

THE WHOLE IS GREATER THAN ANY OF ITS PARTS:

Increasing Sustainability Through Multi-Agency
Partnerships for Behavioral Health



BALTIMORE CITY
PUBLIC SCHOOLS

OBJECTIVES

- Participants will be able to list three strategies to reduce silos in behavioral health programming
- Participants will identify how to access joint funding sources
- Participants will be able to describe four components for a behavioral health evaluation

EMBEDDING SCHOOL BEHAVIORAL HEALTH

Impetus of Behavioral Health Programs in City Schools

HISTORIC OVERVIEW

OVER 30
YEARS

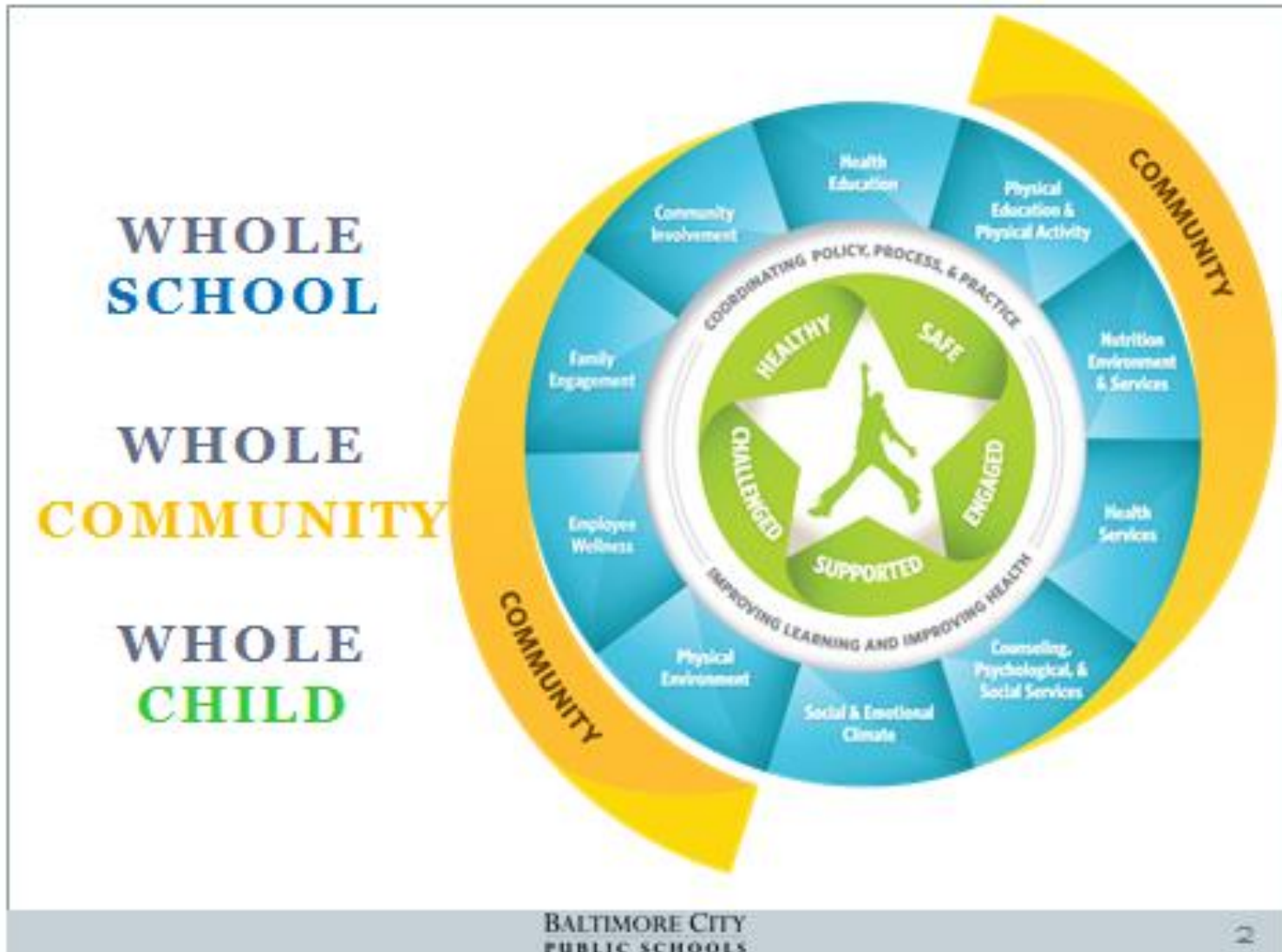
- **Partnership Initiation**
 - Baltimore City Public Schools (City Schools)
 - Baltimore City Health Department (BCHD)
- **Population Identification**
 - Over 85% of the students qualify for free lunch (universal free breakfast and lunch as well as supper for schools with late afternoon/ evening programs provided)
 - Most students are Medicaid or Children's Health Insurance Program (CHIP) eligible
- **Initial Model**
 - Focused on Mental Health Only
 - Initially began in 1 school then expanded to 4 schools
- **Partnership Growth**
 - Baltimore Mental Health Systems (BMHS)
 - Expansion of Mental Health
 - Addition of Prevention Funding (6th Grade Initiative)
 - Baltimore Substance Abuse Systems (BSAS)

