



IBHS Coordinating Council Meeting


February 19, 2021



City of
Philadelphia



Agenda

- I. Welcome & Introductions
 - II. Background on Intensive Behavioral Health Services (IBHS)
 - III. Goals of IBHS
 - IV. Current Landscape
 - V. Coordinating Council Function and Roles
 - VI. DC Coordinating Council Overview
 - VII. Next Steps
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Welcome & Introductions

Please state your:

- Name
- Organization
- Area of Expertise





IBHS Background

Intensive Behavioral Health Services (IBHS)

OMHSAS established new regulations for IBHS to replace Behavioral Health Rehabilitation Services (BHRS) and School Therapeutic Services (STS) to **improve access and quality of care** for children.

Pennsylvania's Department of Human Services adopted new licensing standards and program requirements for providers to deliver IBHS to children, youth and young adults under 21 years of age with a behavioral health diagnosis. The new **IBHS regulations** were **promulgated** in **October 2019**.

Over 10,000 youth were served by **BHRS** and **STS in CY 2018**. However, historically, neither **BHRS nor STS have required evidence-based treatments** and have scant research to support their efficacy.





IBHS

- This is both a **licensing change** at the **state level as well as a programmatic change** CBH is making in Philadelphia.
- **IBHS will be available in all Philadelphia public schools, including the 17 Community schools.** It will enhance the services in the Community Schools and there will be meaningful collaboration between the IBHS provider and the Community School coordinator.






Services Available in Schools and Community

Services will be present in schools based on clinical and school climate needs

- Care Coordinator (CC)
- Family Peer Specialist (FP)
- Clinical supervisory staff
- Behavior Consultant (BC)
- Mobile Therapist (MT)
- Behavioral Health Technician (BHT)

Evidence-Based Treatments:

- Cognitive Behavioral Therapy (CBT)
 - Cognitive Behavioral Therapy for Trauma in Schools (CBITS) & Bounce Back
 - Bridge
- 




Regionalization

Value Added

- Increased efficiency
- Reduction in duplication
- Scaled services
- Concentration of expertise and resources
- Access to an array of services
- Improved connections and relationships

Guiding Principles

- Providers serve one region only
 - Flexibility to assign providers a mixture of climate tiers, utilization rates, numbers and levels of schools
 - Clarity of boundaries between regions (i.e. zip code specific)
- 



Goals for IBHS

(as developed by UPENN, SDP and CBH)



Goals of IBHS


Serve more children, more immediately and earlier in their need, to avoid the need for more intensive services

Build the capacity of adults in the school building to address the social, emotional and behavioral health needs of youth

Increase use of **Evidence Based Practices**

Reduce the number of providers in a school to increase quality and consistency

Reach more **high school** aged youth





Student Outcomes

- Decreased disruptive behavior and externalizing symptoms
- Decreased internalizing symptoms, including depression and suicidal ideation
- Improved social functioning, including peer relationship, feeling supported at school


Teacher Outcomes

- Increased skill in classroom strategies to manage challenging student behavior
- Improved understanding of why challenging student behavior occurs
- Increased social support, decreased burnout

School leadership outcomes

- Improved ability to effectively manage the role of behavioral health programs in the school

School Support Staff Outcomes

- Increased skill in using concrete strategies to interact effectively with students
 - Improved understanding of why challenging student behavior occurs
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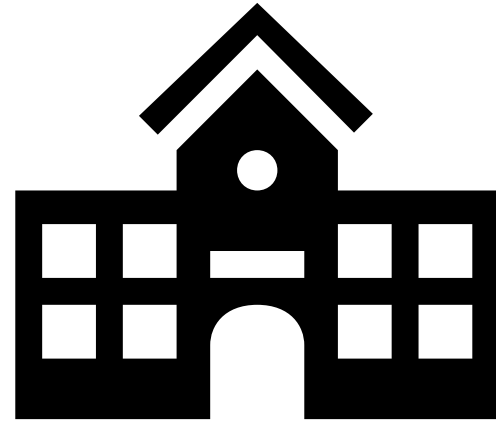


Current Landscape



Current state

- Provider/School relationships
- Covid-19 Response
- APA

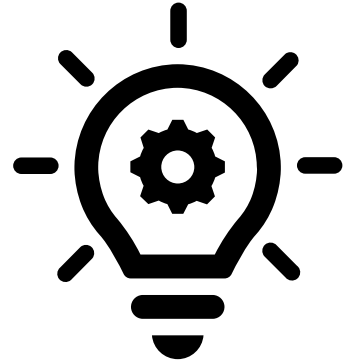




IBHS Coordinating Council

Purpose of IBHS Coordinating Council

The purpose of the IBHS Coordinating Council is to support implementation, facilitate coordination of services, and help provide input on enhancements and changes to the regionalized IBHS model moving forward.



