of knowledge building, awareness promotion, engagement, and support for teachers will be provided in coordination with the school's existing supports and services. The types of activities and interventions that a school may need and that DBH may provide include:
            - implementation of manualized curriculums to entire classrooms;
            - parent workshops;
            - teacher workshops;
            - social skills groups for the students;
            - teacher consultation;
            - universal screening;
            - committee work on school climate and culture initiatives;
            - curriculum based parent education groups;
            - student psycho-education groups;
            - crisis intervention;
            - linkages and care coordination; and
            - networking with and brokering resources for families.

        - The final and cohesive implementation plan for the prevention services provided by DBH in schools will be individualized based on the needs of the school and in coordination with the existing supports and services within the school. The school principal and the

Behavioral Health Team will review and assess the Implementation Plan several times during each school year.

- Focused Group/Individual Interventions Level (Tier 2):
    - DCPS, DCPCS, and DOH resources and potentially Core Services Agencies will provide the Early Intervention (Focused) level of services to the students indicating a need for targeted early intervention.
        - School professionals also serve as members of the early intervention teams (i.e., Response to Intervention (RTI) team, Student Support Team) which are responsible for designing and implementing early intervention activities to reduce barriers to learning.

- Intensive Support Level (Tier 3):
    - The clinical treatment (Intensive) level will be provided by the school-hired clinicians, DOH funded SBHC Mental Health Clinicians or community organization mental health providers, the Core Services Agencies[11] and other community providers where LEAs have established Memorandums of Agreement.
    - The DBH clinicians will continue to work collaboratively with the clinicians from the Core Services Agencies and other school and community providers. Technical assistance will also be provided by DBH to the Core Services Agencies to support the best practices of the service delivery. Currently, interagency collaboration and discussions also are occurring related to the development of policies and procedures that will facilitate care coordination and data sharing.
    - As the DC Department of Health Care Finance (DHCF) continues to provide updates on the expansion of Medicaid Reimbursement for school-based services, DBH will also be equipped to provide technical assistance as it relates to billing behavioral health services in schools.
    - A Stakeholder Engagement Plan is in the final stages of development and approval. Engagement regarding the new school based behavioral health model and the role of each involved agency/stakeholder will begin in May, 2017 and continue through SYR 17-18.

Early Childhood Education

Continued expansion of early childhood mental health consultation in Child Development Centers through the *Healthy Futures Program* will occur through available funding from the Office of the State Superintendent of Education (OSSE). The *Healthy Futures Program* has added 23 new sites to its 26 existing sites and is now in 5 home based sites. The plan is to increase up to a total of 15 home based sites. *Primary Project* will continue to function through available local funding and will support the pre-kindergarten (age 4) through 3rd Grade population's social-emotional adjustment in identified schools and child development centers.

[11] See Appendix D for a list of Core Services Agencies.

Additionally, DBH was recently awarded a System of Care Demonstration Grant to bolster the capacity of the early childhood mental health services in the District's System of Care through the DC Social, Emotional and Early Development (DC SEED) Program. One of the major grant activities is to ensure that 100% of Child Development Centers in the District have access to individualized early childhood mental health phone consultations by 2020, which is in-line with and supports the comprehensive plan's goals.

Next Steps

Immediate/Short-term Steps

1. A Stakeholder Engagement Plan is in the final stages of development and approval. Engagement regarding the new school based behavioral health model and the role of each involved agency/stakeholder will begin in May, 2017 and continue through SYR 17-18.

Mid-term (6 months)

1. Sign Amended Memorandum of Agreement (MOA) for data sharing and targeted provision of behavioral health services between DBH, OSSE, DCPS, DCPCS, DHCF, and other parties as appropriate
2. This amendment will build on the existing MOA with a focus on integrating behavioral health into the scope of preventive health services. **Key provisions include:**
    a. OSSE will maintain dataset with school-level surveillance (YRBS and other systems), current behavioral health resources, and treatment and prevention activities, including data on school-aged youth and early childhood development centers. OSSE will maintain the dataset and ensure its accuracy with attention to current gaps in the school health profile dataset
    b. DCPS, DCPCS, PCSB and OSSE will provide ongoing access to existing datasets and/or school contact information
    c. DCPS, DCPCS to facilitate access to school principals and other leadership to conduct annual 1-hour survey on school level behavioral health services and principal-assessed need
    d. The Coordinating Council (facilitated by DBH and comprised of some of the same members from the BWG and other recommended individuals) will provide assistance in the review of the prioritization plan annually or as needed using principal survey and existing data sources with input from OSSE, DCPS, DCPCS, and PCSB
3. Develop implementation plan for the public health model of behavioral health service provision that includes the services of all of the members of the Behavioral Health team within the school or child development center

