



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

Race	% of District
African American	33.6
Asian	8.5
Hispanic	40.9
Native American	0.3
White	13.8
Native Hawaiian, Pacific Islander	0.2
Multi-Race, Non-Hispanic	2.7

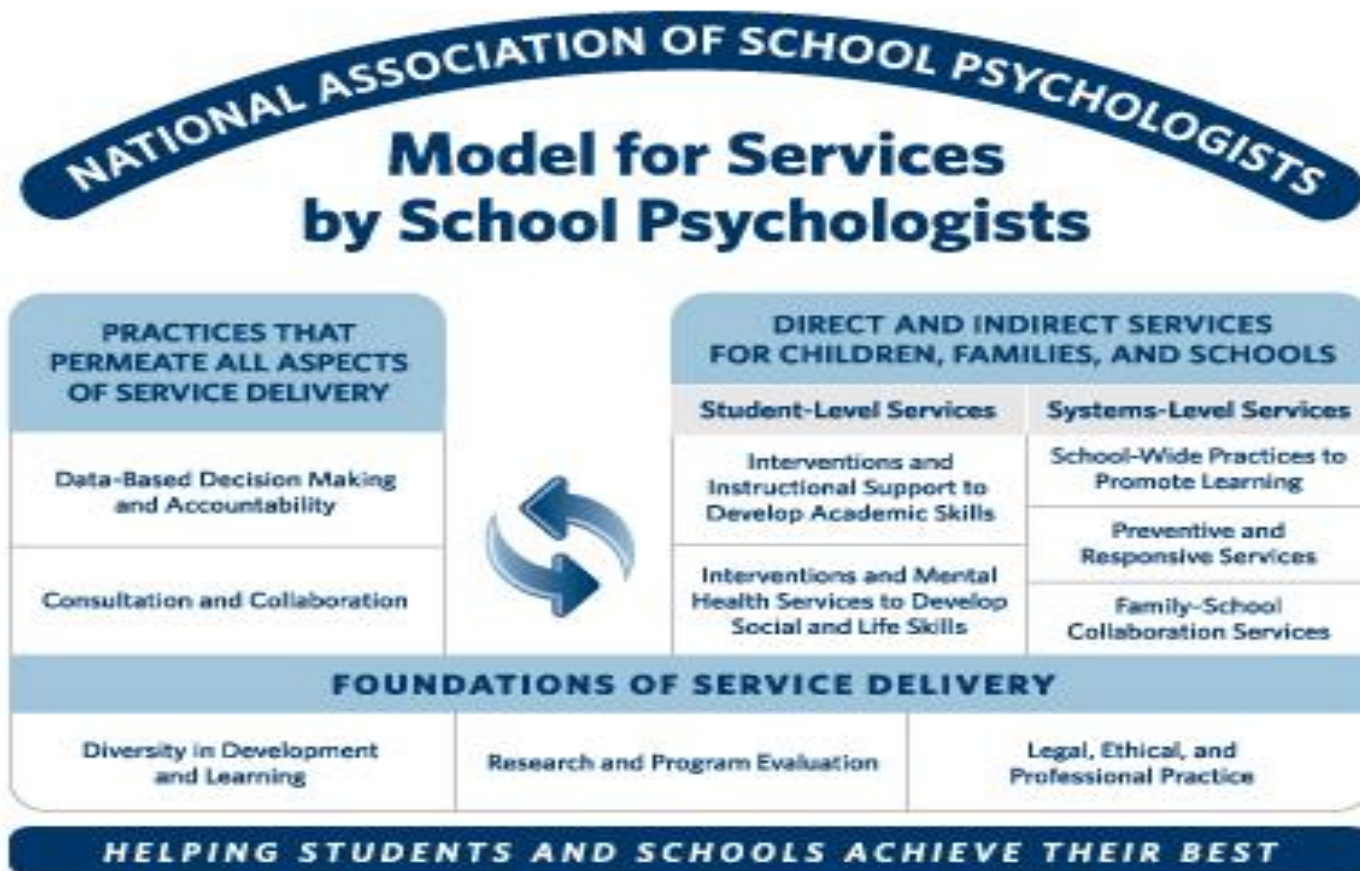
(MDESE, 2015)