Roles and Responsibilities

- Chair and co-chair
- CBH Staff support
- Member





DC Coordinating Council

Collaborating to Advance Comprehensive School Behavioral Health Systems in Washington, DC

Olga Acosta Price, PhD

Associate Professor and Director

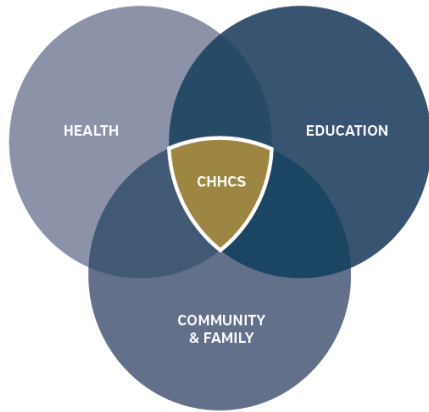
The Center for Health & Health Care in Schools (CHHCS)

Milken Institute School of Public Health, Department of
Prevention and Community Health, the George
Washington University



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WASHINGTON, DC

Center for Health and Health Care in Schools



Vision: We envision a society where school and community environments foster health and opportunities for all students to thrive.

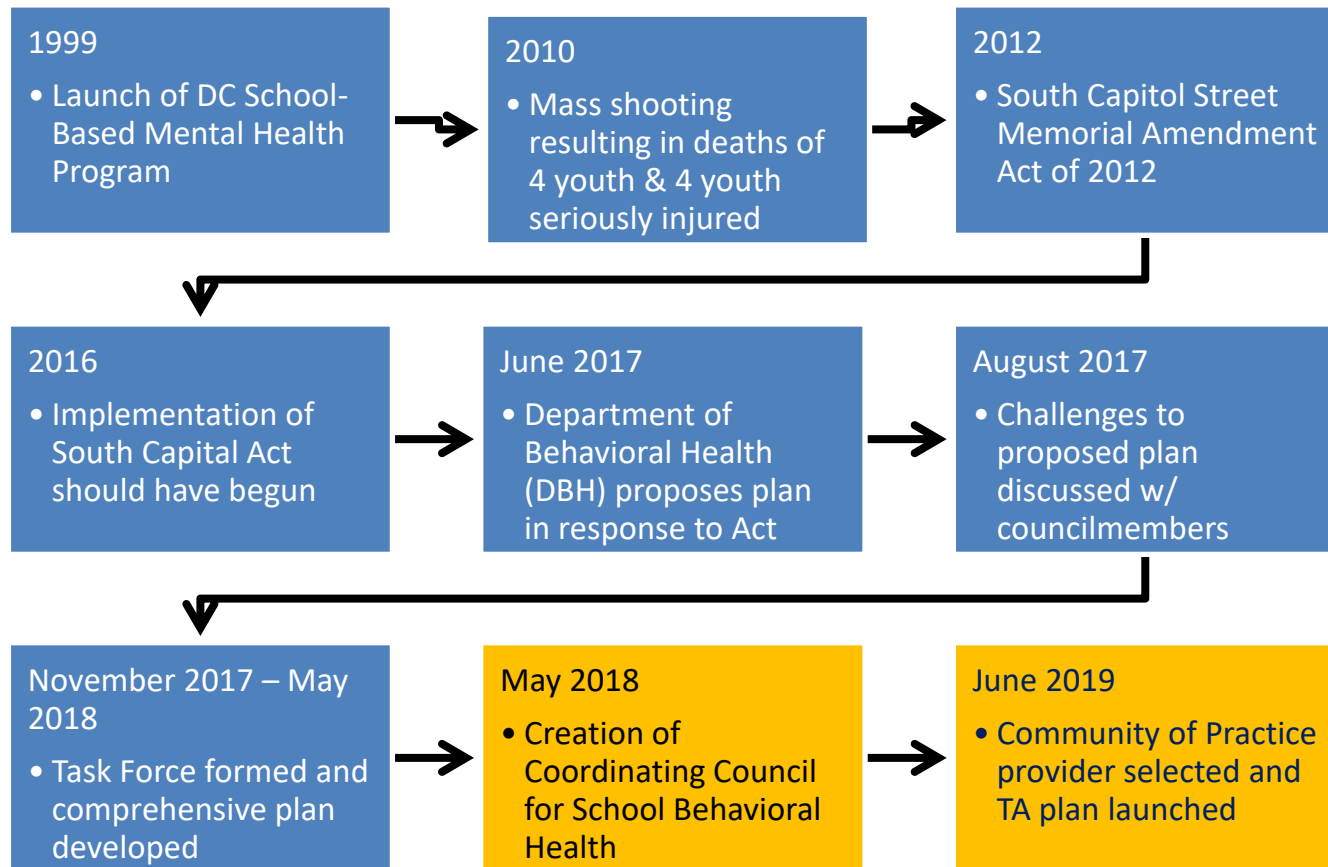
Mission: Through multi-sector collaboration, we advance policies, practices, and systems to build and sustain strategies that bridge health and learning for all students.

