

CITY OF PHILADELPHIA



DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES



Community Behavioral Health



Agenda

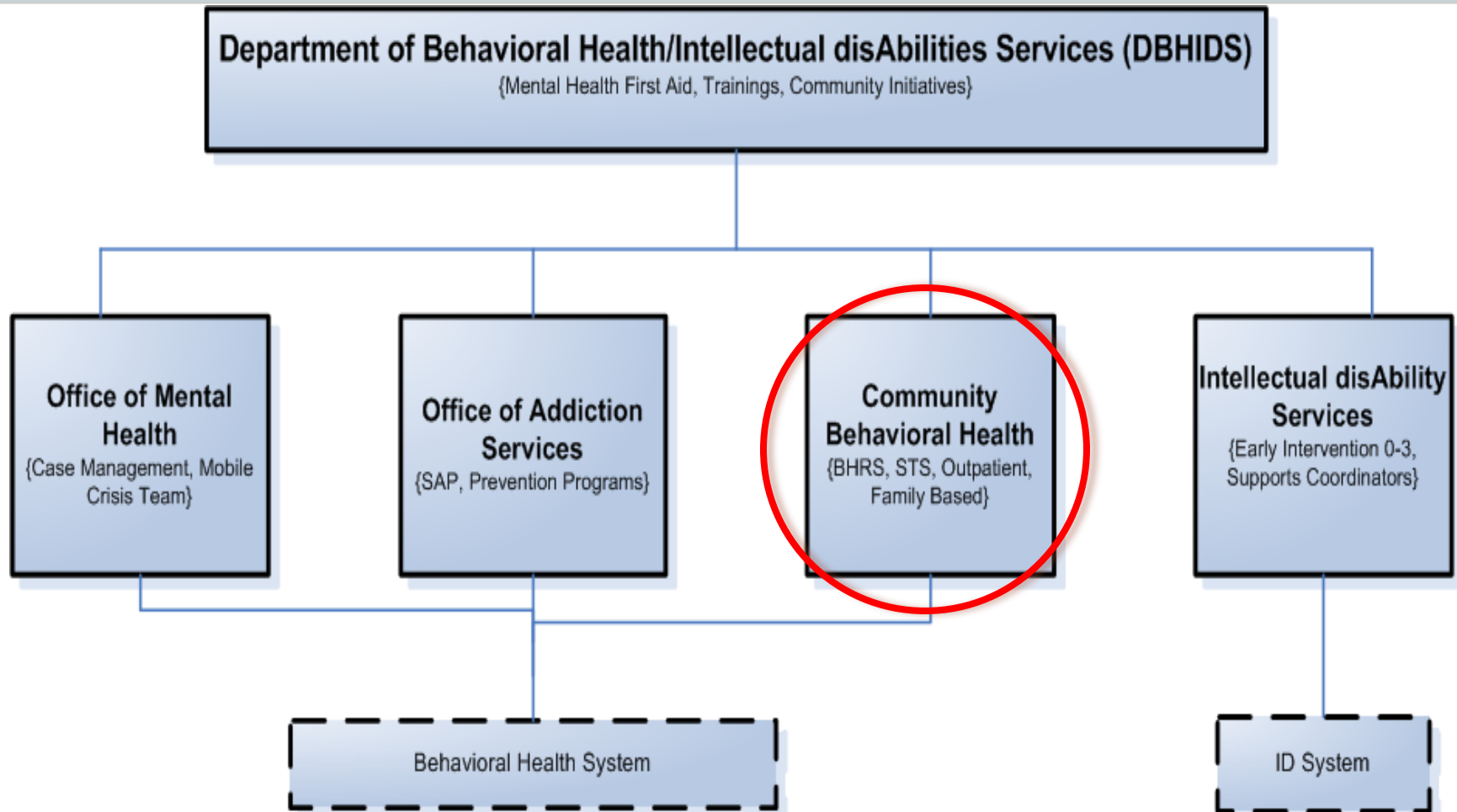
Behavioral Health & School Based Programming in Philadelphia

Quality Improvement Through Family Engagement

Measuring Family Engagement Outcomes

Next steps

Philadelphia's DBHIDS System



The School District of Philadelphia

- Established in 1818, it is the eighth largest school district in the nation
- 218 public schools in Philadelphia, educating 142,266 students



We can reach kids in schools

**96% of individuals
who were referred for
school based
counseling followed
through, compared only to
13% of individuals
referred for community
based treatment
(Bloom, 2015).**





History of School Based Programming in Philadelphia

The background image shows a school building with a large mural on its side. The mural features the text: 'Hold fast to dreams', 'For if dreams die', 'Life is a broken-winged bird', 'That cannot fly', 'Hold fast to dreams', 'For when a dream goes', 'Life is a broken-winged bird', 'Frozen with snow.', and 'Langston Hughes'. A horizontal timeline with five dots is overlaid on the image. The labels SBBH, CARE, and STS are positioned above the timeline, while Nurture and TESC are positioned below it.