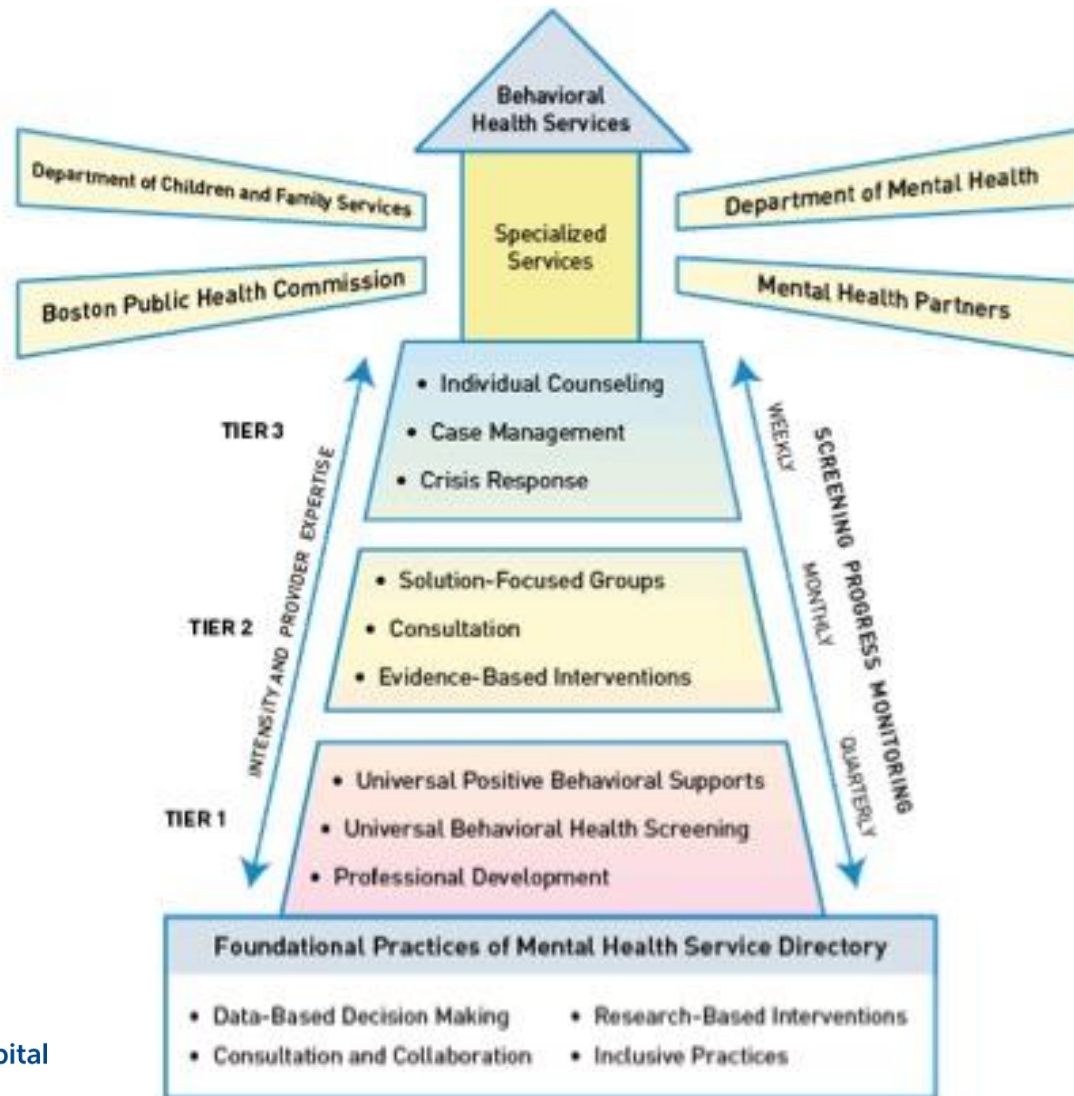
About CBHM

- 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



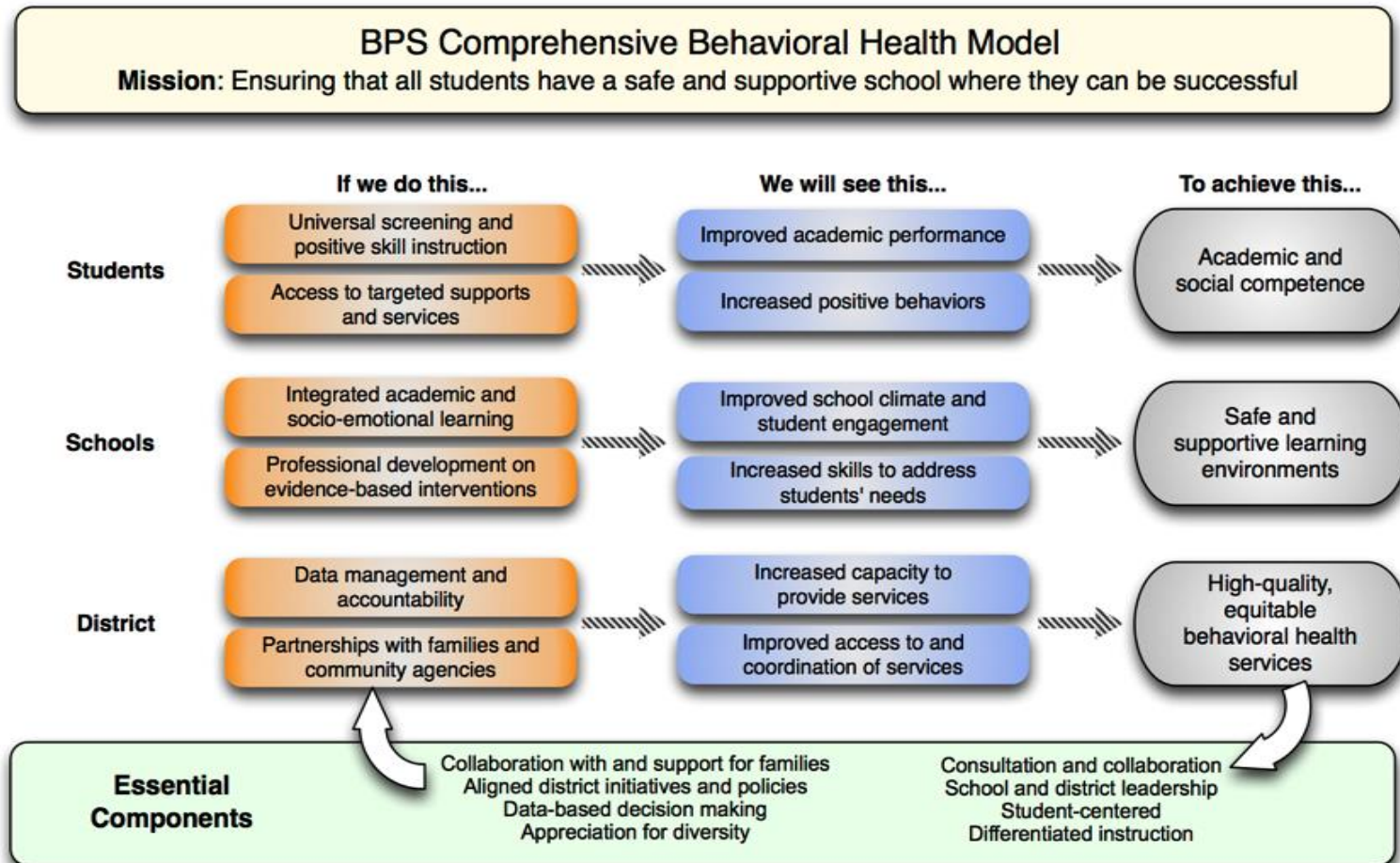
About CBHM



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



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

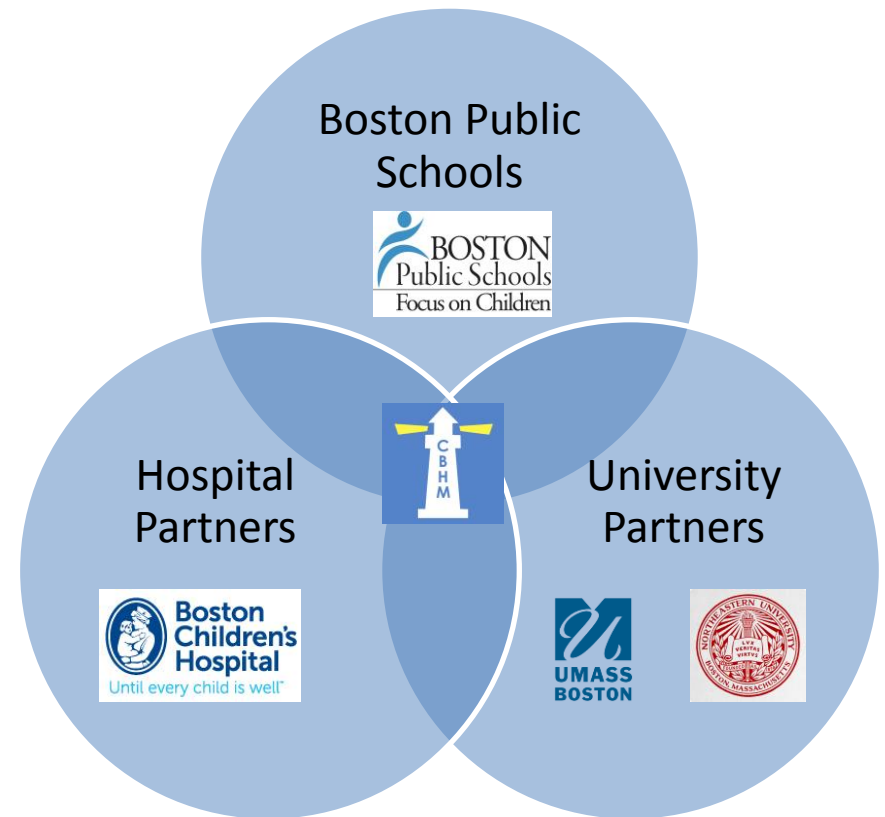
How do you fund?

- Funding
 - Grant
 - Partnerships money
 - Reallocating existing services
 - Train-the trainer
 - In-kind services

Research & Evaluation

WHO?

