Comprehensive Behavioral Health Model

Andria Amador
Shella Dennery
We will discuss.....

• Practical applications of systems change initiative to enhance student outcomes

• How partnerships enhance the work of both schools and community agencies

• How braiding systems change initiatives with community partnerships improves the quality of schools
Andria Amador
Behavioral Health Services
Boston Public Schools

COMPREHENSIVE BEHAVIORAL HEALTH MODEL
Boston Public Schools

- Diverse neighborhoods
- 54,312 students
  - 30% English Language Learners
  - >100 languages spoken

<table>
<thead>
<tr>
<th>Race</th>
<th>% of District</th>
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<tbody>
<tr>
<td>African American</td>
<td>33.6</td>
</tr>
<tr>
<td>Asian</td>
<td>8.5</td>
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<tr>
<td>Hispanic</td>
<td>40.9</td>
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<tr>
<td>Native American</td>
<td>0.3</td>
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<tr>
<td>White</td>
<td>13.8</td>
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<tr>
<td>Native Hawaiian, Pacific Islander</td>
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<td>Multi-Race, Non-Hispanic</td>
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(MDESE, 2015)
About CBHM

• Developed by BPS Behavioral Health Services

• Developed in partnership with Boston Children’s Hospital and UMass Boston

• Service Delivery Model
  – Aligned with NASP’s 10 Domains of practice, MA Safe and Supportive Schools Framework, and Trauma Sensitive Schools
  – Replaced a traditional “test & place” model for BHS
NASP Practice Model

Model for Services by School Psychologists

PRACTICES THAT PERMEATE ALL ASPECTS OF SERVICE DELIVERY
- Data-Based Decision Making and Accountability
- Consultation and Collaboration

DIRECT AND INDIRECT SERVICES FOR CHILDREN, FAMILIES, AND SCHOOLS
- Student-Level Services
  - Interventions and Instructional Support to Develop Academic Skills
  - Interventions and Mental Health Services to Develop Social and Life Skills
- Systems-Level Services
  - School-Wide Practices to Promote Learning
  - Preventive and Responsive Services
  - Family-School Collaboration Services

FOUNDATIONS OF SERVICE DELIVERY
- Diversity in Development and Learning
- Research and Program Evaluation
- Legal, Ethical, and Professional Practice

HELPING STUDENTS AND SCHOOLS ACHIEVE THEIR BEST
Key Features of CBHM

• CBHM was developed by school psychologists in a bottom-up systems change effort
• Extensive effort has gone into forming extensive partnerships
• CBHM used a formal gate keeping tool (BIMAS)
About CBHM

BPS Comprehensive Behavioral Health Model

**Mission:** Ensuring that all students have a safe and supportive school where they can be successful

**If we do this...**
- Universal screening and positive skill instruction
- Access to targeted supports and services
- Integrated academic and socio-emotional learning
- Professional development on evidence-based interventions
- Data management and accountability
- Partnerships with families and community agencies

**We will see this...**
- Improved academic performance
- Increased positive behaviors
- Improved school climate and student engagement
- Increased skills to address students' needs
- Increased capacity to provide services
- Improved access to and coordination of services

**To achieve this...**
- Academic and social competence
- Safe and supportive learning environments
- High-quality, equitable behavioral health services

**Essential Components**
- Collaboration with and support for families
- Aligned district initiatives and policies
- Data-based decision making
- Appreciation for diversity
- Consultation and collaboration
- School and district leadership
- Student-centered
- Differentiated instruction

**Guided by Massachusetts Department of Elementary and Secondary Education's Behavioral Health Framework**

**Theory of Change:** Integrating behavioral health services into schools will create safe and supportive learning environments that optimize academic outcomes for all students.
BIMAS

Behavioral Intervention Monitoring Assessment System (BIMAS) by MHS

• Universal Screener
  – 34 Change sensitive items across 5 subscales

• Progress Monitor
  – Flex items: specific behavioral items

• Multi-rater capability
BIMAS

• 5 Subscales
  – Behavioral Concerns: identifies risk
    • Conduct
    • Negative Attention
    • Cognitive/Attention
  – Adaptive Scales
    • Social functioning
    • Academic functioning
How to get buy-in

• Create a small coalition
• Bring in community partners
• Engage families
• Share information and resources
• Offer to do free trainings
• Meet the needs of principals and administrators
Leadership

– Turn buy-in into action
– Establish mutual goals with partners
– Realign existing policies and practices
– Develop the leadership skills of school psychologists through:
  • Coaching
  • PLCs
  • Professional development
How do you fund?