SBBH

CARE

STS

Nurture

TESC

Adams, Phillip. [Photograph] Retrieved from
<http://phillipadams.com/portfolio/dreams/>

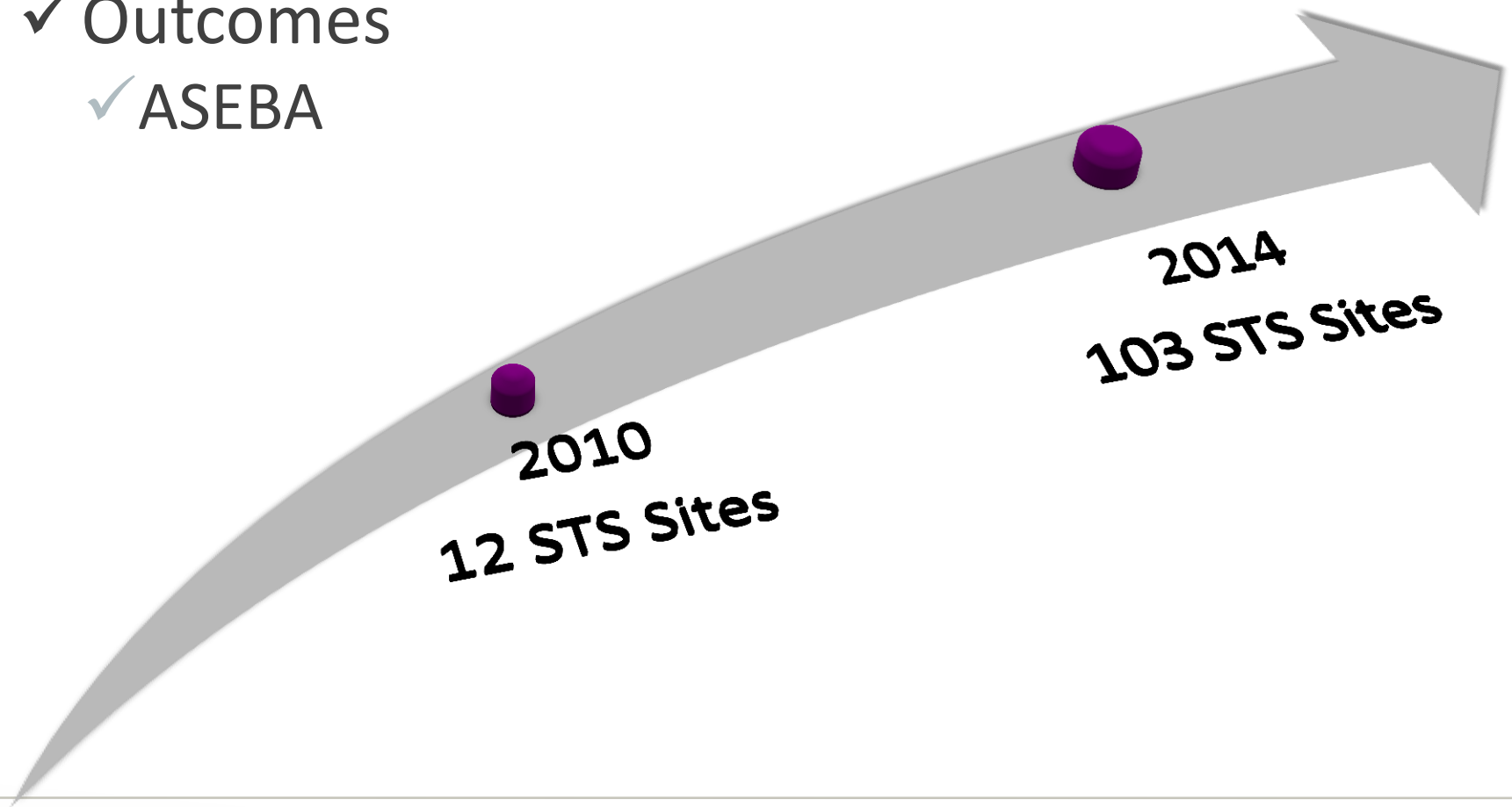
STS

The STS program is a team of behavioral health professionals, housed in schools, who provide treatment to students who have been assigned to the program. It provides therapeutic interventions while maintaining children in the least restrictive school environment.