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



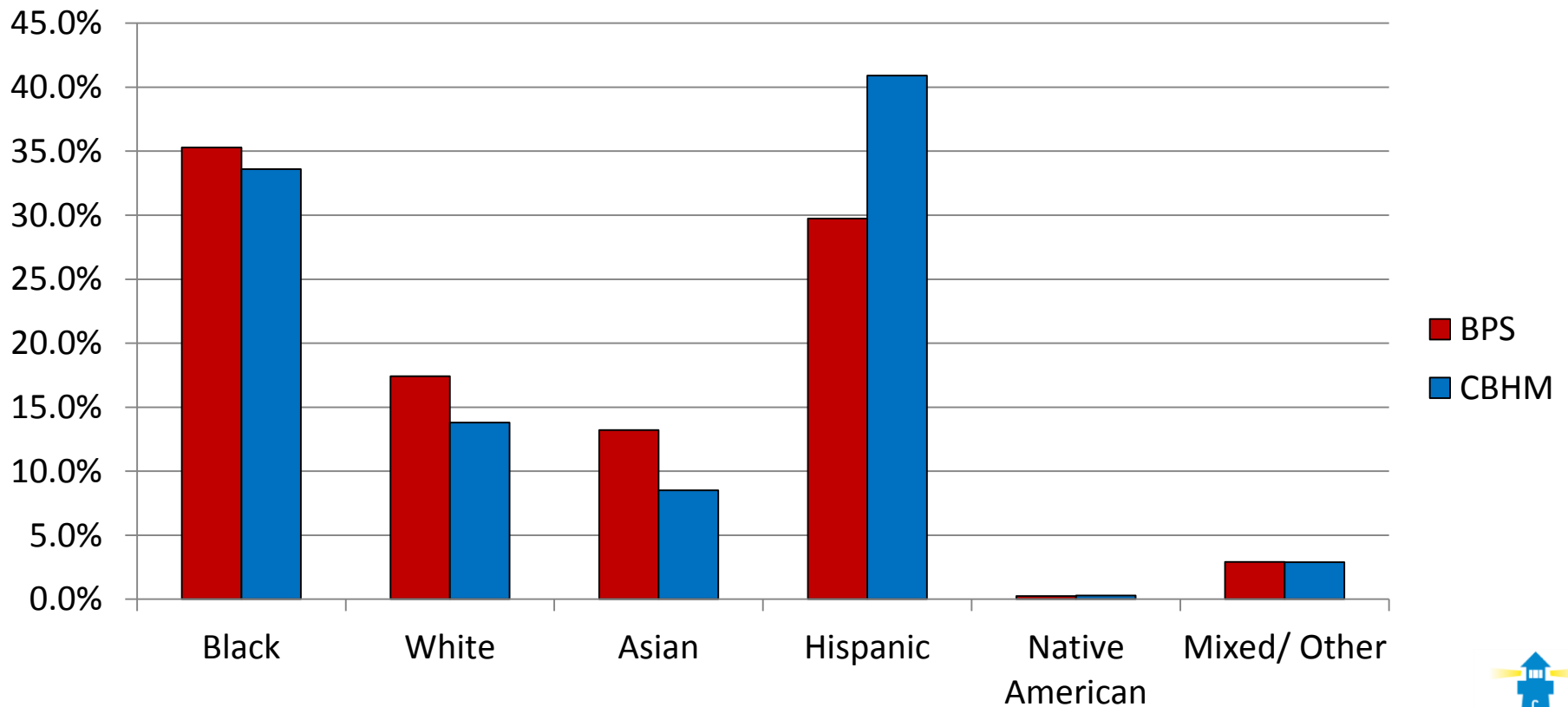
CBHM Research Committee

WHAT?