CURRENT OVERVIEW

FISCAL YEAR 2018

- **Early Childhood Mental Health**
 - FY2018 ECMH program facilitates access to early childhood mental health consultation in **6 Head Start Programs with 53 sites**
- **Expanded School Mental Health**
 - FY2018 Expanded School Mental Health (ESMH) program facilitates access to school based outpatient services in **127 public schools.**
- **School Based Substance Use Disorder Program**
 - FY2018 School Based SUD Program facilitates access to school-based outpatient **services in 16 schools.**
- **6th Grade Initiative**
 - Targeted Prevention Services
 - Shift/Redesign to begin FY2019
- **Includes**
 - Prevention
 - Early Intervention
 - Ongoing Care

INTENDED IMPACT OF THE WORK



INTENDED IMPACT OF THE WORK



LESSONS LEARNED

- **Limitations of Services**
 - Challenge: Services initially addressed only mental health
 - Solution: Expand services to be inclusive of behavioral health (mental health and substance use disorder treatment)
- **Social Determinants of Health**
 - Challenge: Lack of comprehension of the impact Adverse Childhood Experiences (ACEs) on achievement, behavior and attendance
 - Solution: Professional development for school staff

LESSONS UNDERWAY

- **Balancing Staffing Patterns and Utilization**
 - Challenge: Low utilization/referrals in some schools and high utilization/referrals in other schools
 - Solution: Technical Assistance to the sub-vendor and principal regarding services/engagement and reallocation of staffing time (treatment) to schools with high referrals
- **Continued Collaboration (Stakeholder)**
 - Challenge: Changing landscapes and staffing among stakeholders
 - Solution: Monthly Implementation Meetings and weekly check ins as needed
- **Continued Collaboration (Sub-Vendor/Schools)**
 - Challenge: Consistent utilization of clinicians in schools
 - Solution: Sub-vendor engagement with principals/school staff; follow-up by BCPS representative with principals; follow-up by BHSB representative with sub-vendors
- **Request for Proposals**
 - Challenge: Continuity of care while ensuring highest quality providers
 - Solution: Ongoing, consistent RFP process stressing quality, equity and access while partnering with larger stakeholders

FUNDING SCHOOL BEHAVIORAL HEALTH

Balancing the Braid

HISTORIC OVERVIEW

BRAIDED FUNDING

- **Baltimore City Public Schools (Initial Funder)**
- **Baltimore City Health Department (Initial Partnership)**
- Public Behavioral Health System (PBHS, 1115 Waiver)
- Baltimore Mental Health Systems (State Block Grant)
- Baltimore Substance Use Systems (Prevention Funding)
- Foundations (Private Grants)