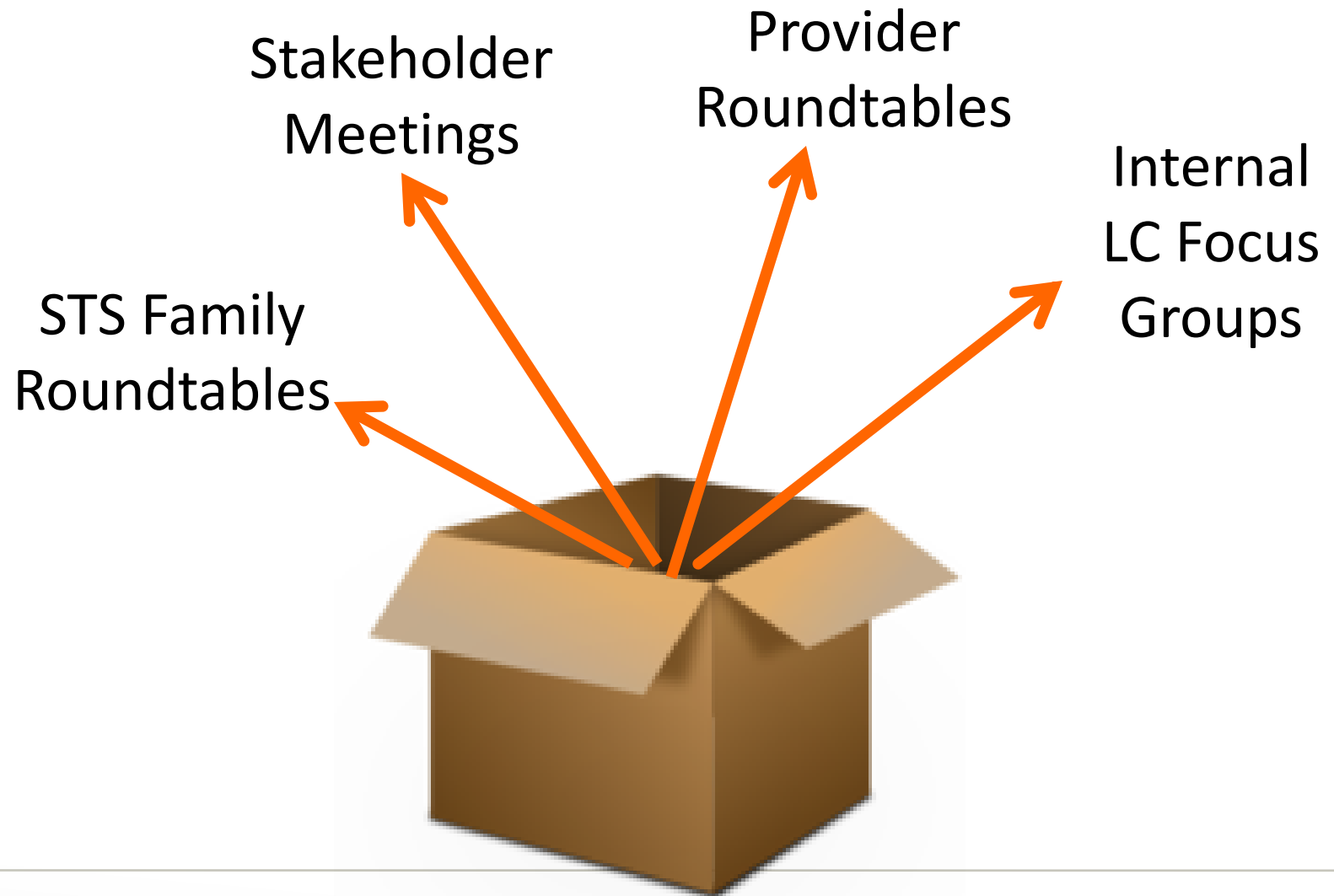
- A behavioral health treatment model that is prescribed by a licensed psychologist or psychiatrist
- Typically a time limited program (two academic school years)
- The team consists of: a Master's prepared Lead Clinician, Group Mobile Therapist, and a Bachelor's prepared Behavioral Health Worker
- Family engagement is a component of the STS program

CBH Findings

- ✓ Lengths of Stay
- ✓ Outcomes
 - ✓ ASEBA



Process



CBH Family Roundtable

Feedback - Site 1

Parent X's son participated in the STS program for 18 months. Parent X shared no clear understanding of the program, reported her son is being bullied and off task in school. She has a plan for his behaviors at home but is concerned about his behaviors in school. Parent X described her home as a loving environment and hopes to see her son grow into a healthy adult with a positive future.

CBH Family Roundtables

Feedback - Site 2

Parent Y noted that she feels the STS team is able to identify her son's triggers and proactively engage him in interventions before he reaches crisis status. Parent Y reported that her son knows more about the program than she does and he "likes having help." He has been receiving STS supports for approximately 3 years.

Parent/Guardian's School Supports Wish List (site #2):

- Supportive Group Sessions for parents of children authorized for the STS program to include the parents and LCs where a discussion could occur around concerns, interventions and similarities among the children's behaviors.
- For the STS program to incorporate a treatment focus that is culturally sensitive
- For the STS program to incorporate physical health needs into treatment planning
- For meetings to be held in the evening , which would be convenient for the families, requested quarterly to include parent and the STS team to obtain resources (food, clothing)

CBH Family Roundtables

Feedback Site 3

Parent Z felt that the 1:1 support within the STS program led to improvement in her son's behaviors. The LC sends text messages to Parent Z when there is an issue with her son in the school building. Parent Z reported that she requests and meets with the STS team approximately 1x month to discuss progress and/or regression displayed by her son and also expressed interest in having the option to contact a member of the STS team in the evenings.

Parent Q reported that he does not regularly communicate with the STS staff and feels that the team is able to contain his daughter in the school setting. As a single father, the parent noted that he engages in parenting classes. Parent Q shares information surrounding his daughter's progress with the teachers and felt that having all services on the school grounds would be most convenient for his family. Parent Q questioned the level of his current involvement in the program and asked if he should be meeting with the team more frequently.

What does literature say about family engagement?

Attention to engagement in child and family mental health treatment has increased in recent years given growing emphasis on moving efficacious treatments into community settings, identifying methods to provide services more efficiently, and improving overall quality of care (Haine-Schlagel & Escobar Walsh, 2015).