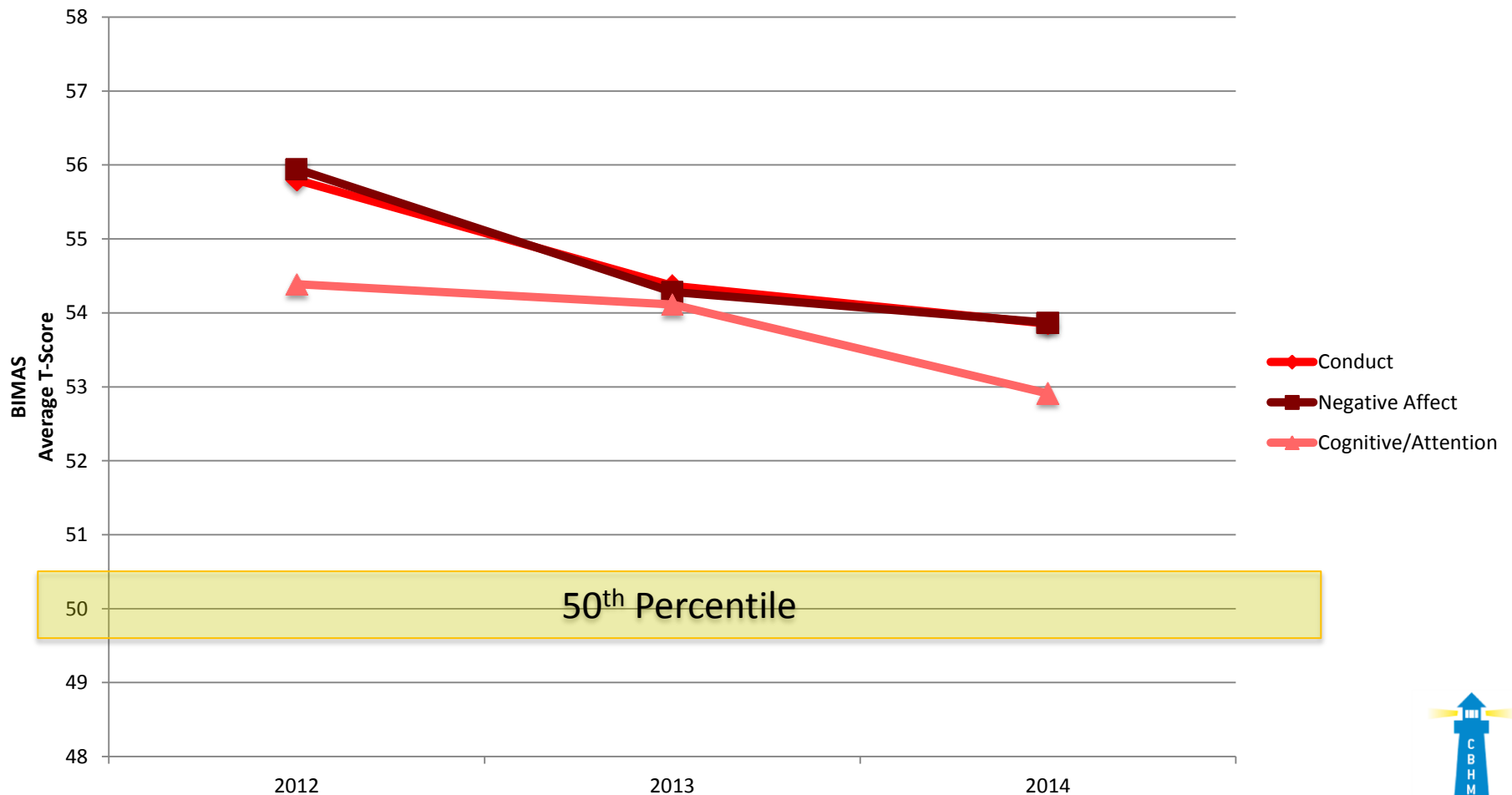
CBHM DEMOGRAPHICS

BPS & CBHM Enrollment, by Race



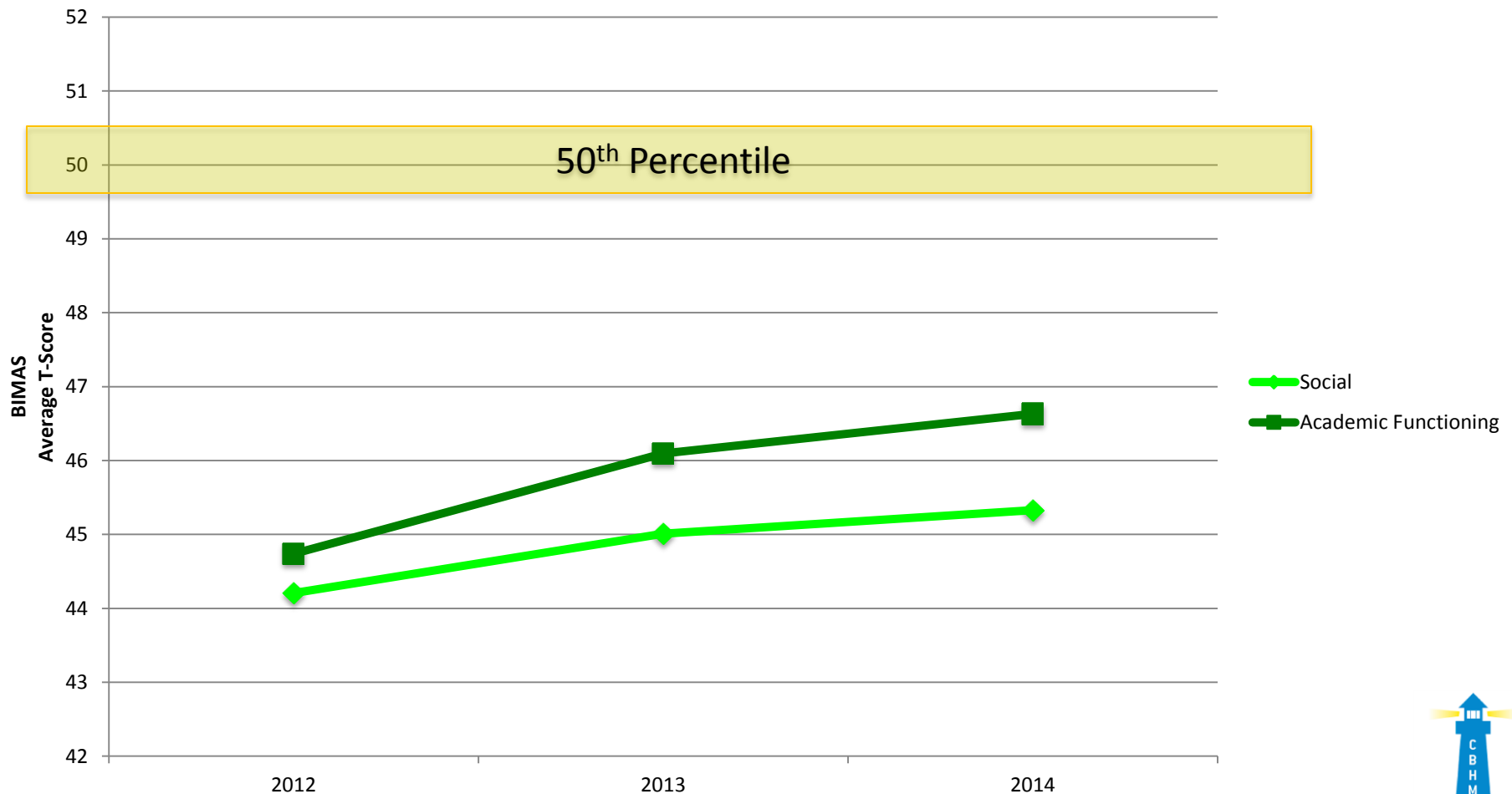
CBHM **STUDENT** Outcomes

Cohort 1: Decrease in Problem Behaviors



