



Child, Adolescent and Family Behavioral Health Proponency
(CAF-BHP)



School Behavioral Health Support for Army Children and Families

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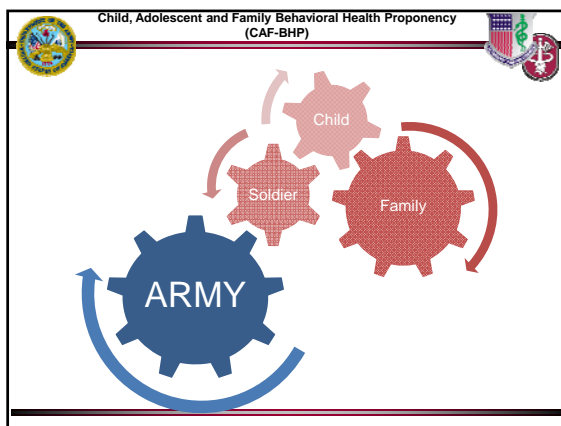
Child, Adolescent and Family Behavioral Health Proponency
(CAF-BHP)



The Challenges

- Lack of Behavioral Health System of Care for Children and Families
- Inadequate TRICARE resources in most areas near installations
- Effect of War/ Deployment on Children and Families
 - 1 of 3 school-aged child at risk for psychosocial problems About 30% of children with have significantly increased anxiety¹
 - Children 3 years and older of have significantly more behavioral problems²
 - Increases in Child Maltreatment³
 - Increases in Youth referrals
 - TAMC—89 / 326 (27%) related to OIF and/or OEF⁴
 - Schofield—126 / 206 (61%) related to OIF/OEF⁵

1 Flake et al. 2009 J Dev Behavioral Pediatr 30:271-278 2 Lester et al. 2009 3 Chartrand et al. 2008 Arch Pediatr Adolesc Med 162:1094-1095; Gibbs, et al. JAMA, 2007 298:528-535 Rentz, et al., Am J Epidemiol 2007 165:1199-1206
4 Faran and Saito, unpublished 5 Batzer and Devera, unpublished





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Mission Statement

As an integral part of the Army's force generation and deployment processes, the Proponency supports and sustains comprehensive and integrated behavioral health systems of care for Military Children and their Families at installations throughout the Army.

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Objectives

- Coordinate assets (Military and civilian) to develop comprehensive/integrated behavioral health systems of care
- Build capacity and decrease barriers to care (single portal of entry - CAFAC) with focus on prevention and building resiliency
- School Behavioral Health Programs (SBH) to improve access, reduce stigma, and promote resilience

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Objectives

- Train primary care providers in evaluation and treatment of common behavioral health disorders, to include suicide risk assessment and provide timely consultation backup
- Reduce stigma and promote "health seeking behavior" through Command and community support, active marketing, and education
- Provide repository of expertise for evidence-based interventions for Military Behavioral Health

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Short Term Plans

- Build Models of total Behavioral Health Care at large deployment installations
- Develop Academies of School Behavioral Health at TAMC and of CAFAC at Schofield
- Train Primary Care Managers at these posts
- Sustain Stigma reduction while enhancing prevention & resiliency programs
- Available for consultation and administrative assistance to all installations

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Model Improves Access Introduce to other posts

1. Patients call **ONE** number = 555-6600
2. Call answered by **credentialed** provider = 24 / 7

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graph TD
    RT[Rapid Triage] --> Peds
    RT --> ACS
    RT --> BH[Behavioral Health]
    RT --> Chaplain
    RT --> SW[Social Work]
    RT --> MF[Marriage/Family]
    RT --> SBH[School BH]
    RT --> CR[Community Resources]
    RT --> SA[Substance Abuse]
  
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Targeted Outcomes

- Improved Customer Satisfaction
 - Easier access to high quality, integrated BH care
- Improved Clinical Outcomes
 - Increased BH outpatient visits
 - Decreased psychiatric hospitalizations
 - Care management for difficult BH cases
 - Decreased utilization of global medical services
- Fewer, family-related behavioral health OIF/OEF evacuations
- Healthier Sustainable Culture for Army Families