Engagement is essential for optimal service delivery and in achieving clinical outcomes (McKay & Bannon, 2004).

The ability to successfully engage members of a child's social environment is critically important for the effectiveness of any treatment. Effective interventions must include treatment engagement approaches (Saxe, et al., 2012).

Therapists alliance with the parents was associated with more family participation and treatment retention in a referred community sample (Hawley & Weisz, 2005).

When students do use school-based mental health services, defined as any mental health services along the continuum from prevention to intervention that are initiated through the school, researchers have found family involvement is a key component to both service utilization and effectiveness (Cerio, 1997).

Engaging and retaining families in mental health prevention and intervention programs is critically important to ensure maximum public health impact (Ingoldsby, 2010).

CBH Action Steps

August 8,
2014: CBH
hosted STS
Forum &
issued
bulletin

September
2014:
Quality
Improvement

October 17,
2014: Mary
McKay
Professional
Development

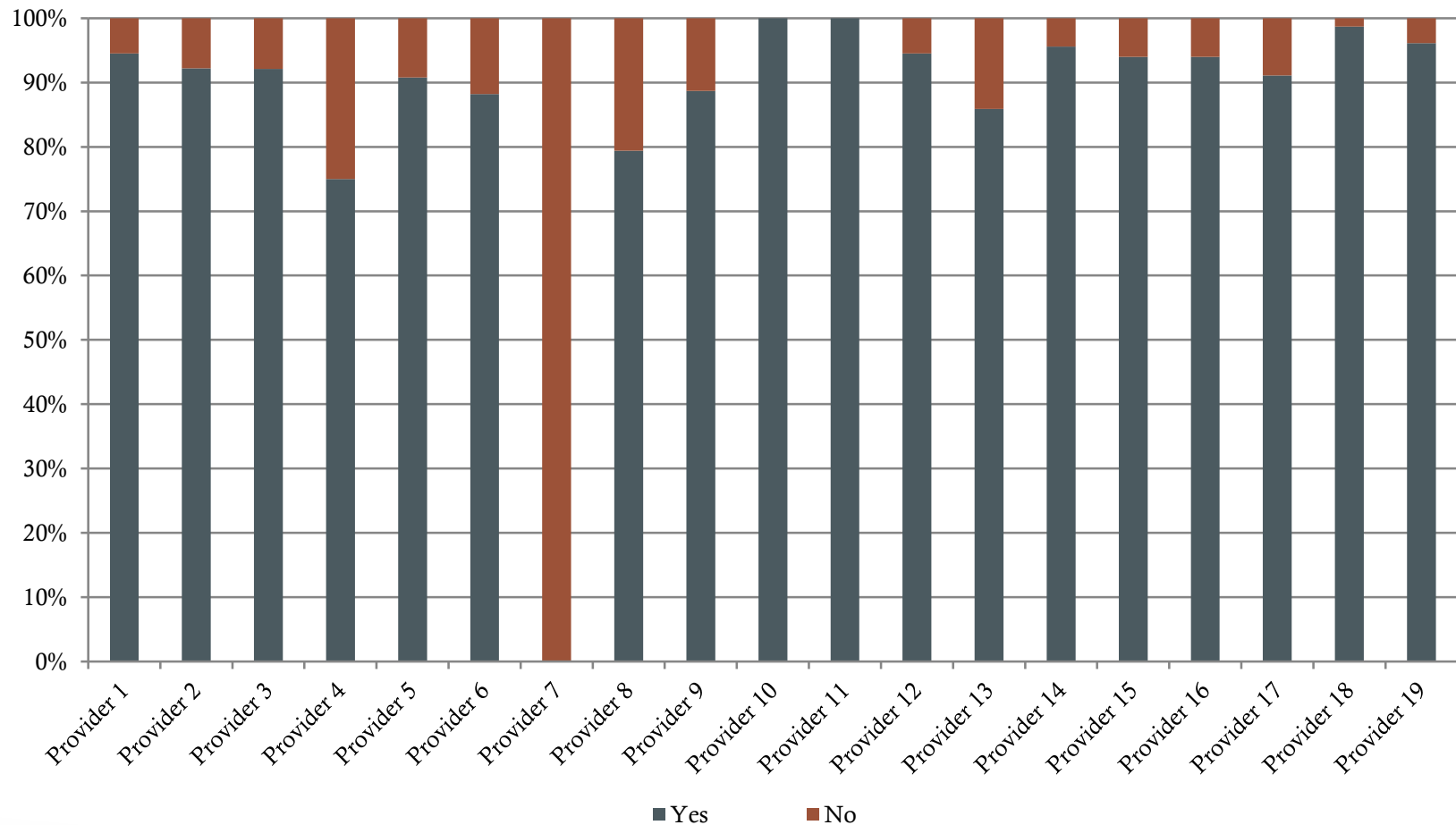
May 4, 2015-
September
30, 2015:
CST Survey



