Implementing a School Behavioral Health Model for Military Impacted Students and for the Entire School Community:

Using Systems of Care Approaches and a Public Health Framework to Inform Policy and Practice

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Objectives:

The participant will be able to:

• Discuss the behavioral health of children, and families of military service members and the impacts of deployment and other stressors unique to military life and culture.

• Discuss a developing model for school mental/behavioral health on military installations and how system of care values and principles and public health framework guide this work.

• Understand the value of lessons learned and considerations in planning for replication.
Service Members and Families

• About 1.5 million service members have deployed to Operation Iraqi Freedom & Operation Enduring Freedom
  – 500,000 have served 2 tours
  – 70,000 have served 3 tours
  – 20,000 have been deployed 5+ times

• About 1.76 million are military children
  – 78% are younger than 11 years old
  – More than 2 million children have had a parent deployed
  – 19,000 have had a parent wounded in action
  – 2,200 have lost a parent in Iraq or Afghanistan

### Number of Children of Military Families Directly Impacted by OIF/OEF *

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<tr>
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<th>Active Duty Parents</th>
<th>Nat’l Grd/Reserve Parents</th>
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<tbody>
<tr>
<td>Ages 0-5</td>
<td>43% (481,103)</td>
<td>28% (174,401)</td>
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<tr>
<td>Ages 6-11</td>
<td>32% (368,850)</td>
<td>52% (327,342)</td>
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<tr>
<td>Ages 12-18</td>
<td>25% (279,319)</td>
<td>20% (126,284)</td>
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*FY2007 Population in the Military Services: Department of Defense
Current Realities

• Incidents of neglect and child abuse are increasing in the Army (JAMA, 2007)

• Army spouses whose Soldiers have deployed have increased depressive disorder, sleep disorders, anxiety and acute stress reaction disorders (N Engl J Med 2010; 362:101-9)

• Roughly 1/3 of children whose parents have deployed have significantly increased anxiety symptoms (Am Acad Child Adoles Psychiatry, 2010;49(4):310-320)

• Cumulative length of deployment increases a child’s risk of depression and externalizing symptoms and poorer academic performance (RAND study 2011)

• Stress builds up across wartime deployments in parents and children (N Engl J Med 2010; 362:101-9)

• Dependence on TRICARE Civilian Network for behavioral health resources that are inadequate and not coupled with deployment cycle & Army culture

• Inadequate TRICARE resources, especially in geographically dispersed areas
Current Realities - continued

• Lack of Behavioral Health System of Care for Army Children and Families

• Effect of War/Deployment on Children and Families
  – 1 of 3 school-aged child at risk for psychological problems; About 30% of children will have significantly increased anxiety (Flake et al 2009 J Dev Behvl Peds 30:271-278)
  – Children 3 years and older have significantly more behavioral problems (Lester et al 2010 J Am Acad Ch & Adol Psychtry 49:310-320)
  – Children & adolescent distress levels are directly related to parental functioning (Lester et al 2010 J Am Acad Ch & Adol Psychtry 49:310-320)
  – Increases in Child/Youth referrals related deployment -- 30-82% (informal reports from installations in March 2011)
Child, Adolescent and Family Behavioral Health Office (CAF-BHO)

- Acts as the lead office within Army Medical Command (MEDCOM) for integrating and coordinating Child and Family Behavioral Health (BH) programs
- Serves as the coordination office to the Surgeon General and MEDCOM regarding Child and Family BH issues, programs and initiatives
- Consults/advises on developing and integrating BH care for Soldiers’ Families at the installation level, including planning and coordinating Child and Family BH resources throughout the community
- Institutionalizes, standardizes and provides Child & Family BH training to: Primary Care & BH Providers, Teachers, Families
CAF-BHO Clinical Services Programs

“To Promote Optimal Military Readiness and Wellness in Army Children and Families”

- Child and Family Assistance Center (CAFAC): Integrate and provide direct Behavioral Health Support for Army Children and their Families, including Marriage and Family Therapy

- School Behavioral Health (SBH): Implement a cost-effective comprehensive array of school behavioral health programs and services to support Children, their Families, and the Army Community at the schools (and potential Child Development Centers-CDCs currently being piloted)
CAF-BHO School Behavioral Health Mission

• To implement a cost-effective comprehensive array of embedded school behavioral health evidence-based programs and clinical services to support children, families and the Army community in Schools and Child Development Centers, directed at the promotion of optimal Soldier readiness, Army Family wellness and resilience.
Core Elements OF SBH