Long-term

1. Annual principal survey and ongoing review of current behavioral health services and recommended service levels in line with MOA
2. Ongoing evaluation of cost and benefit of new services

Conclusion

This comprehensive school-based behavioral health plan is designed to provide a shared and unified vision for allocating new and existing school-based behavioral health services for all public and public charter students and an expansion of early childhood mental health consultation in the child development centers for the District of Columbia. The BWG's unified vision for the new service delivery framework leverages existing services and allocates them according to each agency's strength and each school's need. This design is intended to use the resources of the District more effectively and efficiently in the service of providing children and youth in schools and child development centers with the broadest access to behavioral health services. A Stakeholder Engagement Plan has been developed and will be implemented during the remainder of the SYR 16-17 to provide stakeholder communication, education, and engagement prior to the SYR 17-18 roll-out of plan.

Through OSSE's funding support, the reach of DBH's early childhood mental health consultation program (Healthy Futures) in the child development centers continues to expand. The additional capacity of providing access to individualized early childhood mental health phone consultations to the breadth of child development centers in the District will be facilitated through the DC SEED Program.

Measures utilized for priority setting and allocation of resources will initially be based on available data and will continue to be refined. This unified service delivery framework is rooted in the guiding principle that by building on and connecting to existing services we can maximize the reach of and make behavioral health resources available to all students, making the District a leader in supporting students and addressing their behavioral health needs.

References

1. Miles, J., Espiritu, R.C. Horen, N., Sebian, J, Waetzig, E. (2010). *A Public Health Approach to Children's Mental Health: A Conceptual Framework.* Washington, D.D.: Georgetown University Center for Child and Human Development.

2. Office of the State Superintendent of Education (OSSE) (2016). *Health Education Standards.* Washington, D.C.: District of Columbia.

APPENDIX A. 2016 Health Education Standards[12]

Strand Definitions

Strands: *The strands provide an overarching context of what students should know and be able to do to adopt or maintain health- enhancing behaviors.*

Rationale: *Illustrates the importance of each strand and is intended to provide additional clarity, direction, and understanding*

Strand 1: Health Promotion
Students will comprehend concepts related to health promotion and disease prevention to enhance health.

The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This strand includes essential concepts that are based on established health behavior theories and models.

Strand 2: Analyzing Influences
Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Health is affected by a variety of positive and negative influences within society. This strand focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviors among youth, including personal values, beliefs, and perceived norms.

Strand 3: Accessing Information
Students will demonstrate the ability to access valid information, products, and services to enhance health.

Access to valid health information and health-promoting products and services is critical in the prevention, early detection, and treatment of health problems. This strand focuses on how to identify and access valid health resources and to reject unproven sources. Application of the skills of analysis, comparison, and evaluation of health resources empowers students to achieve health literacy.

Strand 4: Communication
Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

[12] 2016 Health Education Standards https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2016%20Health%20Education%20Standards_0.pdf

Effective communication enhances personal, family, and community health. This strand focuses on how responsible individuals use verbal and non-verbal skills to develop and maintain healthy personal relationships. The ability to organize and to convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

Strand 5: Decision-Making
Students will demonstrate the ability to use decision-making skills to enhance health.

Decision-making skills are needed to identify, implement, and sustain health-enhancing behaviors. This strand includes the essential steps that are needed to make healthy decisions as prescribed in the performance indicators. When applied to health issues, the decision making process enables individuals to collaborate with others to improve their quality of life.

Strand 6: Goal-Setting
Students will demonstrate the ability to use goal-setting skills to enhance health.

Goal-setting skills are essential to help students identify, adopt, and maintain healthy behaviors. This strand includes the critical steps that are needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

Strand 7: Healthy Behaviors
Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Research confirms that practicing health-enhancing behaviors can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. This strand promotes the acceptance of personal responsibility for health and encourages the practice of healthy behaviors.

Strand 8: Advocacy
Students will demonstrate the ability to advocate for personal, family, and community health.

Advocacy skills help students promote healthy norms and healthy behaviors. This stand helps students develop important skills to target their health-enhancing messages and to encourage others to adopt healthy behaviors.