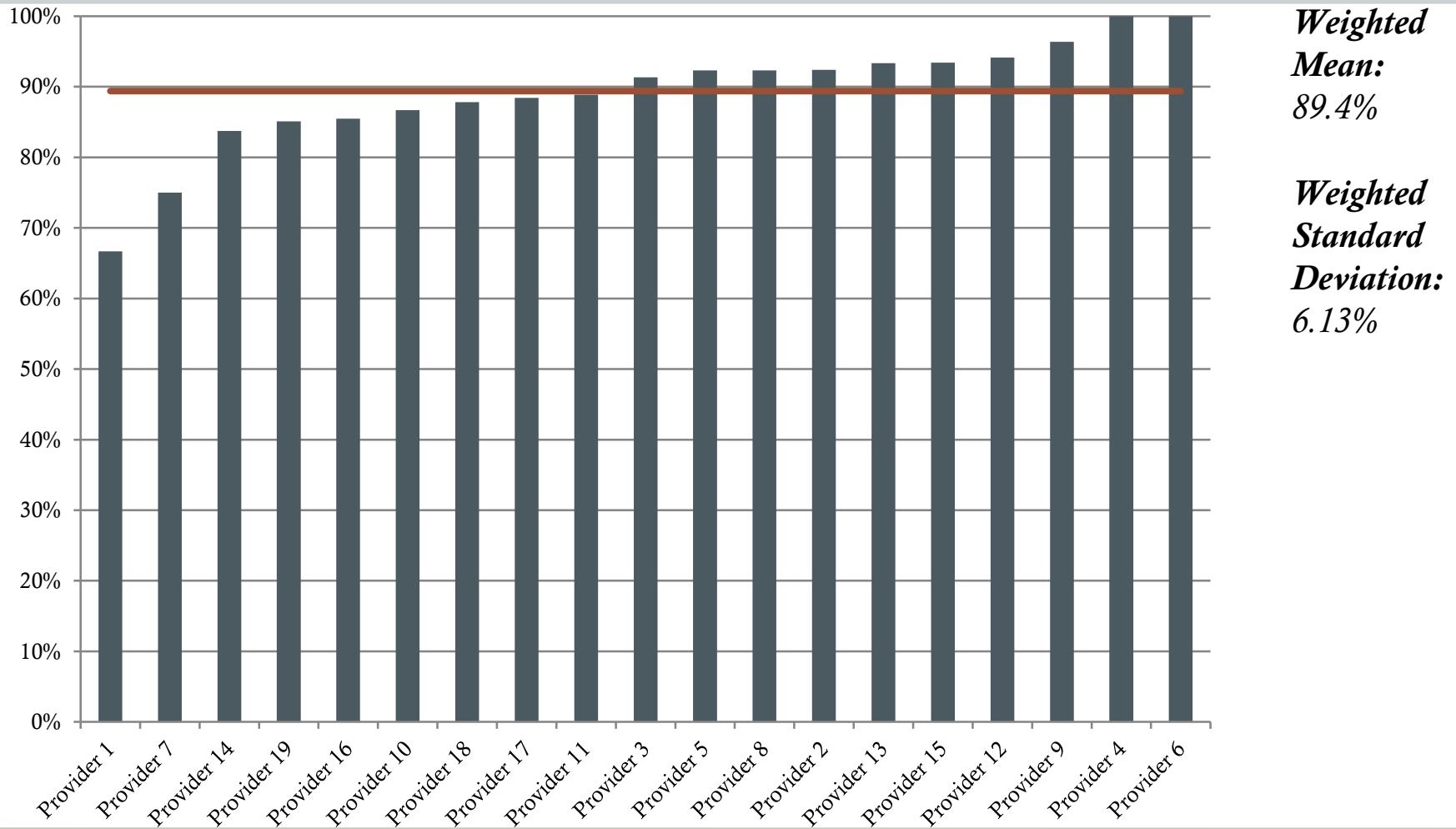
CST Survey & Findings

- 33% of families reached
- Survey purposes:
 - to recognize STS teams who engage families in treatment, measure family engagement
 - to improve our policies to make them more effective for our families and their children