• Coordinate and integrate BH services and programs in schools with Embedded Clinical Providers facilitating easy and simple access to care
• Increase awareness of BH issues and decrease stigma in seeking assistance
• Establish a Memorandum of Agreement between the Military Treatment Facility and School District to formalize joint partnership in support of SBH Program for Military Families
• Develop an School District Advisory Council chaired by the Installation Leader and District Superintendent to evaluate progress and institute new initiatives
• Develop a School Building Advisory Team and Triage Teams at each school receiving embedded SBH services
• Continuously standardize and effectively implement evidence based practices and strategies outlined in the CAF-BHO SBH Manual
**Advisory Board**: Regional. Provides overall guidance and direction, quality assurance.

**Advisory Group**: At each school. Provides specific advise to the SBH program, policy development, performance improvement. Ensures effective collaboration of all care providers.

**Triage Team**: At each school. Responsible for clinical case/problem review – referral, management, monitoring.

**Key features**:  
-- Early detection  
-- Care and prevention provided onsite where the child is located  
-- Integrated efforts; complement to School Liaison Officers, Military Family Life Consultants, School Counselor  
-- Opportunities for training and education
Increased capacity for SOLDIER to tolerate stress and improved functioning (Soldier Readiness)

Improved FORCE READINESS

- Implementation of School Behavioral Health and CAFAC
- Decreased conflict/tension in family system; improved FAMILY functioning
- Improved health/functioning of CHILD

Soldier & Family Readiness
The Army’s Home for Health...
Saving Lives and Fostering Healthy and Resilient People

~ Partnerships Built on Trust
Updated Definition of Systems of Care

“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life”
Systems of Care

• Systems of Care, which have been established in nearly 100 communities nationwide, have a strong track record of increasing school performance while decreasing suicide attempts, juvenile justice involvement, and the need for residential treatment.

• In other words, Systems of Care help youth remain at home, in school, and out of trouble.

• Nearly 100 System of Care communities have been established nationwide.
Include Core Values in Definition

• Add three core values to the basic definition:
  
  – Community-based
  
  – Family-driven and youth-guided
  
  – Cultural and linguistic competence

• So intrinsic that they should be included in the overall definition, in addition to their specification as core values
System of Care Framework
System of Care Concept
Nationally, 56 percent of students with serious emotional challenges will drop out of school. These students drop out of school more frequently than any other population of students *


SOC National Evaluation Data

**Why Systems of Care Are Important to Schools**

About 65% of youth aged 14–18 in systems of care received some mental health services at a school. On average, youth received 5.7 different types of services and supports in the first 6 months. Outcomes for schools in system of care communities improve through the introduction of mental health services into school settings, including:

- easier access to services for students and their families
- elimination of misconceptions about students and their families
- improved capability to prevent or respond quickly to crisis situations.
- shared costs of staff positions between mental health agencies and schools
- increased eligibility for third-party reimbursement for in-school health and mental health staff
- more effective team planning and problem solving and school-wide staff training
- more active supervision and behavior management of students in non-classroom settings

SOC National Evaluation Data

• Youth who entered systems of care with the highest levels of risk for school-related problems demonstrated significant progress on many educational outcomes.

• As they entered system of care services, over 43% of these at-risk youth attended school less than 60% of the time. This figure dropped more than half (to 20%) within 12 months after entering services.

• Nearly 56% of these youth had been failing half or more of their classes before entering services. This percentage dropped by more than half (to 26%) within 12 months.

Overview

National Outcomes for Systems of Care:

- School suspensions and expulsions decreased by 44%.
- Achievement of passing grades increased by 31%.
- Youth reported significantly lower levels of depression (22%).
- Youth suicide attempts were reduced by more than two-thirds.
- Youth self-reports of arrest dropped from 27% to 11%.
- *Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services*
SOC National Evaluation Data

- Expulsions from school decreased by two thirds (from 15% at intake to 5%) within 12 months. No youth were permanently expelled from school within 12 months after entering services.

- Only 8% of youth in systems of care had dropped out of school after 12 months of services.

How is Military School Behavioral Health Integrating Systems of Care?