Public Health Approach: maintain an emphasis on the social and environmental factors that impact outcomes and on interventions aimed at multiple levels of the social ecology.

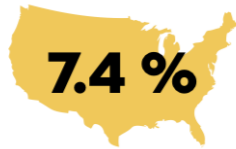


Olga Acosta Price, PhD, Director of CHHCS
Associate Professor, Milken Institute School of Public Health, the George Washington University





YOUTH AND SUICIDE IN WASHINGTON, DC



of high school youth in the US reported attempting suicide in the past 12 months.



of high school youth in DC reported attempting suicide in the past 12 months.

Among DC teens, some student groups are at higher risk of suicidal thoughts and attempt.



HISPANIC FEMALES

Hispanic high school females report attempting suicide at a rate that is 3.5 times higher than their white female classmates.



LESBIAN, GAY AND BISEXUAL STUDENTS

LGB high school students report seriously considering suicide at a rate that is 2.75 times higher than their heterosexual classmates.



TRANSGENDER STUDENTS

Transgender high school students report seriously considering suicide at a rate that is 3.2 times higher than their non-transgender classmates.



HOMELESSNESS

High school students who have experienced homelessness in the past 30 days are 4.2 times more likely to report attempting suicide.



HUNGER

More than 1 in every 3 high school students who has gone hungry in the past 30 days reports having seriously considered suicide.



BULLYING

Nearly 1 out of 4 high school students who are bullied at school reports having attempted suicide.

SOURCE: 2017, YRBS; https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Mental%20Health%20Fact%20Sheet.pdf



The Center for
Health and Health Care in Schools

making
HISTORY
THE CAMPAIGN FOR GW

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

Lessons Learned



Strengths/Opportunities

Commitment from school leaders and DC Council

Innovative partnerships being piloted by hospitals, providers and schools

The field is at a “tipping point” and are eager to partner to disseminate best practices