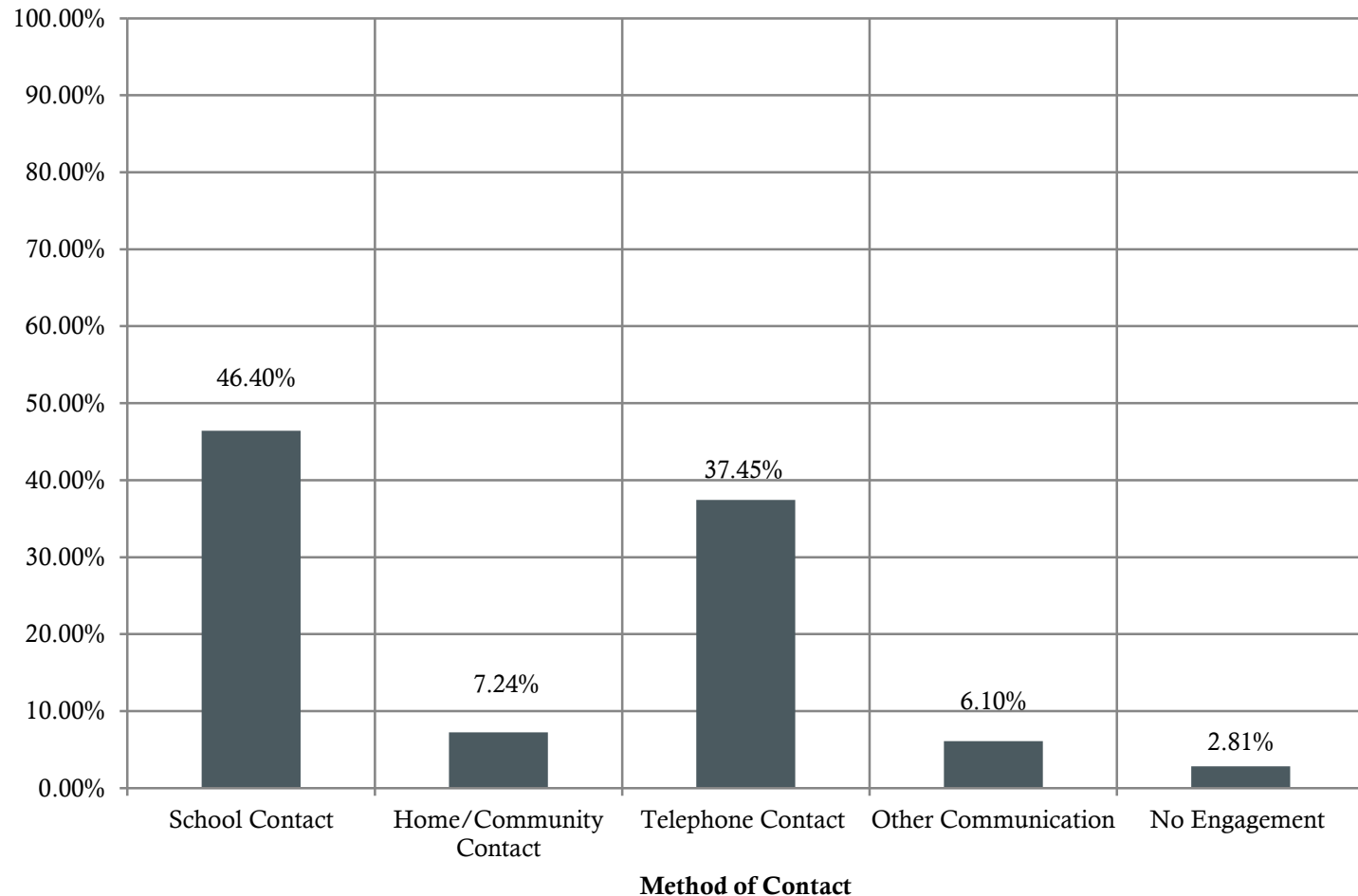
Question 1: Are you aware that your child is receiving STS services at his/her school?



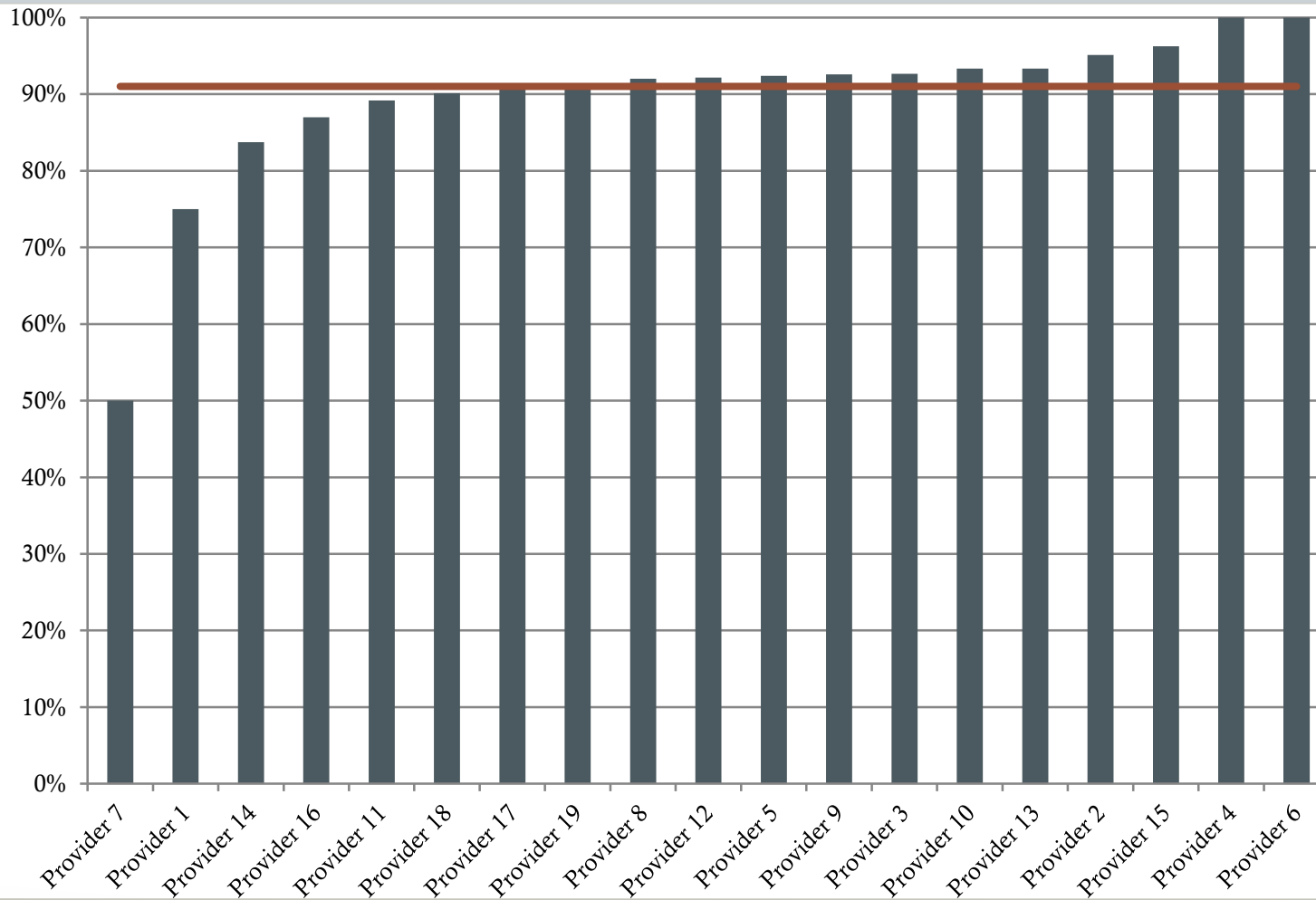
Question 2: My child's STS therapist engages me in my child's treatment