APPENDIX B. DCPS Evidence-Based Behavioral Treatments SY14-15

Program	*Description*	*First Year in DCPS*	*Targeted Population*	*Participants in SY14-15*
Cognitive Behavior Intervention for Trauma in Schools (CBITS)	Treatment is meant to reduce Post Traumatic Stress Disorder (PTSD) symptoms, depression, and general anxiety among children exposed to community violence and trauma and improve children's abilities to handle stress and trauma in the future. Treatment is based on the framework of cognitive–behavioral theory (CBT).	SY11-12	Students aged 11-20 experiencing symptoms of PTSD	141
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	SPARCS focuses on enhancing resilience through the development of important self-regulatory, problem solving, and communication skills for adolescents with social and emotional impairments related to "complex trauma"	SY11-12	Students aged 12-20 who have experienced traumatic event(s) without significant cognitive impairment	441
Play Therapy	Teaches children how to self-regulate emotions and develop improved executive functioning skills through the use of play.	SY13-14	Students aged 3-10	170
Cognitive Behavior Treatment (CBT)	CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel.	SY13-14	Students aged 11-20 showing emotional distress or difficulty functioning	338
Art Therapy	Uses practices of art creation using various mediums to help students heal through the use of	SY14-15	Students aged 5-18	145

	creative expression and imagination			
Theater Troupe	Using theater arts as the vehicle for peer education, theater Troupe provides prevention education in the schools and community on a variety of health topics, including alcohol and marijuana abuse	SY15-16	Students age 11-20	Pilot: 2 High Schools
Grief and Trauma Intervention for Children (GTI)	GTI utilizes cognitive behavioral and narrative therapy strategies to ameliorate symptoms of PTSD in children who have experienced violent acts or traumatic grief.	SY15-16	Students aged 6-11	Pilot program - Elementary

APPENDIX C. DC Public Charter Schools

Name of School	Grades	Campus	OSSE School health profile	School Annual Report
Achievement Prep. Acad. PCS	Elementary	N/A	Counselor	Mental health
Achievement Prep. Acad. PCS	Middle	N/A	Counselor	Mental health
Apple Tree PCS	Pre-K	Columbia Heights	N/A	Social worker
Apple Tree PCS	Pre-K	Douglass Knoll	Social Worker	Social worker
Apple Tree PCS	Pre-K	East Capitol	Social Worker	Social worker
Apple Tree PCS	Pre-K	Lincoln	Social Worker	Social worker
Apple Tree PCS	Pre-K	Southeast	N/A	Social worker
Apple Tree PCS	Pre-K	Southwest	N/A	Social worker
Basis PCS	K-8	N/A	Psychologist	Psychologist
Bridges PCS	Pre-K	N/A	Psychologist, Social worker	Behavior intervention lead, Therapist
Capital City PCS	HS	N/A	Psychologist	Counselor
Capital City PCS	Middle	N/A	Psychologist	Counselor
Capital City PCS	Pre-K	N/A	Psychologist	Counselor
Cedar Tree Academy PCS	Middle	N/A	Counselor	Counselor
Center City PCS	K-8	Brightwood	N/A	Counselor
Center City PCS	K-8	Capitol Hill	Counselor	Counselor
Center City PCS	K-8	Congress Heights	Social worker, Counselor	Counselor
Center City PCS	K-8	Petworth	Counselor	Counselor
Center City PCS	K-8	Shaw	Psychologist	Social worker
Center City PCS	K-8	Trinidad	N/A	Social worker
Cesar Chavez PCS	Middle	Chavez Prep	Social worker	Social worker
Cesar Chavez PCS	Middle	Parkside	Psychologist, Social worker	Social worker
Cesar Chavez PCS	HS	Capitol Hill	Social worker	Social worker
Cesar Chavez PCS	HS	Parkside	Psychologist, Social worker, Counselor	Social worker
Creative Minds PCS	Elementary	N/A	Counselor	Counselor
DC Bilingual PCS	Elementary	N/A	Counselor	Counselor
DC International PCS	Middle	N/A	Psychiatrist, Counselor, Psychologist	Social worker