• Funding
  – Grant
  – Partnerships money
  – Reallocating existing services
  – Train-the trainer
  – In-kind services
WHO?

The CBHM Research Committee consists of representatives from multiple agencies and various disciplines.
WHAT?

Data
- Access
- Storage
- Organization

Evaluation
- Indicators
- Timeline
- Reporting

Research
- IRB
- Publications
- Grant Opportunities
CBHM DEMOGRAPHICS

BPS & CBHM Enrollment, by Race

- Black
- White
- Asian
- Hispanic
- Native American
- Mixed/Other

BPS
CBHM
CBHM STUDENT Outcomes

Cohort 1:
Decrease in Problem Behaviors

50th Percentile

CBHM
STUDENT
Outcomes

BIMAS
Average T-Score

Conduct
Negative Affect
Cognitive/Attention

50
49
48

2012
2013
2014

58
57
56
55
54
53
52
51
Cohort 1:
Increase in Positive Behaviors

CBHM STUDENT Outcomes

BIMAS
Average T-Score

Social
Academic Functioning

50th Percentile

2012
2013
2014
CBHM STUDENT Outcomes

Cohort 1:
Increase in Academic Outcomes

ELA
MATH
PROFICIENT

MCAS Average Scaled Score

2012 2013 2014
Compared Fall 2013 with Fall 2014
All CBHM Students with data available for both screenings (n=738)

Findings:

Statistically Significant increase in average BIMAS Social Scale T-Score (p<.01)

Nearly significant decrease in average BIMAS Conduct Scale T-Score (p=.063)
Cohort I: Attendance Rates at CBHM Schools Compared to District

Source: DESE, SY 13-14
CBHM Implementation Fidelity: SY 2013-14 (*Fidelity For Now*)
SCHOLARLY PURSUITS:
• Book Chapter
• Articles
• Professional Presentations
• Journal Articles
• Grant Submissions
• TV Interviews
Shella Dennery, PhD, LICSW
Program Director
Children’s Hospital Neighborhood Partnerships

COMMUNITY BEHAVIORAL HEALTH PARTNERSHIPS
Community Partnerships Strategy

- Schools cannot do this work alone
- Importance of building partnerships with outside supports embedded and co-located in the school setting
- Referral network for students, families, and educators
- Two examples of school-based partnerships
  - Program Level: Boston Children’s Hospital Neighborhood Partnerships Program (CHNP)
  - Agency & Community Level: Boston Area Behavioral Health Collaborative
Example #1: Boston Children’s Hospital Neighborhood Partnerships (CHNP)

• Community Behavioral Health Program in the Department of Psychiatry

• Began in 2002

• Team of 20 Staff Members
CHNP Program Components

- School Based Program
- Health Center Initiative
- Break Free from Depression
- Training and Access Project

Research → CHNP Program → Evaluation
Program Goals

1. Increase access to children’s behavioral health services in underserved communities

2. Promote children’s social-emotional development through a broad spectrum of behavioral health services

3. Build the sustainable behavioral health capacity of partner organizations

4. Achieve high satisfaction with services provided among all key stakeholders

5. Promote systemic change in behavioral health service delivery.
CHNP Service Delivery Model

**Clinical Intervention**
- Crisis Intervention: 199 Crisis Encounters
- Individual Therapy: 42 Students
- Psychiatric Services: 138 Youth

**Early Intervention**
- Care Coordination: 204 Students
- Targeted Groups: 123 Students

**Prevention and Promotion**
- Classroom Interventions: 823 Students
- Parent Workshops: 11 Family Members

**Capacity Building**
- Teacher Training: 246 Teachers
- Behavioral Health Consultation: 625 Hours
• Two year commitment from schools

1. Professional development on social, emotional, and behavioral health related topics
   • 17.5 hours of training during the 2015-2016 school year
   • 10 hours of training during 2016-2017 school year

2. Consultation to help build the capacity of the school to better address behavioral health
   • 80 hours of consultation during the 2015-2016 school year
   • 40 hours of consultation during 2016-2017 school year
### Professional Development and Training: Year 1

