



CITY OF PHILADELPHIA



DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES

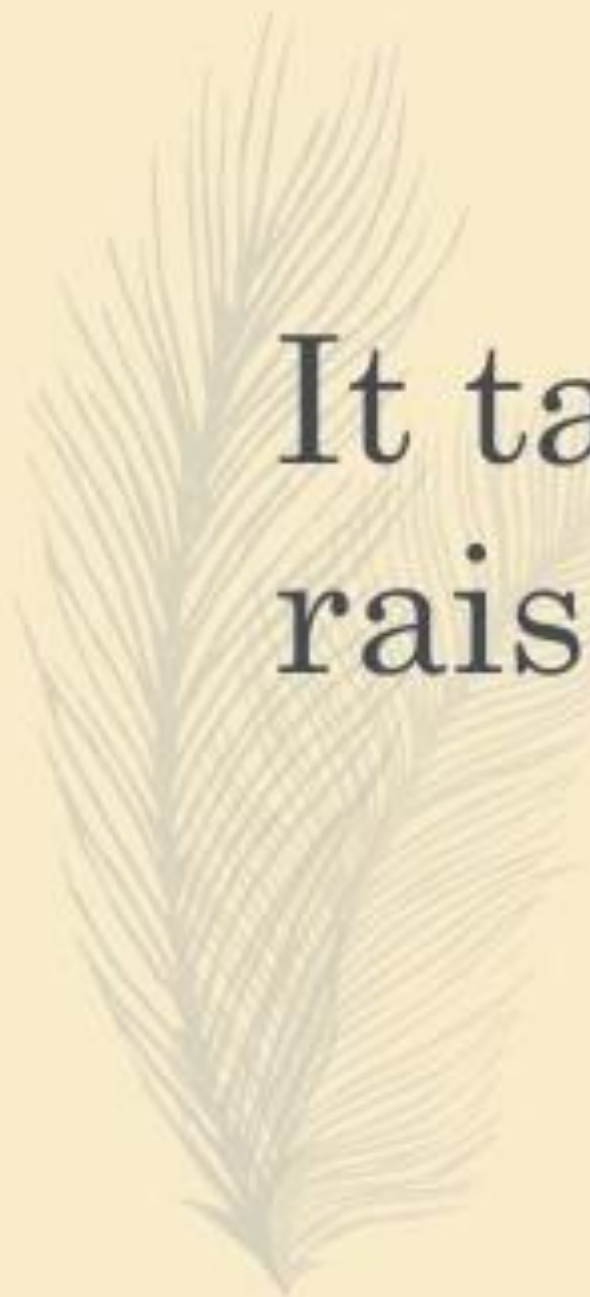
Revisiting the Village: Population and Children's Mental Health



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Overview

- Frameworks
- Our Village:
 - Challenges
 - Examples of Work in Action
- Future Opportunities
- What can you do



It takes a village to
raise a child.