Question 3: How does the STS therapist engage you in your child's treatment?



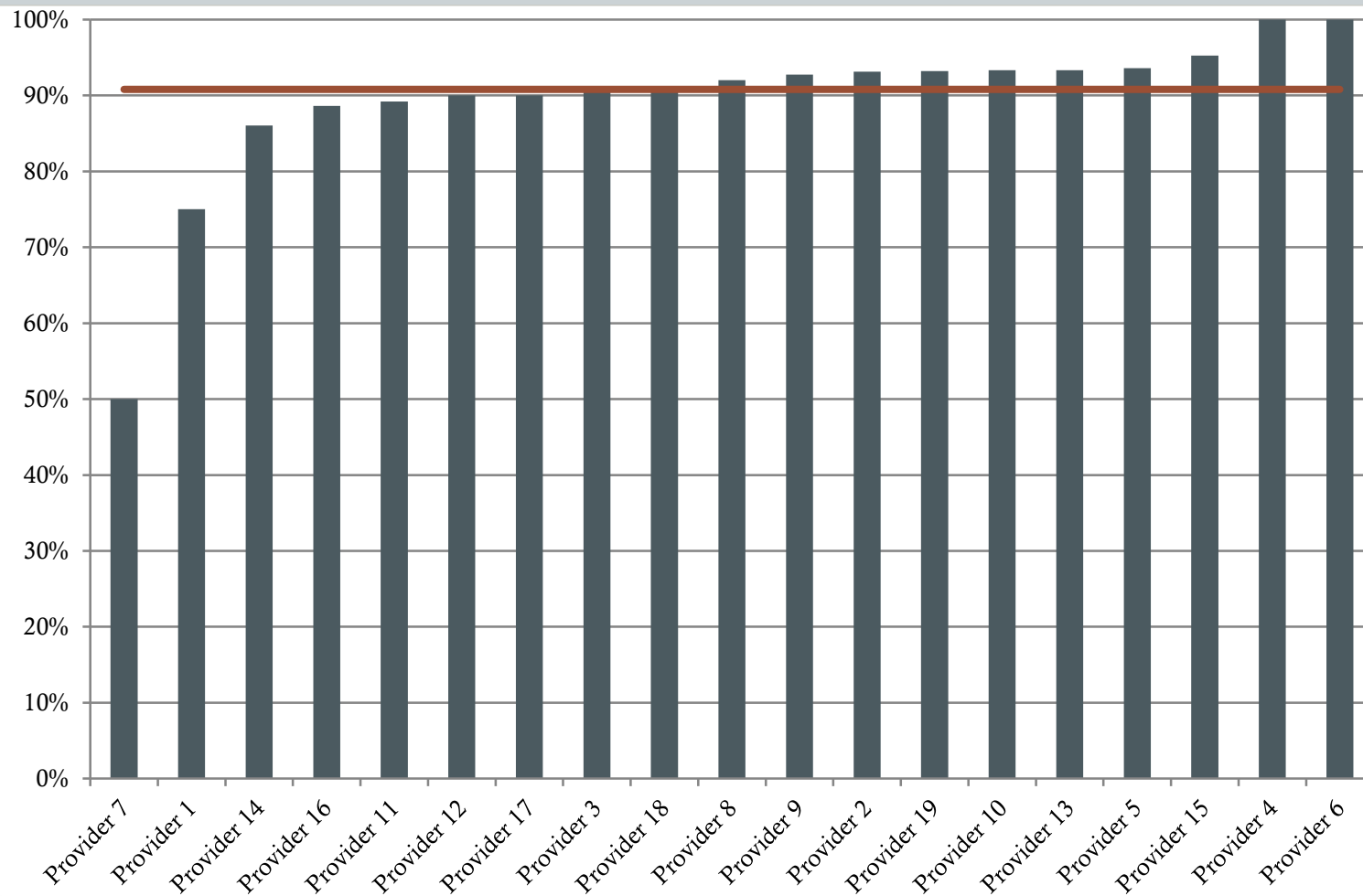
Question 6: My child's STS therapist has explained my child's treatment goals to me