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Army School Behavioral Health Programs

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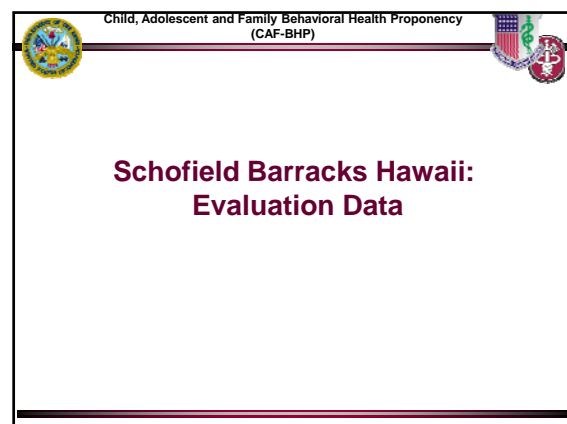
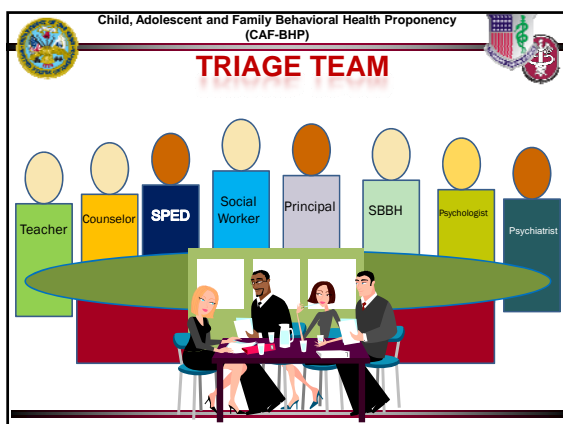
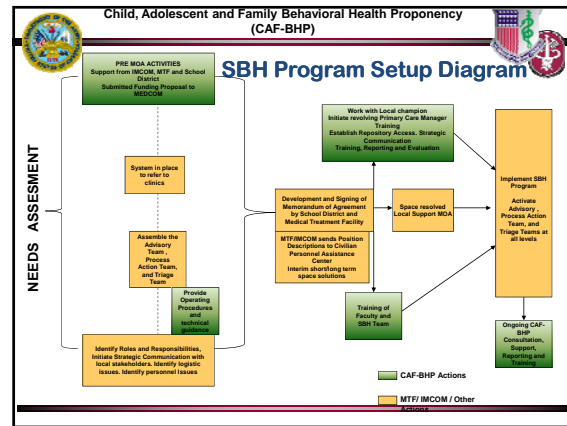
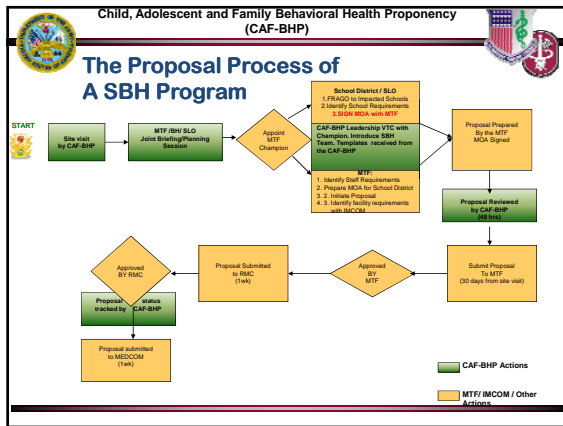
Goals and Outcomes: School Mental Health Program