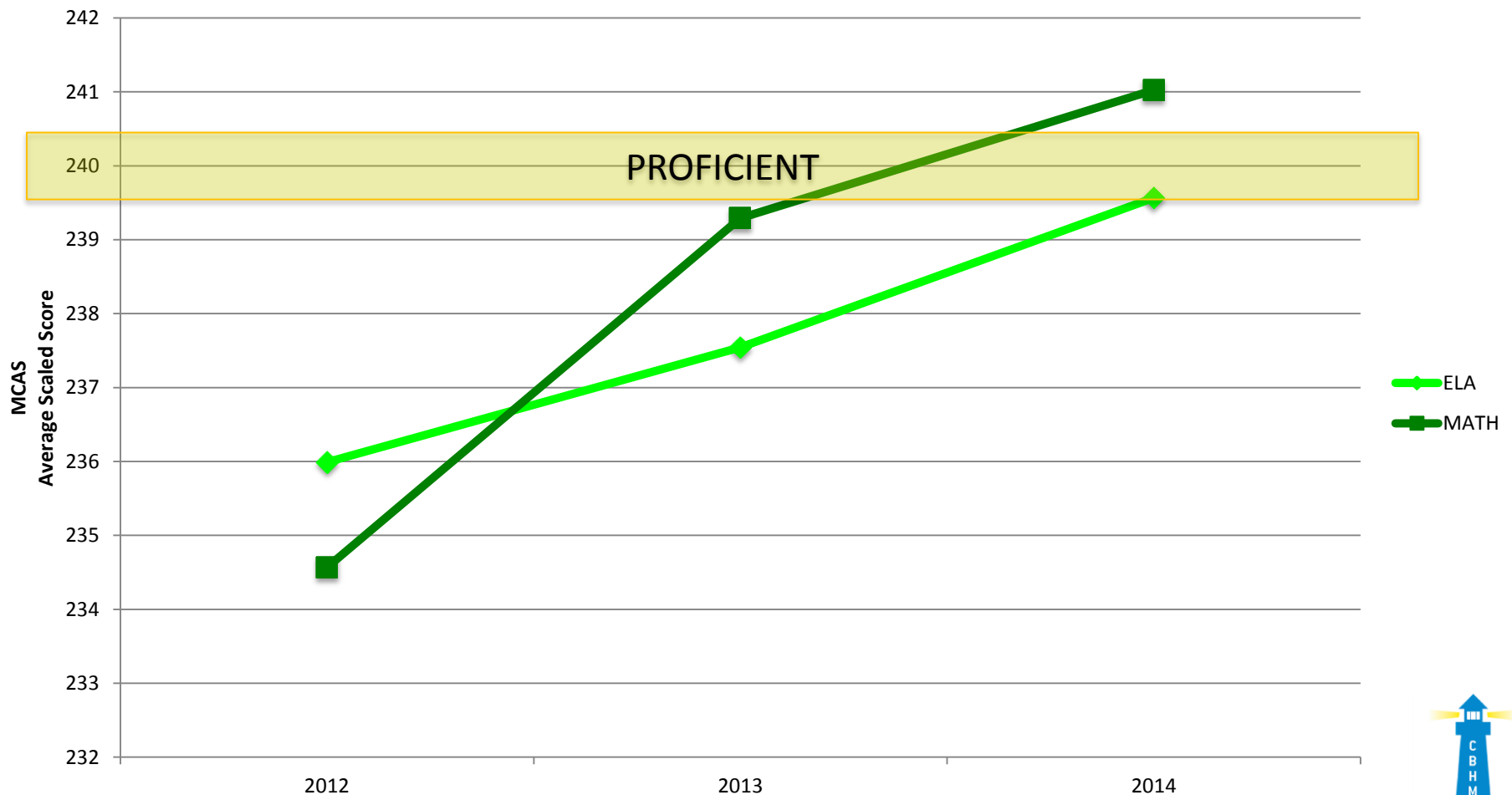
CBHM **STUDENT** Outcomes

Cohort 1: Increase in Positive Behaviors



CBHM **STUDENT** Outcomes

Cohort 1: Increase in Academic Outcomes



CBHM **STUDENT** Outcomes