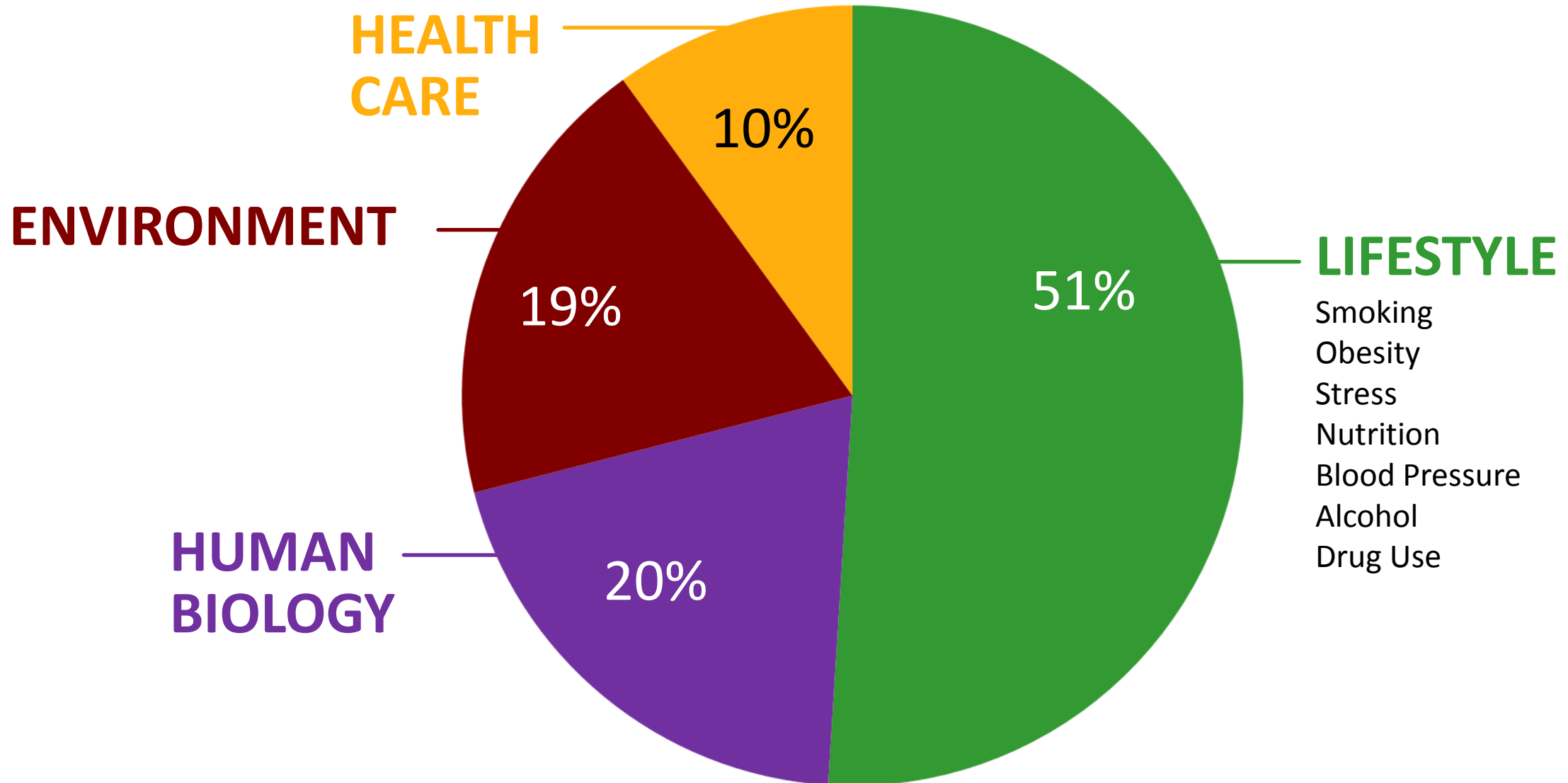
—African proverb



Core Values

- CASSP
- Systems of Care
- Blue Ribbon Commission
- Practice Guidelines
- Public Health Approach
- Population Health

Factors that Influence Health Status



The 5 Principles Needed for a Population Health Approach



1. Attend to the whole population
2. Promote health, wellness, and self determination
3. Provide prevention and early interventions
4. Address the social determinants of health
5. Empower individuals and communities to keep themselves healthy

Social Determinants of Health



- Income and Income Distribution
- Education, Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion
- Social Safety Network
- Health Services
- Aboriginal Status
- Gender Race and Disability

Our Village = Our Population



PEW REPORT, PHILADELPHIA: THE STATE OF THE CITY

Population	1,547,607
Percent of residents who are	
• Under the age of 20	26%
• Age 20–34	26%
• Age 35–54	25%
• Age 55 and older	23%
• Black or African American	42%
• Non-Hispanic White	37%
• Hispanic or Latino	13%
• Asian	6%
• Other	2%
Percent of residents who	
• Were born in Pennsylvania	68%
• Were foreign born	12%
• Speak a foreign language at home	21%
School-aged children <i>nursery to high school</i>	270,519
Students enrolled in college or graduate school	153,719