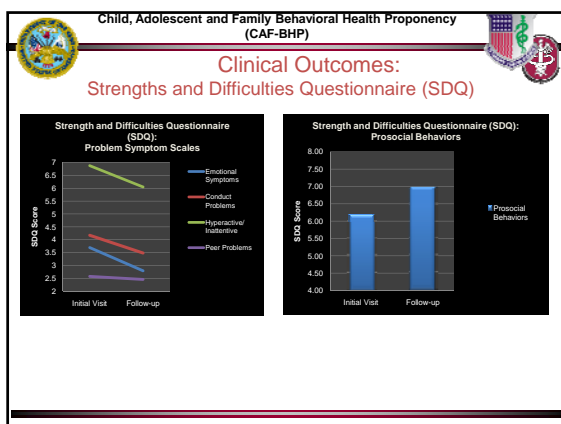
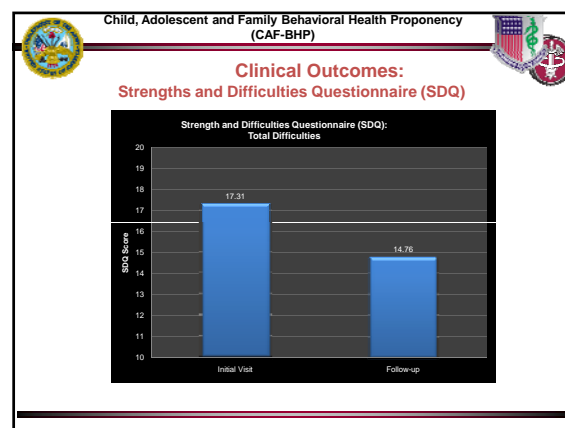
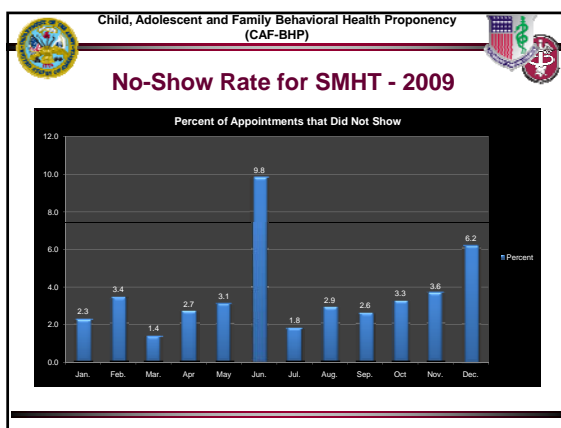
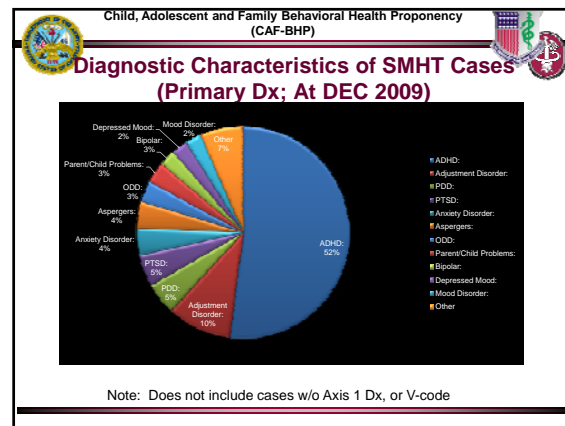
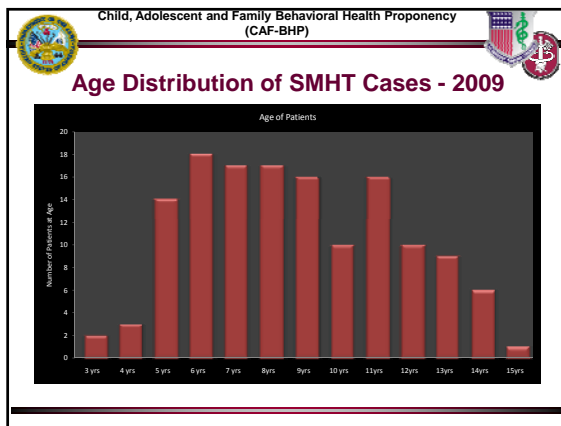
OVERARCHING: Develop best practices for School Behavioral Health that include prevention, early identification and intervention

- STUDENT LEVEL, e.g., decreased absences, improved academic performance, fewer behavior problems
- FAMILY LEVEL, e.g., increased cohesion and functioning, decreased family violence; enhanced Soldier readiness
- SCHOOL LEVEL, e.g., decreased aggressive incidents, improved climate, better performance
- MILITARY/COMMUNITY LEVEL—Develop Resiliency and Mental Wellness