Name of School	Grades	Campus	OSSE School health profile	School Annual Report
DC Prep PCS	Middle	Benning	Psychologist, Psychologist, Counselor	Psychologist
DC Prep PCS	Middle	Edgewood	Psychologist, Counselor, Psychiatrist	Psychologist
DC Prep PCS	Elementary	Edgewood	Psychologist, Counselor, Psychiatrist	Psychologist
DC Prep PCS	Elementary	N/A	Psychiatrist	Psychologist
DC Prep PCS	K-8	N/A	N/A	Psychologist
DC Scholars PCS	K-8	N/A	N/A	N/A
Democracy Prep PCS	Elementary	Congress Heights	Psychologist, Social worker	Psychologist, Social worker
E.L. Haynes PCS	Elementary / HS	Kansas Avenue	Psychologist, Social worker, Counselor	Therapist, Behavior intervention coordinator
E.L. Haynes PCS	Middle	Georgia Ave	Psychologist, Social worker, Counselor	Therapist, Behavior intervention coordinator
Eagle Acad. PCS	Elementary	McGogney	Psychologist, Social worker, Counselor	Social work
Eagle Acad. PCS	Elementary	NJ Ave	Social Worker, Psychologist, Counselor	Therapist
Early Childhood Acad. PCS	Elementary	N/A	Psychologist	N/A
Elsie Whitlow Stokes PCS	Elementary	N/A	Psychologist	Psychologist
Excel Acad. PCS	Elementary	N/A	Psychologist, Social worker	Social worker
Friendship PCS	K-8	N/A	Counselor	Psychologist, Counselor, Social worker
Friendship PCS	Elementary	Blow Pierce	Psychologist, Counselor	Psychologist, Counselor, Social worker
Friendship PCS	Elementary	Chamberlain	Psychologist	Psychologist, Counselor, Social worker
Friendship PCS	Elementary	Southeast	Psychologist, Counselor	Psychologist, Counselor, Social worker
Friendship PCS	Elementary	Woodridge	Psychologist, Counselor	Psychologist, Counselor, Social worker

Name of School	Grades	Campus	OSSE School health profile	School Annual Report
Friendship PCS	Middle	Blow Pierce	Psychologist	Psychologist, Counselor , Social worker
Friendship PCS	Middle	Chamberlain	Counselor	Psychologist, Counselor , Social worker
Friendship PCS	Middle	Woodridge	Psychologist, Counselor	Psychologist, Counselor , Social worker
Friendship PCS	Middle	Technology Prep	Psychologist, Counselor	Psychologist, Counselor , Social worker
Friendship PCS Online	K-8	Online	Licensed Professional Counselor	Counselor
Friendship PCS	HS	Collegiate Acad.	Psychologist, Counselor	Psychologist, Counselor
Harmony DC PCS	Elementary	N/A	Psychologist	N/A
Hope Community PCS	K-8	Lamond	Psychologist,	Psychologist
Hope Community PCS	K-8	Tolson	Psychologist, Counselor	Psychologist
Howard University Middle School of Math & Science PCS	Middle	N/A	Psychologist, Counselor	Counselor
Ideal Academy PCS	K-8	N/A	Psychiatrist	Social worker
Ingenuity PCS	K-8	N/A	Psychologist	Psychologist
Inspired Teaching Demonstration PCS	Elementary	N/A	Psychologist, Social worker	Psychologist
Integrated Design & Electronic Acad. PCS	Middle	N/A	N/A	Social worker
Kingsman Academy PCS	Middle	N/A	Social Worker, Psychologist, Counselor	Mental health counselor, Psychologist, Therapist, Social worker
KIPP DC PCS	Pre-K	Connect Academy	Psychologist, Social worker	N/A
KIPP DC PCS	Pre-K	Grow	Psychologist, Social worker	N/A
KIPP DC PCS	Pre-K	Leap	Psychologist, Social worker	N/A
KIPP DC PCS	K-8	Spring	Social worker, Psychologist	N/A

Name of School	Grades	Campus	OSSE School health profile	School Annual Report
KIPP DC PCS	Elementary	Heights	Psychologist	N/A
KIPP DC PCS	Elementary	Lead	Psychologist	N/A
KIPP DC PCS	Elementary	Promise Academy	Psychologist	N/A
KIPP DC PCS	Elementary	Quest Academy	Psychologist, Social worker	N/A
KIPP DC PCS	Middle	Aim Academy	Psychologist	N/A
KIPP DC Arts & Technology PCS	Elementary	N/A	Psychologist	N/A
KIPP DC PCS	Middle	Key Academy	Psychologist	N/A
KIPP DC PCS	Middle	N/A	Social worker	N/A
KIPP DC PCS	Middle	Will	Psychologist, Social worker	N/A
KIPP DC PCS	Middle	Northeast	Psychologist, Social worker	N/A
KIPP DC PCS	Middle	Valor Academy	Psychologist	N/A
KIPP DC PCS	HS	College Prep	Psychologist, Social worker	N/A
Latin American Montessori Bilingual (LAMB) PCS	Elementary	N/A	Social worker, Psychologist	Counselor, Therapist
LAYC Career Acad. PCS	Adult	N/A	Psychologist, Counselor	Counselor
Lee Montessori PCS	Elementary	N/A	Social worker	N/A
Mary McLeod Bethune PCS	K-8	N/A	Psychologist	N/A
Maya Angelou PCS	HS	Evans	Counselor, Social worker	Counselor
Meridian PCS	K-8	N/A	N/A	Counselor
Monument Academy PCS	Middle	N/A	Psychologist, Social worker, Psychiatrist	Behavior support, Well-being Counselor
Mundo Verde Bilingual PCS	Elementary	N/A	Psychologist	N/A
National Collegiate	HS	N/A	Social worker	Counselor, Psychologist
Paul PCS	Middle	N/A	Psychologist, Social worker	Counselor, Psychologist
Paul PCS	HS	International	Psychologist, Social worker	Counselor, Psychologist