HISTORIC OVERVIEW

1996 1115 WAIVER

- Behavioral Health Administration (BHA) and Maryland Medicaid (in partnership with the Maryland Department of Health) applied for this Waiver
- Created a Public Behavioral Health System October 1996
- Moved mental health treatment from grant funding to fee for service
- Outpatient Mental Health Clinics (OMHCs) could bill for school based services using schools as a “separate site” (usually through the use of a billing “modifier)
- More information about Maryland’s 1115 Waiver can be found at the following:
<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8488>

HISTORIC OVERVIEW

2016 PROVIDER ALERT

- PBHS Provider Manual has been updated to offer guidance on how to document when delivering services in the school setting
- As long as providers are delivering services within their scope of practice and license, behavioral health providers may have arrangements with schools in which they deliver their services
- Place of service code must reflect "03" as an identifier that the service occurred within the school

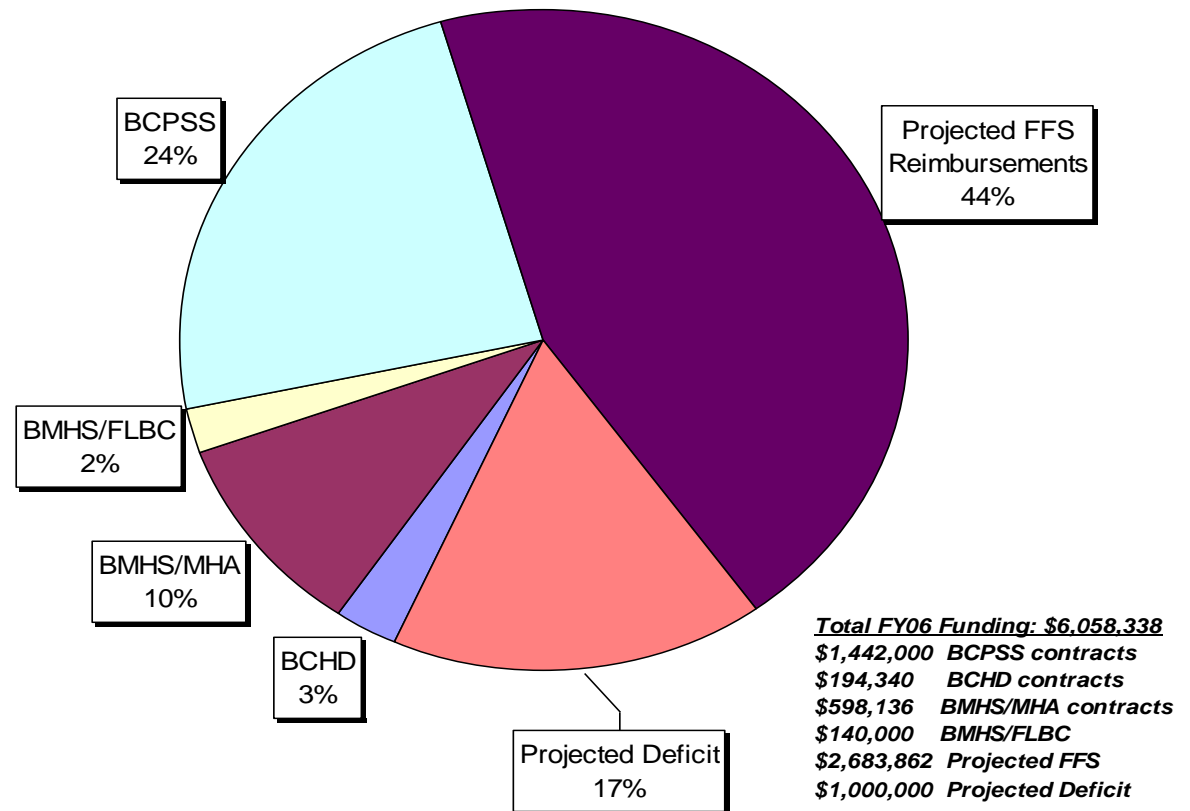
HISTORIC OVERVIEW

FISCAL YEAR 2006

Baltimore City Expanded School Mental Health FY'06 Funding Sources

Services are currently available in 122 Baltimore City Schools

FY'06 Total Funding Needed: \$6,058,338



CURRENT OVERVIEW

FISCAL YEAR 2018

- Unduplicated Number of Schools Supported (MH/SUD):
 - MH: 126
 - SUD: 15
- Number of FTEs Supported:
 - MH: 88.5
 - SUD: 7.5
- Number of Youth Served: 9,802
 - MH: 9,695
 - SUD: 107
- ESMH Funding Source/Amount:
 - PBHS: \$3,992,725
 - MH327: \$742,113
 - Foundations \$169,000
 - BCPS: \$1,500,000
 - 6th grade initiative: \$353,885
- SUD Funding Source/Amount:
 - City Grant: \$490,000
- **Total Funding: \$7,247,723**

LESSONS LEARNED/ UNDERWAY

- **Sustainability (Reductions)**
 - Challenge: Significant reductions in state and federal funding streams due to economic pressures
 - Solution: Finding alternative funding under affordable care and pooling resources as well as partnering with the large HMO's
- **Sustainability (Time Limited Dollars)**
