Clark County School District (CCSD) Mental Health Project

Governor's Advisory Council on Behavioral Health and Wellness April, 2014



NI	# of Students	Demographic Group
N	445,381	Total Enrollment
Е	49,102	IEP
	66,396	ELL
V	222,324	FRL
A	4,961	American Indian/Alaskan Native
	25,243	Asian
D	43,338	Black/African American
A	5,744	Hawaiian or Other Pacific Islander
A	178,081	Hispanic/Latino
	24,276	Multiracial/Multiethnic
	163,736	White

Demographics 2012-2013

Clark County School District		
% of State	of State Demographic Group	
69.83%	Total Enrollment	
67.61%	IEP	
77.17%	ELL	
74.78%	FRL	
32.67%	American Indian/Alaskan Native	
82.17%	Asian	
86.73%	Black/African American	
79.82%	Hawaiian or Other Pacific Islander	
76.58%	Hispanic/Latino	
76.60%	Multiracial/Multiethnic	
55.90%	White	

CCSD Demographics 2012-2013

Total Enrollment: 311,029

Special Education 33,196 (10.7%)

Limited English Proficiency 51,227 (16.5%)

Free & Reduced Lunch 166,245 (53.5%)

CCSD Graduation Rates:

General Education 71%

Special Education 25%

CCSD Data - Mental Health Needs 2012-2013

778 - Suicide Intervention Protocols

High/Imminent 189 (24.3%)

Moderate 198 (25.4%)

Low/No Risk 391 (50.3%)

60 - CCSD Legal 2000 Procedures

Response to Instruction (RTI) Defined:

A multi-tiered system of support for continuous school improvement. The goal is increased academic achievement and behavioral outcomes for all students.

The practice of providing high-quality instruction and intervention matched to students' needs and using learning rate over time and level of performance to make important instructional decisions.

(National Association of State Directors of Special education Policy Guide)

RESPONSE TO INSTRUCTION FRAMEWORK (Academic and Behavior)

- Collaborative problem solving
- Data-based decision making

Ongoing professional development

Intensity of Resources and Services

Parent/Guardian communication

Tier III

Access to the general education curriculum

Additional intensive, focused interventions

Intensive behavior intervention for individual students

Progress monitoring

Tier II

Access to the general education curriculum

Additional individualized and small group intervention

Targeted behavior support for students at risk

Progress monitoring

Tier I

Access to the general education (standards based) curriculum for All students

High-quality, differentiated instruction

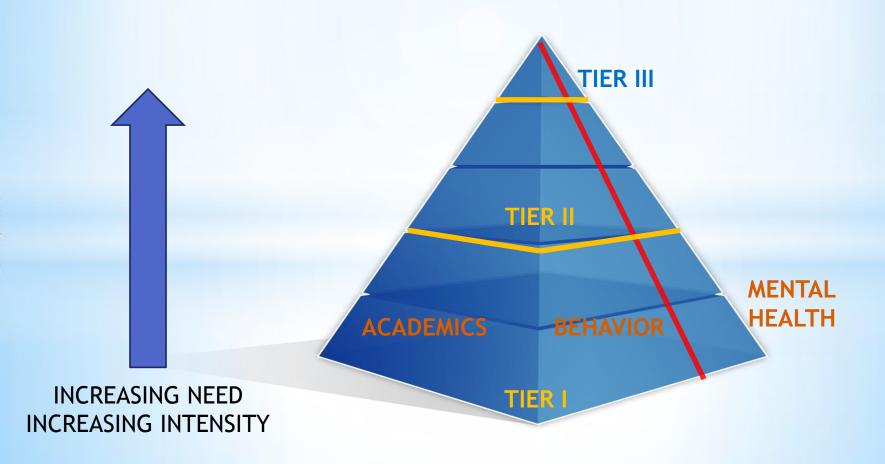
Schoolwide and classroom Positive Behavioral Interventions and Supports Model and expectations to include effective classroom management

Screening/benchmarking and progress monitoring

RTI Framework for Continuous Improvement - Natural Progression

- Elementary school development proceeds faster than secondary development
- General education development proceeds faster than special education development
- Academic supports develop faster than supports for social/emotional/behavioral functioning

EXPANDED RTI FRAMEWORK: Interconnected Systems that Address Academics, Behavior, and Mental Health Needs



RTI Framework for Continuous Improvement - Next Steps

- Goal: Develop RTI services and supports to address the social/emotional/behavioral needs of all students
- Goal: Simultaneously develop services and supports to address the mental health needs of all students
 - For mental health: Use limited resources and personnel in a selective and strategic manner
 - Move from reactive intervention to education and other prevention efforts

Project Goal #1:

Develop and coordinate mental health services among CCSD division partners.

Project Goal #2:

Develop partnerships between schools and mental health providers in the community to implement school-based and school-linked interventions for children identified with mental health care needs.