• Guiding framework for SOC
• Standardizing Foundational Pieces / “Core Elements”
• Role of Multi-Disciplinary Teams and Cross System Work (collaboration)
• Identifying, Building Upon Core Values
• Culture Within Culture & Engaging Cross Culture
• Developing & Using Common Language
• Modeling Public Health (Command) Framework
CAF-BHO SBH Logic Model

**RESOURCES**

- **People**: SME's that have relevant experience and know SBH best practices
- **Money**: Funds to generate, maintain, and sustain programs
- **Time**: To provide embedded SBH services to military families and children in school environment
- **Support**: Military, School & Community Partnerships, Leadership Support

**ACTIVITIES/OUTPUTS**

- **Develop**: Prevention, Resilience Building, Clinical Care
  - Standardized Practices
  - # Patients Seen
  - # of Resources & Training for Providers
  - Type/Range of Clinical Services
  - # Referrals
- **Provide**: Training & Guidance
  - Use of Evidence Based Practices
  - # of Trainings for Care Providers, Educators, Parents, Students, Community
- **Build**: Military, School, and Community Partnerships (On/Off post)
  - Key Partnerships
  - MOU Signed
  - Evidence of Coordination of Services
  - Collaborative Practices
  - Information Sharing
- **Collect Data & Evaluate Program**
  - Screening and Data Collection
  - Quarterly Reports
  - Client Satisfaction Surveys
  - Briefings
  - Continuous Quality Improvement

**OUTCOMES**

- **Short Term**
  - Decreased stress in students & families
  - Decreased emotional behaviors & classroom disturbances
  - Improved student attendance
- **Medium Term**
  - Improved academic performance
  - Improved family functioning
- **Long Term**
  - Enhanced Family & Soldier Readiness
  - Improved self-efficacy to utilize knowledge and skills

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The Monograph

A Public Health Approach to Children's Mental Health: A Conceptual Framework

To Download Full Monograph or Expanded Executive Summary: http://gucchdtacenter.georgetown.edu/public_health.html
Developing Shared Language

Allows partners to become unified as a group

Facilitates more effective and efficient communication

Builds consensus about how to measure success

Supports the change process, particularly as terms and their meanings gain acceptance.
Five Guiding Principles: Public Health Approach

• Population focus
• Emphasis on creating supportive environments and building skills
• Balanced focus between children’s mental health problems and positive mental health
• Cross-system and cross-sector collaboration
• Local Adaptation
Integrated Values of Children’s Mental Health and Public Health

- Be driven by the fundamental value and dignity of every child
- Be child centered, youth guided, and family driven
- Be community based/locally adapted
- Be culturally and linguistically competent
- Be equitable, providing the resources for health for all children
- Balance the rights of the individuals with the good of the collective, recognizing that each person’s actions affect other people
- Be collaborative, with systems and sectors working together to be optimally effective
- Use scientific knowledge to drive decision making whenever possible
- Operate with accountability, respect, and integrity.
School Based Mental Health for Children Impacted by Military, System of Care within a Public Health Approach
A Conceptual Framework for a Public Health Approach to Children’s Mental Health
Intervention Model for Children’s Mental Health
School Behavioral Health Manual
Final September, 2011

Operating Procedures for a School Behavioral Health Team in Military-Impacted Schools

Child, Adolescent & Family Behavioral Health Office (CAF-BHO)
United States Army Medical Command (MEDCOM)
Office of the Surgeon General (OTSG)
United States Army
Welcome to the School Behavioral Health Website!

Welcome to the Child, Adolescent and Family School Behavioral Health website. We have assembled a series of evidence-based websites, readings and materials to help both Professionals and Parents learn more about successfully supporting military kids, in schools and at home, dealing with the impact of multiple deployments. We hope you find this information practical, useful and most importantly, helpful.

What are School Behavioral Health Services?

The School Behavioral Health Services are available for military kids on a voluntary basis at Schofield Barracks (Hawaii), Joint Base Lewis McChord (Washington), Ft. Campbell (Kentucky), Ft. Carson (Colorado), Ft. Meade (Maryland), Ft. Wainwright (Alaska), Ft. Sill (Oklahoma) elementary schools, and in Bavaria and Baumholder (Germany) elementary, middle and high schools. Services are provided by Child and Adolescent Psychiatrists, Clinical Child Psychologists, and clinical Social Workers.

Our School Behavioral Health services provide the following benefits:

- Evaluation and treatment of children using individual, group and family therapy, medication management, classroom and environmental interventions
- Parent, teacher and administrator education to include topics such as: Effects of Deployment and Reunions on...
2009 Institute of Medicine (IOM) Reports

- *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* - February 2009

- *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention* - June 10, 2009

www.national-academies.org

www.nap.edu