

City of Philadelphia
Department of Social Services
Office of Behavioral Health System (BHS)
Community Behavioral Health, Inc. (CBH)



School-Based Intensive Behavioral Health Services
In Philadelphia Public Schools

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WHY DEVELOP A NEW MODEL?

- Need for a flexible service for children with serious mental health problems in school
- Need for a more effective service than one-to-one service
- Need for more collaboration between families, school personnel and providers of children's behavioral health care

WHY DEVELOP A NEW MODEL?

- Community Behavioral Health (CBH) is the Philadelphia city-operated, non-profit Medicaid behavioral health company and part of the City's Office of Behavioral Health System
- CBH supports care for over 100,000 individuals annually
- 51% are children
- In 2002, 25% of Medicaid budget was devoted to wraparound services for children

WHO HELPED DEVELOP THE PROGRAM?

- Parents and Caregivers
- BHS staff
- Philadelphia School District staff
- Children and Youth Agency staff
- Behavioral Health providers
- Child Welfare providers

WHAT IS THE GOAL OF THE PROGRAM?

- To help parents and educators understand and support children with significant emotional and/or behavioral difficulties succeed in school settings
- To improve the behavioral and emotional functioning of children through an intensive, short-term school-based service
- To link children and families to appropriate community-based behavioral healthcare

WHAT IS THE MODEL?

- Short-term wraparound program in school
- Service provided in school to children diagnosed as being seriously mentally ill or emotionally disturbed and that such illness or condition is having a negative impact on children's ability to be educated
- Children already receiving behavioral healthcare in the community
- Behavioral health service provided in collaboration with the Philadelphia School District
- WES Horizons, the largest minority-operated Philadelphia community mental health center, is a foremost provider of these services and operates 4 teams

WHAT IS PROVIDED?

- Development and implementation of individual treatment and behavioral plan
- Intensive individual, group and family therapy
- Wraparound services to children in school
- Crisis intervention
- Case management services to children and families
- Child-centered consultation and behavioral health training of child's teachers and other educational staff

HOW IS CARE PROVIDED?

- Permanent clinical team provides care in a flexible, individualized fashion to meet the needs of the child in treatment
- Care is provided on an as-needed basis, but not constantly in most cases
- "Listen" to the child's story
- "Teach" the child how to behave

TEAM TYPE

- School-based Behavioral Health ("SBBH") team prototype
- Currently in 27 Philadelphia public elementary and middle schools
- One team serving a school or one team shared between two schools serving 21 eligible children
- Children are served in their own classrooms and at the SBBH offices in the school during the school day
- Both children in special education and regular are served

TEAM COMPOSITION

- 1 mental health professional clinical manager
- 2 mental health professional clinicians
- 7 mental health workers
- 1 care coordinator
- 4 hours of on-site psychiatric consultation and/or services

SBBH OUTCOMES

- 16 enumerated outcomes reported on a monthly basis to CBH to measure individual child improvement in critical areas and in determining program effectiveness
- Consumer improvement indicators such as increase school attendance, increase in positive classroom behaviors and decrease of disciplinary actions
- Program effectiveness outcome indicators such as access of children to SBBH services, average daily census, participation of caregivers in services and average length of stay in SBBH

CHILDREN SERVED AND DISCHARGED

- Over two year period, SBBH served 760 children and youth
- 435 children were successfully discharged to less-intensive, community-based outpatient services
- No children discharged due to parental/caregiver dissatisfaction with SBBH
- 25 children placed in more restrictive setting (i.e., residential treatment facility)
- 20 children, mostly middle school students, transferred due to school district action (i.e., disciplinary schools)
- Majority of other discharged children due to families moving to another community and leaving the SBBH school

PROGRAM ACCESS AND ATTENDANCE

- Over two year period, 98% of children accessed SBBH within 24 hours of authorization
- Most children enrolled in SBBH program attended school on an average daily census of 85% to 90%
- Average length of time students discharged from SBBH is 139 school days
- Average length of time students remaining in SBBH is 109 school days

SCHOOL BEHAVIORAL INDICATORS

- Each child had individual behavioral goals that were monitored and charted by the team on a daily basis
- 23% of all children improved up to 10%
- 14% improved on individual goals from 11% to 25%
- 41% improved from 26% to 50%
- 18% improved on individual goals from 51% to 75%
- 14% improved from 76% and up
- Less than 3% of SBBH students were suspended, were the subject of any serious school incident reports, or were involuntarily transferred to a disciplinary school

POST DISCHARGE

- SBBH team must insure linkage to next level of care, whether more or less restrictive
- Effective linkage to other programs after discharge was 94%
- After 30 days from discharge, 92% of all caregivers were satisfied with the SBBH services and team

PARENTAL INVOLVEMENT AND SUPPORT

- Parental and caregiver support is key element to successful behavioral outcomes
- Weekly participation by parents and/or caregivers was 71%

EXPANSION OF PROGRAMS

- Based on success of SBBH program, CBH implemented other school-based behavioral health models, including C.A.R.E. (Children Achieving through Re-Education), T.E.S.C. (Therapeutic Emotional Support Classrooms) and Nurture Classrooms

EXPANSION OF OUTCOME MEASUREMENT

- As of September 2004, Philadelphia Office of Behavioral Health, Community Behavioral Health initiated implementation of improved behavioral health outcomes measurement process
- On a pilot basis, 5 SBBH teams, including 2 operated by WES Horizons, are using "The Strength and Difficulties Questionnaire" as an outcomes measurement tool



THE END