**Weighted
Mean:**
91.0%

**Weighted
Standard
Deviation:**
5.23%

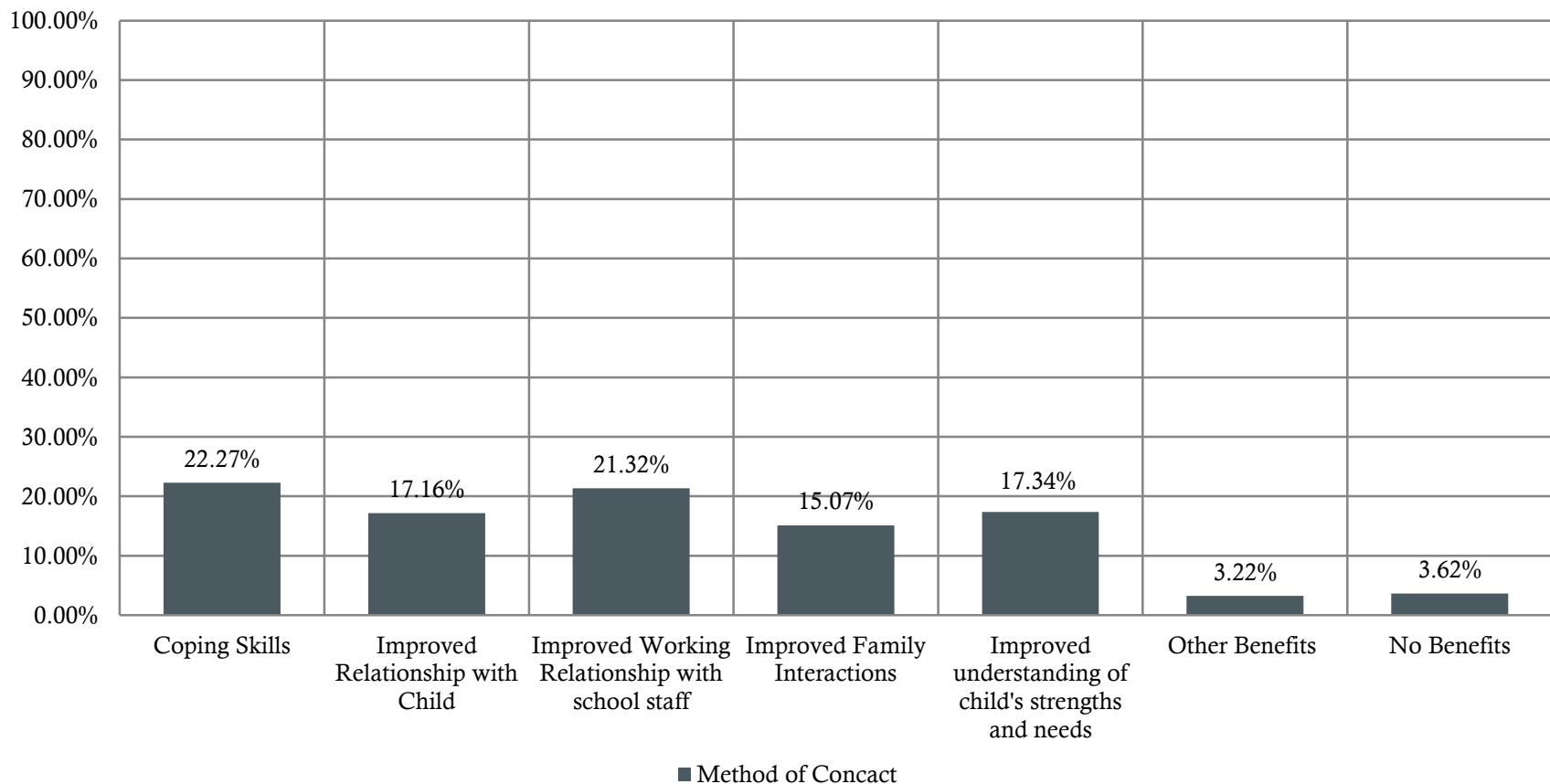
Question 7: I agree with my child's treatment goals



**Weighted
Mean:**
90.8%

**Weighted
Standard
Deviation:**
4.85%

Question 8: How have you and your child benefited from engagement with the STS therapist



Next supporting steps to support ongoing family engagement

- Subsequent professional development with Mary McKay
- 2016 CST Family Survey
- Family feedback sessions
- Technical Assistance to providers, as needed

CASST

Comprehensive, child-focused, family-driven, inclusive service for those children with severe emotional disturbance (SED) who otherwise may receive either traditional BHRS during school hours or be enrolled in a school based therapeutic program.

5 site pilot

CASST providers have the opportunity and responsibility to engage families as active participants in their child's care.

References

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Questions?
THANK YOU!