Percent of adult residents who	
• Graduated from college	24%
• Never graduated from high school	19%
Percent of adults who are	
• Married or live as a couple	32%
• Never married	55%
• Divorced or separated	10%
• Widowed	3%
Percent of children in previous 12 months born to unmarried women	65%
Median household income	\$34,207
Percent of households with income of	
• Less than \$35,000 a year	51%
• \$35,000 to 74,999 a year	28%
• \$75,000 to \$99,999 a year	9%
• \$100,000 or more a year	12%
Percent below poverty level	28%
Households with	
• No vehicles available	35%
• Two or more vehicles available	23%

Percent of workers employed by	
• The private sector	82%
• Government agencies	14%
• Their own businesses	4%
Total housing units <i>homes and apartments</i>	670,265
Percent of units listed as	
• Vacant	14%
• Occupied	86%
Percent of all units built before 1939	40%
Percent of units	
• Owned by occupant	54%
• Rented	46%
Median monthly rent	\$853
Where people lived the previous year	
• Same house	85%
• Different house in Philadelphia	10%
• Somewhere else in the U.S.	4%
• Abroad	1%

*Among the comparison cities, Philadelphia had the second highest average unemployment rate in 2012, behind Detroit.

SOURCE: Philadelphia 2013 The State of the City, Pew Charitable Trusts, www.pewtrusts.org/philaresearch

Philadelphia's Profile

- Population: 1,560,297 (5th Largest City in the USA)
- 51% of individuals make less than \$35,000 per year
 - 28% (3 of 10) of all Philadelphians are below the poverty line
 - **38% of children live in poverty**
- 2nd highest unemployment rate in US in 2012 - Detroit has higher unemployment
- Highest homicide rate among 10 largest cities
- **High School graduation rate was 65% in 2014 , state average 80 to 89%**
- **High ACES**

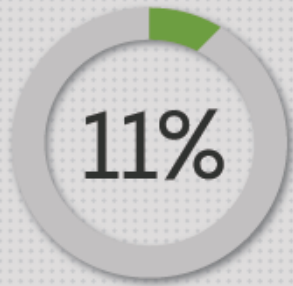
Mental Health Facts

CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



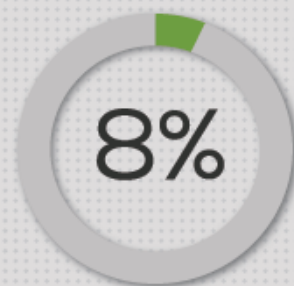
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.¹

50%



Approximately 50% of students age 14 and older with a mental illness drop out of high school.¹

70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Adverse Childhood Experiences