- 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 ($p < .01$)



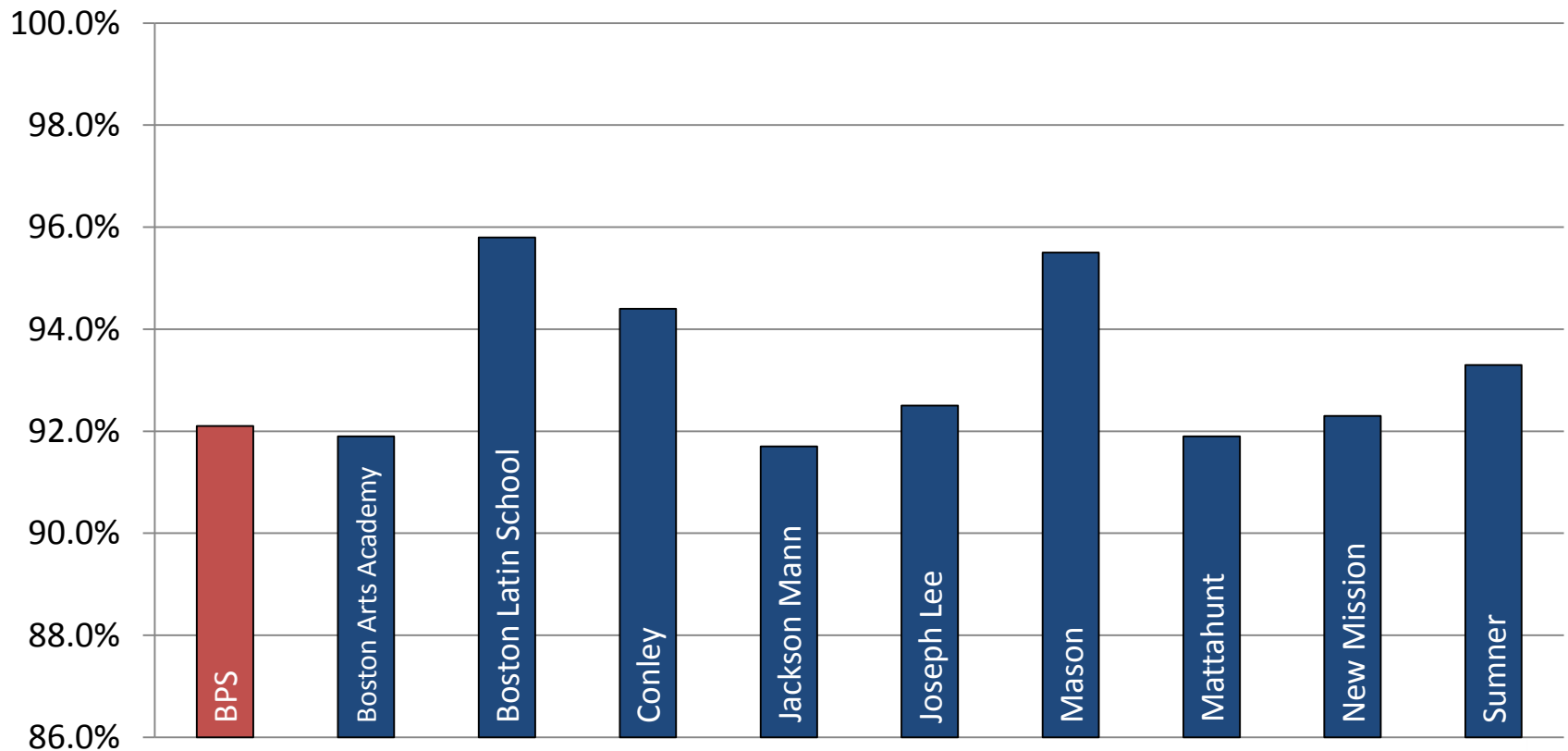
Nearly significant decrease in average BIMAS Conduct Scale T-Score ($p = .063$)