 - Challenge: Utilization of Foundation/Miscellaneous funding to expand services
 - Solution: Diversifying with multiple partners while engaging larger systems in funding commitments (e.g. DSS/DJS/etc.)
- **Funder Requirements**
 - Challenge: Shifting priority areas for focus of funding
 - Solution: Ongoing engagement of funders in discussions and utilization of data to advocate for continued opportunities

EVALUATING SCHOOL BEHAVIORAL HEALTH

In Data We Trust

HISTORIC OVERVIEW

EVALUATION TOOLS

- **Integration of City Schools Outcomes** via the Office of Achievement and Accountability (OAA)
- **Botvin's Life Skills Survey** instrument used to examine changes in knowledge, attitudes, and skills; consists of 60 items to measure drug refusal skills, assertiveness skills, relaxation skills, and self-control skills.
- **CAGE** is a 4-item, screening test for problem drinking and potential alcohol problems (alcoholism)
- **CRAFFT Screening Tool** is a behavioral health screening tool used with children under 21 to assess substance use; consists of 6 questions to screen adolescents for high-risk alcohol and other drug use disorders.
- **Screen for Child Anxiety Related Disorders (SCARED)** is designed to screen for anxiety disorders in children ages eight and above; consists of 41 items that measure general anxiety, separation anxiety, social phobia, school phobia, and physical symptoms of anxiety
- **Vanderbilt** is used for helping to diagnose ADHD in children

HISTORIC OVERVIEW

IDENTIFIED OUTCOMES

- Student Attendance: percentage of students attending at least 90% of school days
- Suspension: percentage of students with no suspensions after beginning services
- Special Education referrals: decrease in the number of behavior based referrals to IEP teams
- Promotion: percentage of students promoted to the next grade

HISTORIC OVERVIEW

RESULTS

- Georgetown University
 - Comprehensive program evaluation
 - Found that students receiving ESMH services had increased promotions, better attendance and less suspensions than their peers not receiving services
- 2015 Re-Evaluation
 - Conducted of a sample of schools
 - Found better attendance and fewer suspensions