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

Progress Through Population Health

Overarching Frame - SOC



System of Care



Philadelphia Integrated System of Care Expansion (PISCE)-Year 2 of 4

■ **Goals:**

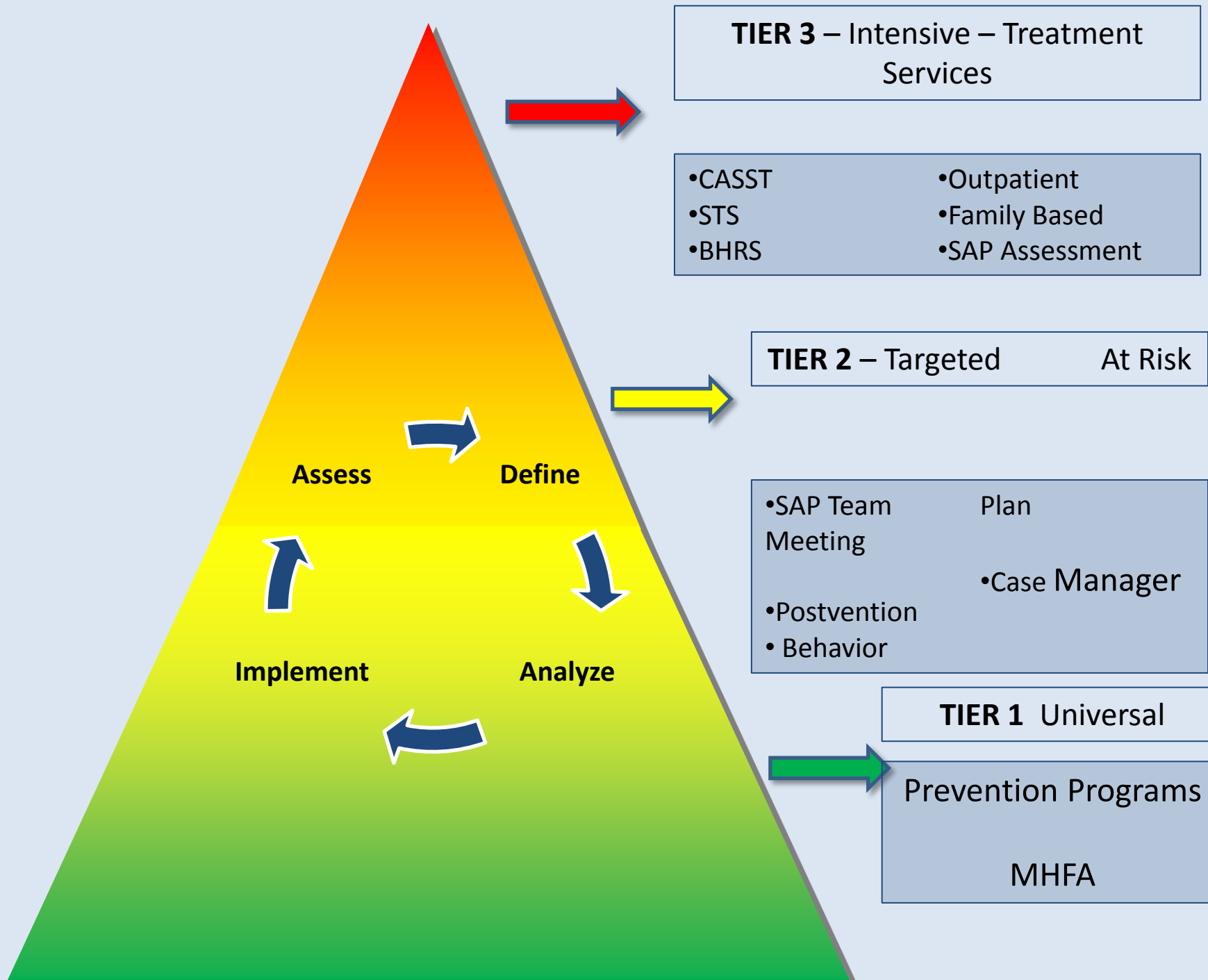
- **Re-Orient System to core Values of Systems of Care**
- Reduce use of RTF and Length of Stays
- Address dis-proportionate RTF utilization by African-American youth
- Create cultural and linguistic competent system
- Increase Family Engagement competency
- **Promote True Family and Youth Partnership:**
 - **Creating Independent Legacy Family Organization**
 - **Enhancing Youth MOVE Philly chapter**



Increasing Population Access – School Based Programs



A Population Health Approach



School-Based Programs

■ Prevention Programs

- Evidence-Based Curricula
- **37,000** Youth participated

■ Mental Health First Aid

■ Student Assistance Program (SAP)

- **1288** Youth Assessed

■ Treatment Programs

- **5,535** Engaged in any School-Based Treatment
- **100** School Therapeutic Services (STS) Programs
- **5** Schools Community and School Support Teams (CASST)- evolving model to have “*clinical home*”

Partnering with Child Welfare

Cross- System Development in a Population Health Approach

Cross- System Development in a Population Health Approach

- **Specialized Clinical Care Management Teams**

- Family Court
- Community Umbrella Agencies

- **Workforce Development**

- DBHIDS 101, Think Trauma, Mental Health First Aid

- **Leadership and Policy Development**

- Regular meetings between DBHIDS and DHS
- Internal Interdepartmental DHS Subgroup

Philadelphia Alliance For Child Trauma Services (PACTS)

Adverse Childhood Experiences

What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

PACTS Accomplishments

- **10,000** children have received Trauma Screening and Assessment
- **1,150** youth have received TF-CBT and **330** were active as of March 2016
- **60** children and adolescents have received CFTSI
- **217** therapists trained in Trauma-Focused Cognitive-Behavioral Therapy(TF-CBT)
- **16** therapists trained in the Child and Family Traumatic Stress Intervention (CFTSI)