CBHM SCHOOL Outcomes

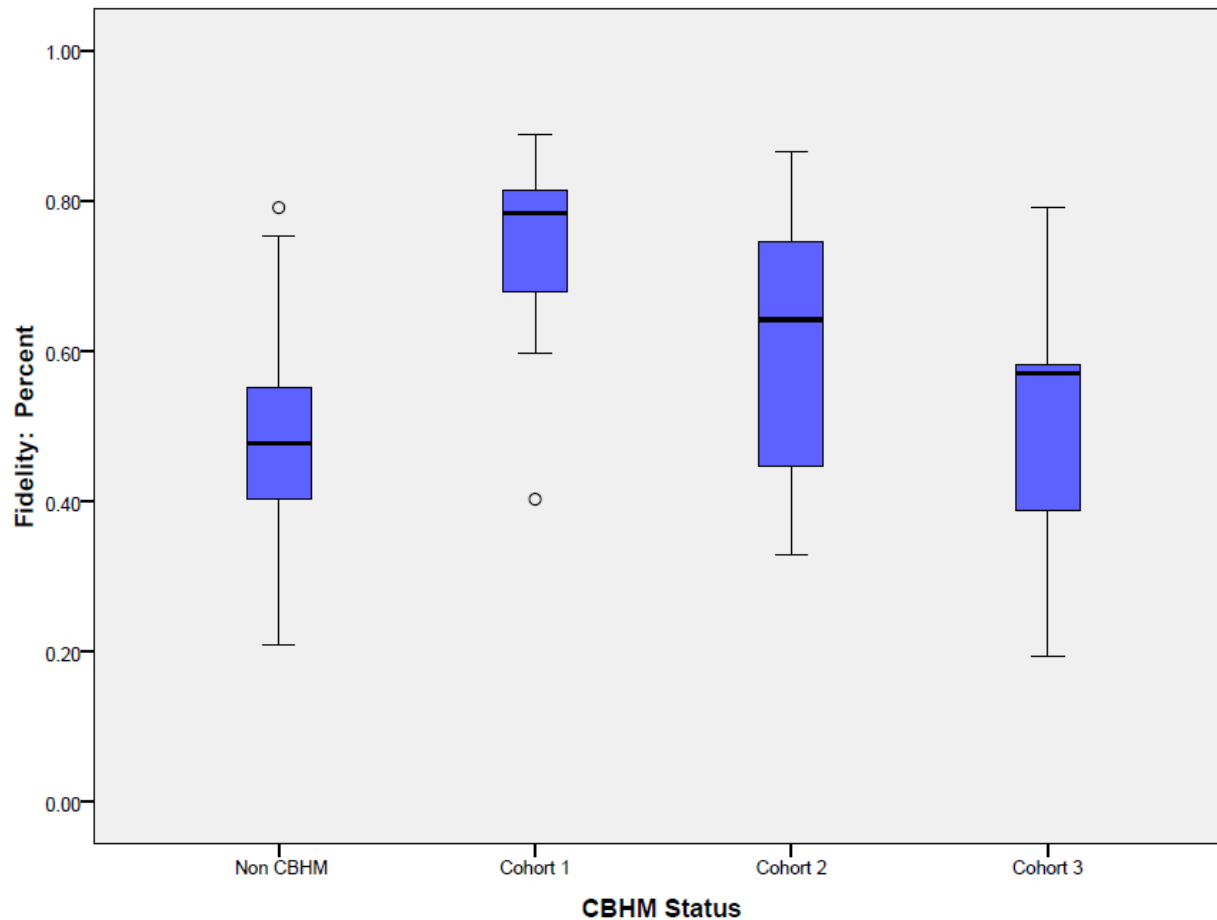
Cohort I: Attendance Rates at CBHM Schools Compared to District