Challenges/Barriers

Schools emphasize Tier 3 interventions over Tiers 1 and 2

Lack of funding for Tiers 1 and 2

High levels of traumatic stress and burnout among teachers

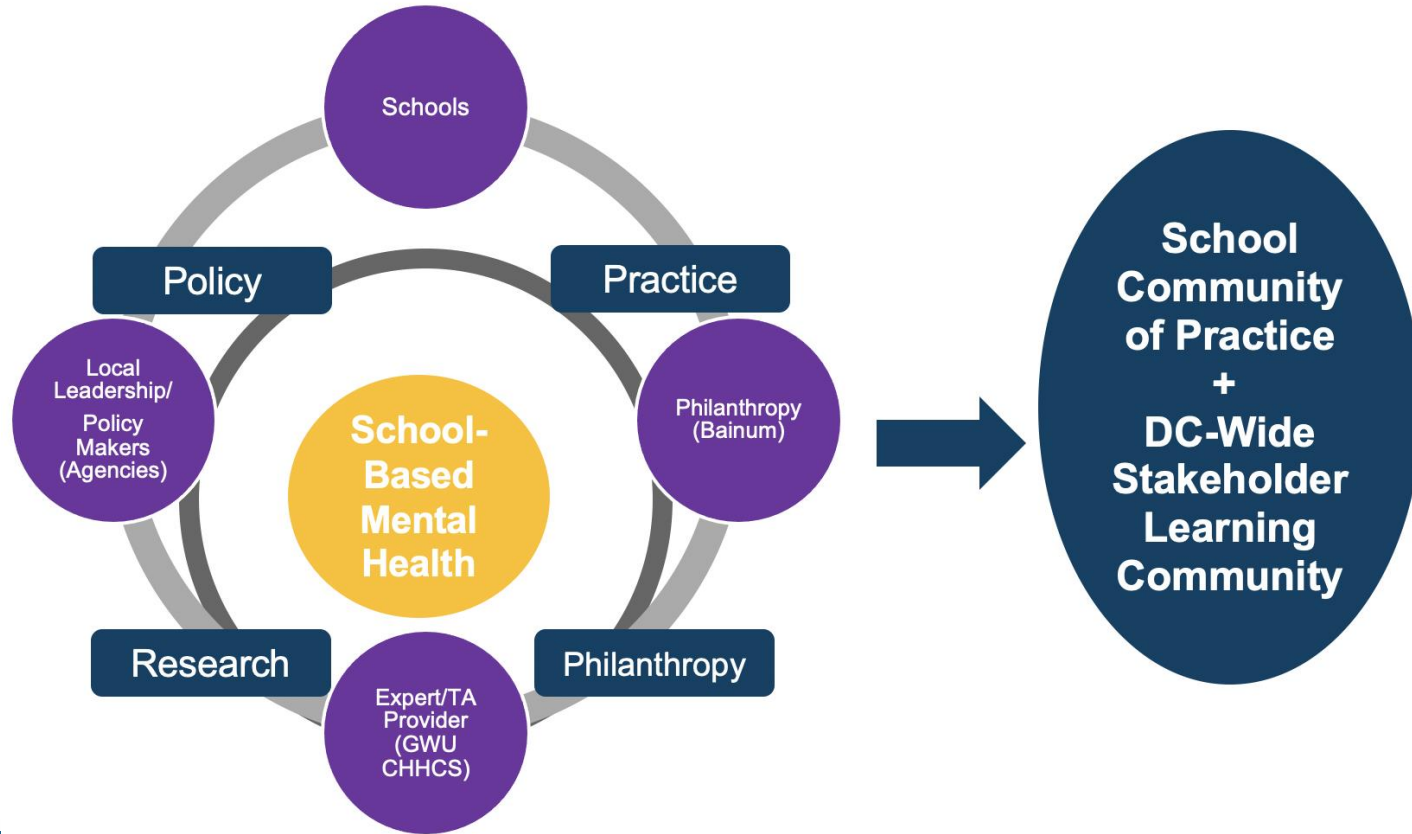
Service gaps due to limited number, capacity and collaboration

School staff have little/no training in mental health

Limited “real time” data to inform decision-making



Comprehensive School Behavioral Health



Integrate public and private
District resources to
enhance assets and sustain
innovations

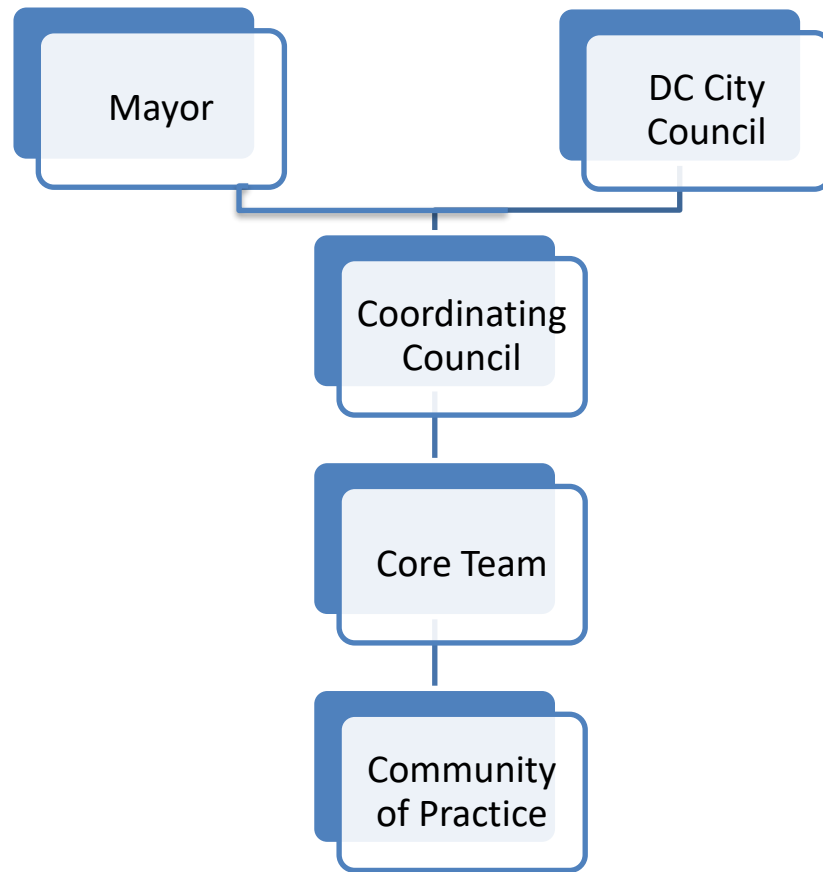
Build on existing supports
and leverage
complementary initiatives