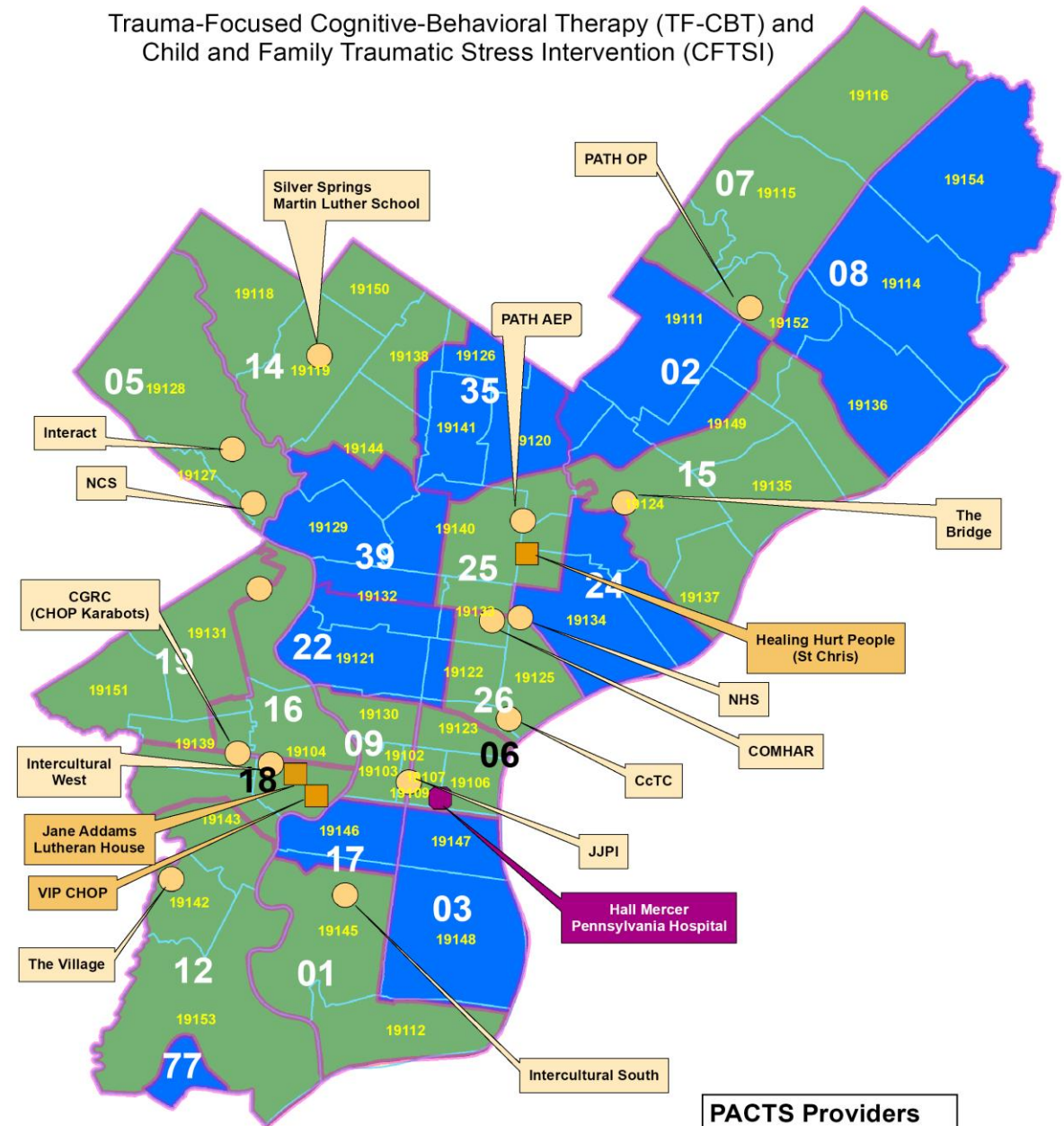


PACTS Provider Map



Philadelphia Alliance for Child Trauma Services (PACTS) Providers Map

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) and
Child and Family Traumatic Stress Intervention (CFTSI)



PACTS Providers

- TF-CBT only
- TF-CBT and CFTSI
- CFTSI only

Map Created: 03/16/2016
Collaboration of the Philadelphia Alliance for Child Trauma Services (PACTS), Transformation Research Unit (TRU), and Trauma Transformation Unit (TTU).