Source: DESE, SY 13-14



CBHM SCHOOL Outcomes

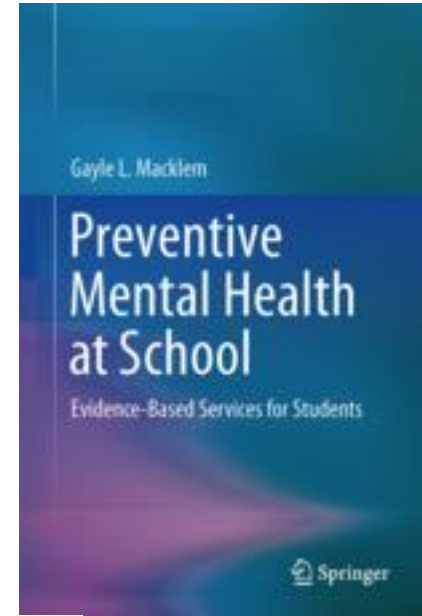
CBHM Implementation Fidelity: SY 2013-14 *(Fidelity For Now)*



CBHM DISTRICT Outcomes

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

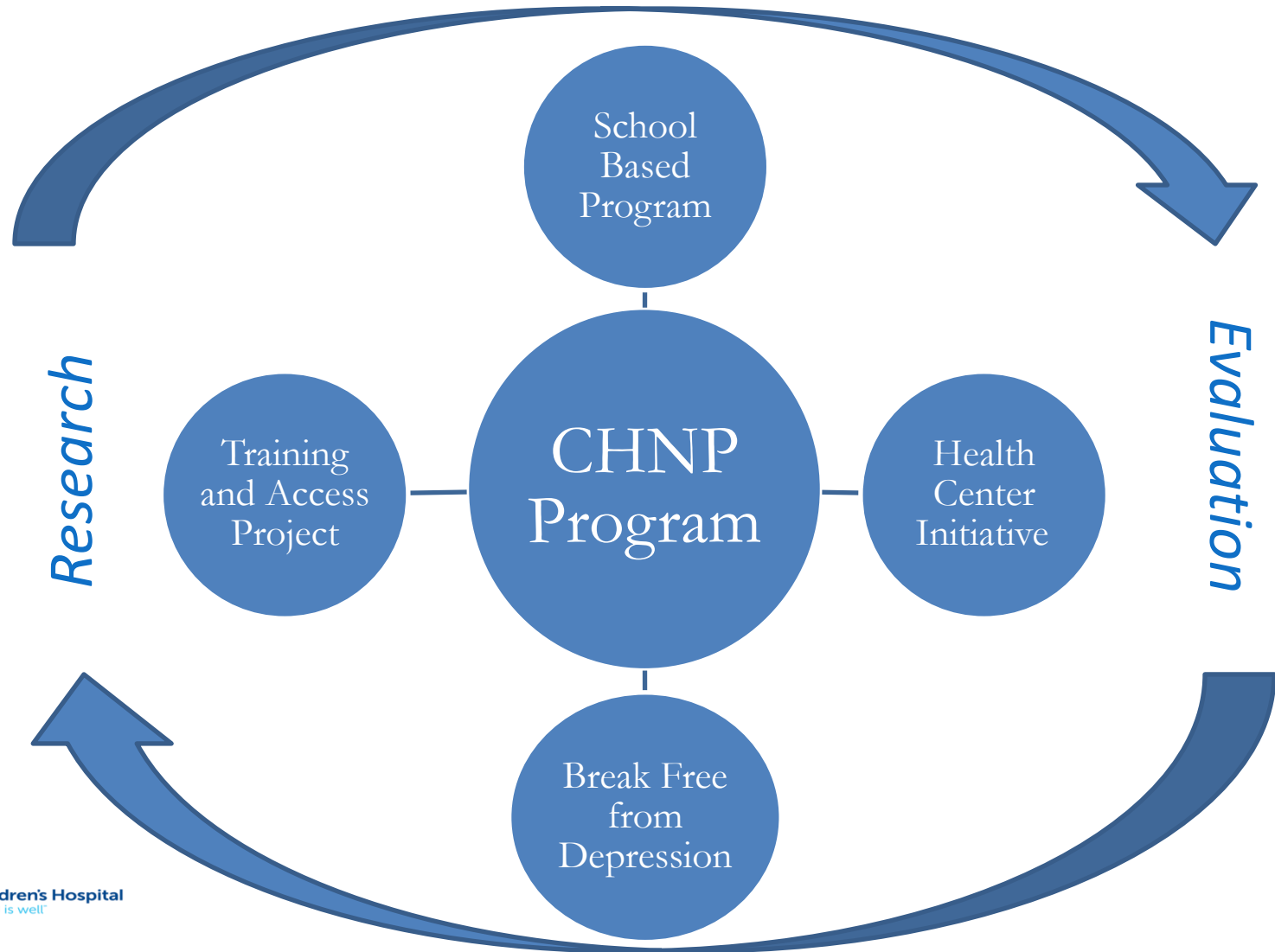
Community Partnerships Strategy

- Schools can not 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



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



Boston Children's Hospital
Until every child is well



CHNP

- 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

Proposed Topics:

September 2015	An Overview Social Emotional Development: What Can We Expect in the Classroom?
October 2015	Strategies for a Supporting Students in the Classroom
December 2015	What is Behavioral Health? Symptoms and Systems
January 2016	Tips and Tools for Crisis Intervention & Management
February 2016	Stress Management & Self Care for the Educator
March 2016	Understanding Trauma and the Impact on Learning
May 2016	Developing Dissemination Strategies for Addressing Social Emotional Health for 2016-2017

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 the
 - 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

Mapping of Behavioral Health Partnerships 2014-2015

- 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



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://ies.ed.gov/ncee/wwc/>
- <http://www.cebc4cw.org/>

Contact Information

Andria Amador

aamador@bostonpublicschools.org

617-635-9676

Shella Dennerly

shella.dennerly@childrens.harvard.edu

617-919-3201