- 1) Conduct Mental Health Screenings
- 2) Strengthen School-Based Crisis Response Teams
- 3) Provide Hospital Transition Supports
- 4) Expand School-Based Health Centers
- 5) Create Positive Behavioral interventions and Supports
- 6) Expand Anti-Bullying Efforts

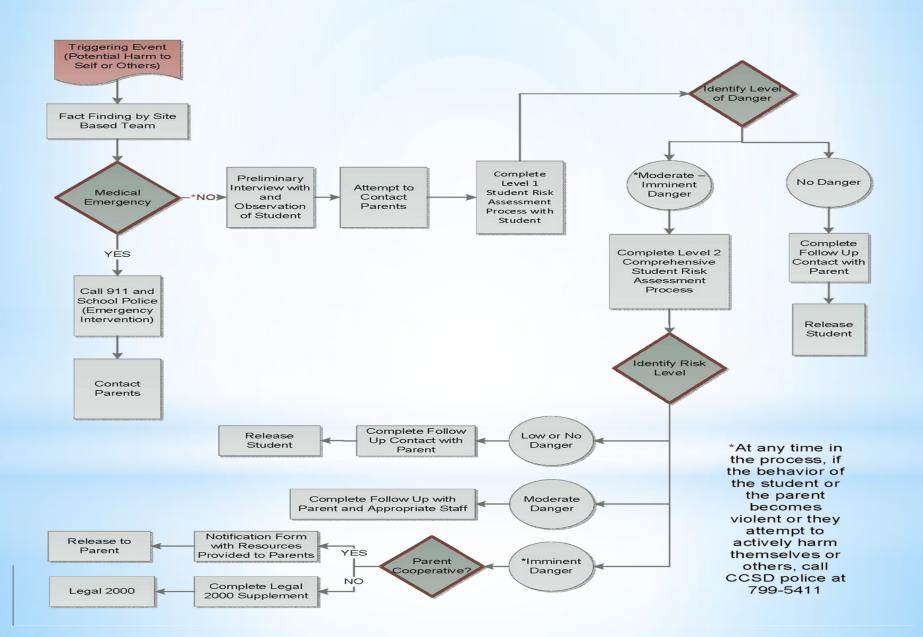
- 1) Mental Health Screenings
 - a) Signs of Suicide (SOS) School Intervention Model14 CCSD secondary schools (spring 2012 spring 2013)20,000 students screened
 - b) Signs of Suicide (SOS) Education Model 8th and 9th grade health classes in all secondary schools
 - C) AB386 Pilot Program for Mental health Screening BESS/BASC-2 in 8th grade classes in 2 CCSD middle schools

- 2) Strengthen School-Based Crisis Teams School Counselors, School Nurses, and School Psychologists
 - a) Review/Revise/Train on Procedures

 Suicide Intervention Protocol; Legal 2000 procedures
 - > All staff (2012-2013)
 - > Updated procedures (2013-2014)
 - > Team building (2014-2015)
 - CCSD is collaborating with the Nevada Department of Child and Family Services (DCFS) for their implementation of a Mobile Crisis Response Team

Note: CCSD has a limited number of School Social Workers

Mental Health Crisis Flowchart



C) SOS Program "Trusted Adult" Video

Increase awareness and sensitivity to students presenting with suicidal ideation.

Video Clip

- 3) Mental Health Transition Support Team
 - Estimate that approximately 150 students transfer from local hospitals/treatment centers to CCSD schools per month
 - a) Initial Team School Psychologist & School Social Worker
 - b) Five Local Hospitals and Juvenile Justice Services (out of state placements)
 - C) Focus on Hospital, parent, school Communication & Collaboration
 - d) CCSD is actively collaborating with the Clark County Children's Mental Health Consortium and Nevada PEP. The CCSD Mental Health Transition Support Team is expected to be operational by fall 2014.

- 4) School-Based Health Centers
 - a) 4 sites offering health services under standard agreements
 - b) 3 sites offering vision exams and glasses
 - C) 4 sites offering health services in collaboration with the University of Nevada School of Medicine
 - d) One site offering health services plus mental health screenings
 - e) 2 sites and multiple satellite sites offering preventative dental care services.

- 5) Positive Behavioral Interventions and Supports (PBIS)(Safe & Civil Schools, INC.)
 - a) School-wide efforts (technical guidance for CCSD schools; pilot program)
 - b) Classroom management efforts (pilot program)
 - C) Expanding implementation and training targets over time

- 6) Expand Anti-Bullying Efforts
 - a) Training Activities Curriculum and Professional Development CPD, Education Services Division ESD, Equity & Diversity e.g., 2013-2014 Mandatory Staff Trainings (All administrative, Licensed, and Support Staff)
 - b) A CCSD Task Force has been formed to help advise the CCSD Superintendent on future goals and actions related to antibullying.

Mental Health Project Plan -Active Communication & Collaboration

CCSD Partners

- * 21st Century Department
- * CCSD Emergency Management Council
- * Early Childhood Special Education
- * Equity and Diversity Education
- Guidance and Counseling
- * Health Services
- * Instruction Unit
- * Psychological Services
- * Related Services
- Safe and Drug Free Schools
- * Signs of Suicide (SOS) Advisory Group
- * Student Threat Evaluation & Crisis Response
- * Wraparound Services
- * School Police
- *Legal Department

Community Stakeholders

- * Clark County Children's Mental Health Consortium
- * Community Mental & Behavioral Health Providers
- * Communities in Schools
- * Department of Family Services
- * Juvenile Justice Services
- * NV Children's Behavioral Health Consortium
- * NV Office of Suicide Prevention
- * NV PEP and other Parent Support Groups

Kristine R. Minnich
Assistant Superintendent
Student Services Division
Clark County School District
KRM130@interact.ccsd.net

Robert C. Weires
Director I, Psychological Services
Student Services Division
Clark County School District
weirerc@ interact.ccsd.net