Crisis Services

Evolving Crisis System of Care

MHFA

Enhancing
Current
Program Crisis
Components

MET & Further
Development
of Kids Mobile
Model

AIP & Crisis
Stabilization

Care Management Transformation- *Creating Healthy Tomorrows, Today*



CMT

- We have CBH and DBH members who have been our members since birth
- We also support the care of whole families
- We, unlike to other system payors are involved over the course of people's lives

CMT

- Point of first contact- CMT, CBH participating in ISPTS, Community based teams going out to pediatric care practices
- Education of new members offers a significant opportunity through mailings, internet materials and in house trainings, **family resource guide**
- Expanding Community Education
 - Wellness Lectures in the community
 - Member orientation, forums and regular dissemination of information
 - Mental Health First Aid, YOUTH

CMT

Resource Support for members:

- Assisting members with needs beyond treatment referrals
- Advocating for social policy and legislation
 - Pre K, Housing, School Funding
- Deploying HiFi Wrap Process
- Braided funding opportunities and grants
 - Expanding the scope of Medicaid
 - Innovative funding approaches

City Wide Initiatives



Young Children (0-5)

Philadelphia Universal Pre-K

- January 2017: 2000 new seats
 - 71 Sites
 - 10.2 Million awarded
- 6500 seats in the next 5 years
- www.phprek.org

DBHIDS Efforts

- BH Consultation Model
- Quality and Access to Young Child Therapeutic Programs
 - CCTC
 - Community Council
 - NHS
- Increase coordination and trainings between Young Child Systems
- ITSE Coordinators

Community Schools

- **9 Schools Selected**

- Dobbins HS
- Tilden Middle School
- Kensington Health Sciences
- South Philadelphia HS
- Gideon Elementary/Middle
- Southwark Elementary/Middle
- Edmonds Elementary
- Logan Elementary
- Cramp Elementary

- Schools represent a wide cross-section of neighborhoods.
- More schools to be selected for next Academic Year

Health Enterprise Zone (HEZ)

- 296,000 Medicaid Recipients- 13% PA Medicaid
- 20 years earlier life expectancy
- 5 hospitals (4 health systems) and 2 universities
- Zip codes: 19120-26 • 19130 • 19132-34 • 19138
• 19140-41 • 19144

HEZ

Goals

- Reduce Health Disparities
- Improve Health Outcomes
- Stabilize and Reduce Health Costs

Interventions

- Support Community Schools – and health services therein
- Identify top 100 adult and pediatric “super utilizers” to help improve the care they receive
- Work with City of Philadelphia and Chamber of Commerce to identify employment opportunities
- Convene stakeholders in health, education, technology, community

Promise Zone

- Philadelphia selected as one of 3 cities in the country with funding from White House, HUD, Agriculture, Justice and Education
- Focus on areas of deep and persistent poverty
- Create ladders to opportunity in West Philly area with 50.7% poverty

Promise Zone-cont

- Goals:
 - Create Jobs
 - Increase economic activity
 - Improve educational outcomes
 - Reduce violent crime
 - Leverage private capital
 - Reduce poverty rate

Future DBHIDS Opportunities



Evolving Approach

- Strengthen cross-systems partnerships/Braid funding
- Family Care Coordination/Care Management
- Developing whole family programs-
 - Given intergenerational transmission (ie trauma, perinatal depression)
- Transforming Maternal/Child Services
- Evolving D/A services- ie prevention services targeted to children of parents with D/A

Your Call to Action



What can you do?

- In course of your work
- As a community member:
 - Be an active participant in your Village
 - Bring a knowing voice of mental health to community
 - Volunteer for any activity in support of children and families (mentoring etc)

Begin at the Beginning

InBrief: Early Childhood Mental Health

Discussion