Name of School	Grades	Campus	OSSE School health profile	School Annual Report
Perry St. Prep. PCS	K-8	N/A	Counselor	Counselor
Richard Wright PCS	Middle	N/A	Psychologist	Psychologist
SEED PCS	Middle	N/A	Social worker, Psychologist, Psychiatrist	Life skills Counselor
Sela PCS	Elementary	N/A	Psychologist, Counselor	N/A
Shining Stars Montessori PCS	Pre-K	N/A	N/A	Not listed on AR
Somerset Prep. Acad. PCS	Middle	N/A	Social worker, Counselor,	Social worker, Behavior specialist
St. Coletta Special Education PCS	Elementary	N/A	Social worker	Social work, Behavior assistant, Therapist
The Children's Guild PCS	K-8	N/A	Psychologist, Social worker	Not listed on AR
The Next Step PCS	YAL	N/A	Social worker	Not listed on AR
Roots PCS	K-8	N/A	N/A	Psychology
Thurgood Marshall Academy PCS	HS	N/A	Social worker	Not listed on AR
Two Rivers PCS	K-8	Fourth St.	Counselor	Counselor
Two Rivers PCS	Middle	Fourth St.	Psychologist, Social worker, Counselor	Counselor
Two Rivers PCS	PK - 2	Young	Social worker, Counselor	Counselor
Washington Global PCS	Middle	N/A	Psychologist, Social worker	Social worker
Washington Latin PCS	Middle	N/A	Psychologist	Psychologist, Student support, Counselor
Washington Latin PCS	HS	Upper	Psychologist	Psychologist, Student support, Counselor
Washington Math Science Technology PCS	HS	N/A	N/A	Not listed on AR
Washington Yu Ying PCS	Elementary	N/A	Social worker	Counselor
William E. Doar Jr. (Now City Arts & Prep PCS)	K-8	N/A	Social worker	Not listed on AR

APPENDIX D. Core Services Agencies

Name of Agency	Address	Phone
Community Connections, Inc.	2300 Martin Luther King Ave. SE 5th Floor Washington, DC 20020	202-465-4065
Contemporary Family Services, Inc.	6323 Georgia Ave., NW Washington, DC 20011	202-525-1527
Family Matters of Greater Washington	1301 Pennsylvania Ave., SE Washington, DC 20003	202-548-7308
Family Wellness	2526 Pennsylvania Ave., SE Unit C Washington, DC 20020	202-748-5641
First Home Care Corporation	1012 14th St. NW Suite 1400 Washington, DC 20005	202-737-2554
Hillcrest Children & Family Center	915 Rhode Island Ave., NW Washington, DC 20001 and 3029 Martin Luther King Jr. Ave., SE 2nd Floor Washington, DC 20032	202-232-6100 202-232-6100 ext. 2914
Inner City Family Services	2307 Martin Luther King Jr. Ave., SE Washington, DC 20020	202-525-4855
Latin American Youth Center	1419 Columbia Rd., NW Washington, DC 20009	202-319-2225
Life Enhancement Services	1818 New York Ave., NE Suite 115 Washington, DC 20002	202-388-4300
Mary's Center	2333 Ontario Rd., NW Washington, DC 20009	202-483-8196
MD/DC Family Resource (for DC Youth in Child Welfare)	6192 Oxon Hill Road Suite Oxon Hill, MD 20745 or 903 Brightseat Rd. Landover, MD 20785	301-567-8311 301-333-2980
Mental Health Services Division	Parent Infant Early Childhood Enhancement (P.I.E.C.E.) Program Psychiatry Practice Group (PPG) 821 Howard Rd, SE Washington, DC 20020	202-698-1838
MBI Health Services	4130 Hunt Pl., NE Washington, DC 20009 or 2041 Martin Luther King Jr. Ave., SE Suite 205 Washington, DC 20003	202-388-4300 202-547-8450
PSI	770 M St., SE Washington, DC 20003	202-547-3870