CURRENT OVERVIEW

FISCAL YEAR 2018

- **Botvin's Life Skills Survey** instrument used to examine changes in knowledge, attitudes, and skills; consists of 60 items to measure drug refusal skills, assertiveness skills, relaxation skills, and self-control skills
- **Evidence-Based Assessment (EBA)** Initiative involves:
 - Use of assessments that are reliable, valid, and clinically useful for the intended population
 - Data collection at regular intervals throughout treatment
 - Informing diagnosis, treatment planning, and outcome
 - Ongoing progress monitoring to inform changes in treatment

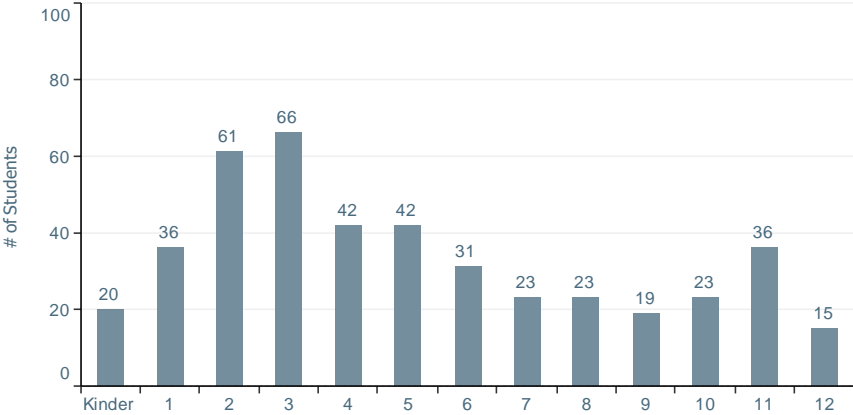
CURRENT OVERVIEW

FISCAL YEAR
2018

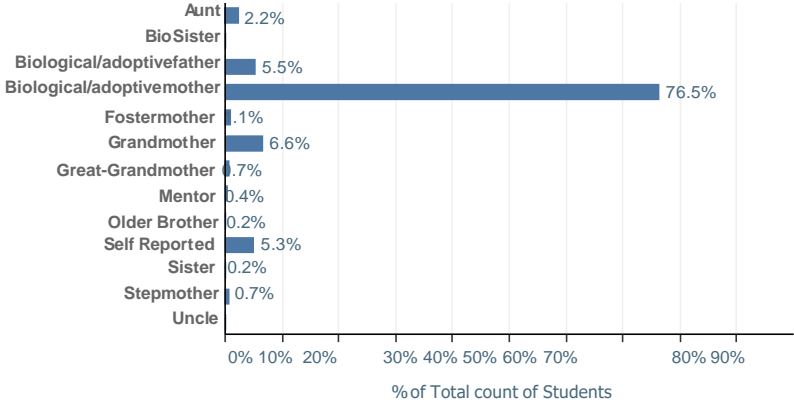
- **EVIDENCE-BASED ASSESSMENT**
 - Selected Tool: PSC-17
 - Sample Size: Four (4) youth per school (127 schools)
- **THE PEDIATRIC SYMPTOMS CHECKLIST (PSC-17)**
 - A psychosocial questionnaire with 3 subscales:
 - Attention Problems
 - Internalizing Problems
 - Externalizing Problems
 - Assessment Purpose: Screening, Initial Assessment, Progress Monitoring, and Treatment Outcome
 - Two versions:
 - Parent version (PSC-17): Ages 3-16
 - Youth Self-Report (PSC-17): Ages 17-18

