Agenda

I. Welcome & Introductions
II. Background on Intensive Behavioral Health Services (IBHS)
III. Goals of IBHS
IV. Current Landscape
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VI. DC Coordinating Council Overview
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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 (IBHS) 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
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
**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
1999
• Launch of DC School-Based Mental Health Program

2010
• Mass shooting resulting in deaths of 4 youth & 4 youth seriously injured

2012
• South Capitol Street Memorial Amendment Act of 2012

2016
• Implementation of South Capital Act should have begun

June 2017
• Department of Behavioral Health (DBH) proposes plan in response to Act

August 2017
• Challenges to proposed plan discussed w/ councilmembers

November 2017 – May 2018
• Task Force formed and comprehensive plan developed

May 2018
• Creation of Coordinating Council for School Behavioral Health

June 2019
• Community of Practice provider selected and TA plan launched
YOUTH AND SUICIDE IN WASHINGTON, DC

7.4 %
of high school youth in the US reported attempting suicide in the past 12 months.

16.0 %
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.

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

School-Based Mental Health

Schools

Policy

Local Leadership/Policy Makers (Agencies)

Practice

Philanthropy (Bainum)

Research

Expert/TA Provider (GWU CHHCS)

Philanthropy

School Community of Practice + DC-Wide Stakeholder Learning Community
Integrate public and private District resources to enhance assets and sustain innovations.

Build on existing supports and leverage complementary initiatives.

Create conditions where all students learn in health-promoting environments.

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

Comprehensive School Behavioral Health System.
Implementation Steps

244 Schools ranked by estimated behavioral health need

One of 13 CBOs partners with school

Schools and CBO providers establish partnerships

Schools assess resources and needs and develop the school’s work plan

Community of Practice provider supports implementation of best practices and facilitates school-CBO partnerships
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