<table>
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<th>Proposed Topics:</th>
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<tr>
<td>September 2015: An Overview Social Emotional Development: What Can We Expect in</td>
<td>the Classroom?</td>
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<td>October 2015: Strategies for a Supporting Students in the Classroom</td>
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<td>December 2015: What is Behavioral Health? Symptoms and Systems</td>
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<td>February 2016: Stress Management &amp; Self Care for the Educator</td>
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<td>March 2016: Understanding Trauma and the Impact on Learning</td>
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<tr>
<td>May 2016: Developing Dissemination Strategies for Addressing Social Emotional</td>
<td>Health for 2016-2017</td>
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Example #2: Boston Collaborative of School-Based Behavioral Health Programs

- Community behavioral health agencies providing services within BPS
- Predominately is an individual therapy, fee-for-service model
- 20 year history – historically partnerships formed at individual school and principal level
- 20+ agencies participating
  - City, state, and agency representation (BPS, DMH, BPHC, BEST Team, CSAs)
Boston Collaborative

- Monthly facilitated, planned meetings

- Work groups and committees (evaluation, professional development, legislative advocacy)
Accomplishments

• Professional development for 250 school-based providers
• Standards of practice
• Agreements
• Outcome measurement
• Supporting the district’s model (CBHM)
• Legislative priorities & advocacy
• Resources/support
• Mapping of school services in Boston
• BPS Staffing

• 30% of the 128 Boston Public Schools have no behavioral health partnership

• 92 out of 128 schools have a partnership
  • 144 clinicians (108 full-time), 52 trainees
  • 30% of schools have a clinician on-site 20 hours or less
  • 16% of schools have clinicians on-site 80 + hours weekly
Challenges in Partnership

• Each program agency has a different staffing and service delivery model
  – Services may be limited by insurance and reimbursement
  – Predominantly individual therapy model with some exceptions
  – Some programs are unable to assist with crisis work
  – Limited evaluation of services
  – Different needs and focus
Strengths in Partnership

• Resources – expertise – access

• Urban students and families receiving behavioral health services

• Opportunities

• Working together to strategically advocate for change and a better system of care for youth and their families
Lessons Learned & Next Steps

• Examine financial models and creative funding opportunities

• Integration of partnerships into CBHM
  – Comprehensive services and approaches needed
  – Tier 1 strategy implemented district wide

• Standards for family engagement, evidence-based practices, and program evaluation

• District oversight and enhanced data collection

• Empowering schools to evaluate partnerships
In Summary: Call to Action

• Raise awareness about the distribution and inequities of services at district and community agency level
  – Partnerships for ALL schools
  – Providing a range of services to address the behavioral, social, and emotional health of ALL students
  – Family and student centered care
  – Supports and training for educators

• Strengthen the safety net for urban students
NEXT STEPS: WHERE DO I BEGIN?
Building Partnerships
Advocate Together

voice

courage

change

voiceless

members

voice

connection
good

act

story

communicate

history

stakeholders

passion

defend

lead

move

strength

beheard

providers

policy

education

data

intheirface

makeadifference

strength

clients

Voice

power
Leadership Development
Resources: Books

- *Interventions for Achievement and behavior Problems in a Three-Tier Model Including RTI* Edited by Mark Shinn and Hill Walker
- *The Educator’s Guide to Emotional Intelligence and Academic Achievement: Social Emotional Learning in the Classroom* by Maurice Elias and Harriet Arnold
- *Implementing Positive Behavior Support Systems in Early Childhood and Elementary Setting* by Melissa Stormont and Tim Lewis
- *Best practices in School Crisis Prevention and Intervention* Edited by Stephen Brock and Shane Jimerson
- *Transforming School Mental Health Services* by Beth Doll and Jack Cummings
- *Preventative Mental Health at School: Evidence Based Services for Students* by Gayle Macklem
- *School Crisis Prevention and Intervention: The PREPaRE Model* by Stephen Briock: et. al
Resources: Websites

- http://www.doe.mass.edu/ssce/GenderIdentity.pdf
- http://www.doe.mass.edu/grants/grants14/rfp/335.html
- http://www.pbisworld.com/
- www.pbis.org
- http://safesupportivelearning.ed.gov/
- http://smhp.psych.ucla.edu/
- http://www.nasponline.org
- http://www.sshs.samhsa.gov/
- http://www.cebc4cw.org/
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