EBA BASELINE

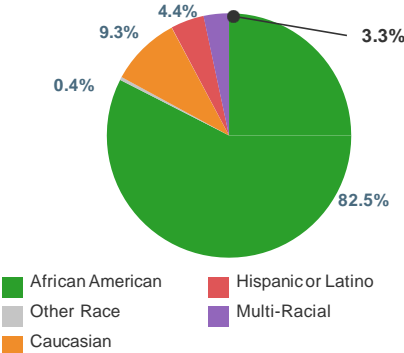
Grade Distribution



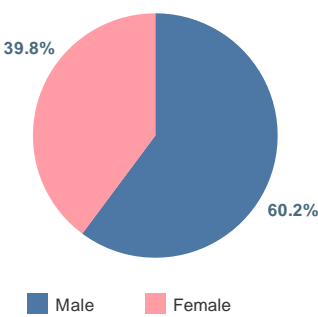
Caregiver Relationship



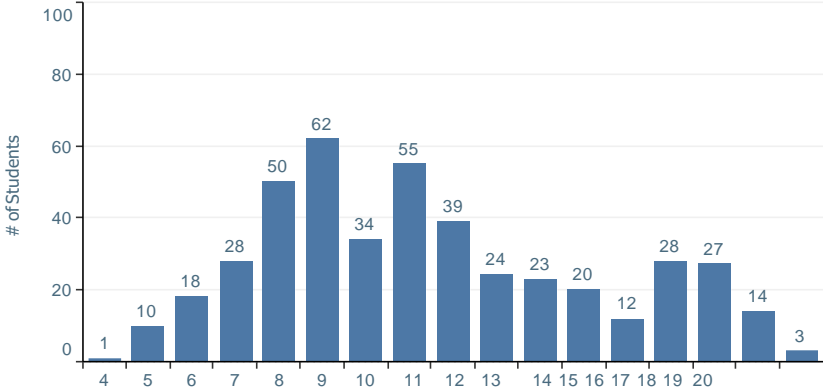
Race/Ethnicity



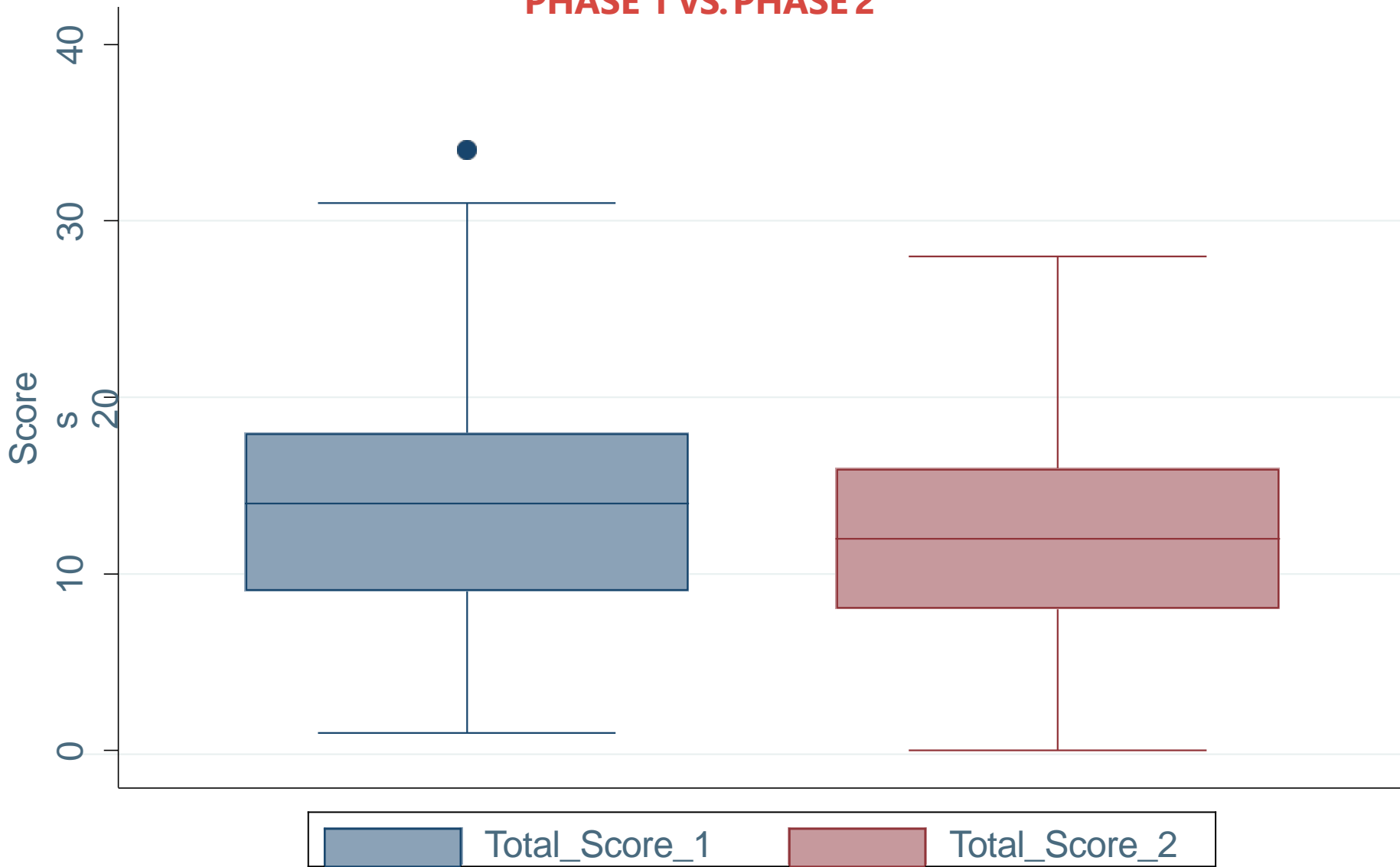
Gender



Age Distribution



PSC 17 - TOTALSCORES, PHASE 1 VS. PHASE 2



LESSONS LEARNED

- **Choice of Tool**
 - Challenge: Identification of tool which provides the needed data and can be easily implemented across service lines
 - Solution: Intensive and ongoing collaboration with sub-vendors, data analysis team and consultants to evaluate tools and determine choices
- **Evidence Based Assessment vs. Evidence Based Intervention**
 - Challenge: Results may allow for hypothesis regarding impact of enrollment/treatment but do not point to a particular intervention
 - Solution: Ongoing data process development and analysis with sub-vendors and the data analysis team
- **Data Analysis (Capacity and Collaboration)**
 - Challenge: Analysis of data takes time and staff which challenges capacity
 - Solution: Monthly collaboration meetings to evaluate and prioritize needs and determine distribution of work

LESSONS UNDERWAY

- **Academic Demands**
 - Challenge: Academic demands of the school day with the common core and PARCC assessment as focus of the program with little left over time for supplemental service
 - Solution: Presentation of data that supports better academic achievement when mental health services are provided (Georgetown report)
- **Sub-Vendor Engagement**
 - Challenge: Engaging sub-vendors to be willing to participate in the Evidence Based Assessment Initiative via completion and submission of the PSC-19
 - Solution: Active and ongoing sharing of results and hypothesis with sub-vendors, including potential benefits of a larger sample size
- **Caregiver Engagement**
 - Challenge: Due to services being provided on-site at schools, in person engagement of caregivers can be limited
 - Solution: Selection of a tool which can be completed via phone and or electronic device

QUESTIONS?

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LEARN MORE ABOUT CITY SCHOOLS

- Baltimore City Schools website
- www.baltimorecityschools.org/cityschoolsinside
- Click here to for news and updates
- <https://www.facebook.com/baltcityschools>
- Learn about our exciting Building a Generation: City Schools' Blueprint for Success

LEARN MORE ABOUT BHSB

- BHSB Youth and Families Website: <http://www.bhsbaltimore.org/for-individuals-and-families/youth-and-families/>
- BHSB News and Updates: [Click here to sign up](#)
- BHSB Events for Providers; learn more by visiting www.bhsbaltimore.org/for-providers/events-for-providers/

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Behavioral Health System
Baltimore

*Envisioning a city where people live
and thrive in communities that
promote and support behavioral
health*

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