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- Schofield Barracks Hawaii
- Fort Campbell Kentucky
- Fort Meade Maryland
- Fort Lewis Washington
- Baunholder Germany
- Grafenwoehr Germany
- Fort Carson Colorado
- Future Installations



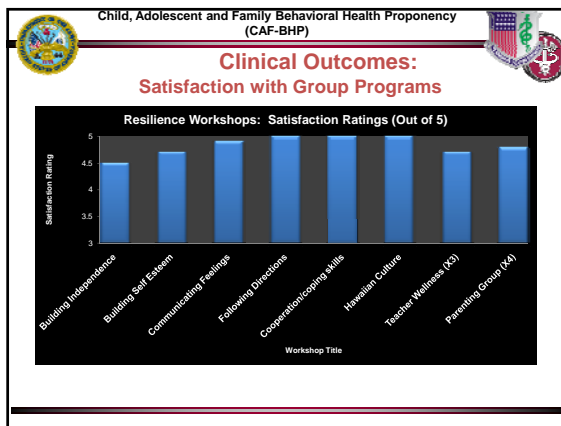


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Clinical Outcomes: "Customer" Satisfaction, Impact on Functioning

Topic	Response
satisfied with the service	100%
services met needs	100%
Impact of the service on:	
relationships in my family	4.27
emotional functioning of family members	4.15
management of home/work responsibilities for the non-active duty parent	4.35
adjustment to deployment of the active-duty parent	4.12
management of my family's stress	4.24
emotional functioning of my child or children	4.32

(0 = Totally unsatisfied, 5 = Totally satisfied)
N = 30



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Additional Programs

- School Behavioral Health Academy
- Family Readiness Group (FRG) BH Support
- Family Strong Series – Individual and Group BH educational sessions for children, adolescents, parents and families,
- Several Outreach Programs

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Mission of the School Behavioral Health Academy

- To ensure standardization of evidenced informed procedures and practices of school behavioral health programs Army wide
- To demonstrate a "Community of Practice" model to provision of care
- To integrate Family, school, Military and community systems
- To harness diverse stakeholders who are committed to a continuum of resiliency, prevention, and care, and to improve behavioral health outcomes for Military Children and Families

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5-Day Academy

- Day 1: Critical Steps for Set Up of the School Behavioral Health Team
- Day 2: Organization and Staffing of School Behavioral Health; Administration & Oversight
- Day 3: Administrative Overview: Managing the Program, and Clinical Services in Schools
- Day 4: School on-site Training
- Day 5: Practice Issues, Use of Technology, Record Keeping, Metrics, Operational Procedures

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Evaluation Results January 2010

- I have a template for collecting needed data (100%)
- I have an understanding of the need for prompt, accurate admin. oversight (100%)
- I can identify the basic functions of an Advisory Board, Advisory Group & Triage Team (92%)
- I can identify fundamental tech. tools for school mental health processes/personnel (92%)
- I can identify 3 components of the School Mental Health Quality Assessment Questionnaire (92%)

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Evaluation Results, cont'd

- I can name the overarching philosophy regarding the administration of the program (83%)
- I can understand key differences between traditional clinical services delivery and providing school mental health services (83%)
- I will be involved in discussion regarding clinical team building (83%)

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Evaluation Results, cont'd

- I can identify the steps in developing a school mental health program (75%)
- I can identify common obstacles, difficulties, in developing a SMH program (75%)
- I have strategies in mind for enhancing the interagency & interdisciplinary teamwork in my SMH program (75%)
- I can identify common pitfalls/potentials (75%)
- I know where to turn for assistance in my own environment (75%)
- I have learned about and have a basic understanding of the current model for a quarterly report (75%)

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Key Points

- Command involvement is essential
- Community Outreach must be included
- Providers must receive evidenced-based intervention:
 - education
 - Coaching
 - AND EBP's must be adapted for use with military youth and families
- Collaboration with other agencies is fundamental
- Stigma must be continuously addressed
- Resources must be under single command and control

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QUESTIONS

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References

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