**Comprehensive
School Behavioral
Health System**

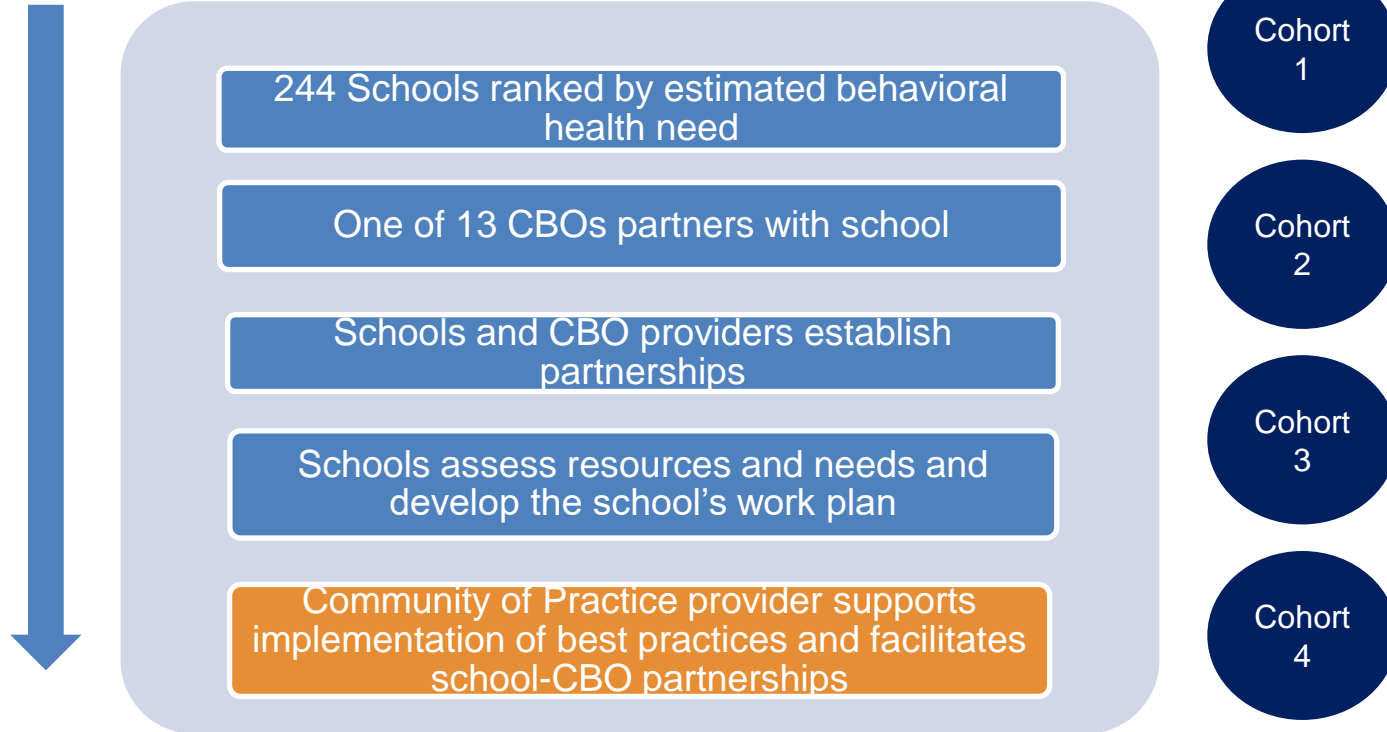
Create conditions where all
students learn in health-
promoting environments

Ensure access to behavioral
health interventions
(Tiers 1, 2, & 3)





Implementation Steps



Advancing the Adoption of Effective Practices

Implementation

Assessment and
Feedback

Coaching and
Technical
Assistance

QA/QI

Dissemination

Community of
Practice & Social
Learning Spaces

Communication

Networks and
Coalitions

Evaluation and Effectiveness

Effective Capacity-
Building Strategies

Monitor Outcomes

Sustainability



CHHCS develops partnerships that support health and education outcomes for all children



Contact

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Thank you!





Next steps