

### UNIVERSAL / Primary Prevention

- Promotes mental health & prosocial behavior of all students
- Enhances protective factors in the school, home, and community
- Prevents development of problems
- · Creates positive school climate

#### Examples:

- Effective Schoolwide Supports
- Mental Health Promotion Activities

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### **TARGETED / Secondary Prevention**

- Addresses youth at risk, or beginning to exhibit signs of emotional and/or behavioral problems
- Gathers data via observation (FBA) or school discipline records review
- Creates behavioral intervention / treatment plan to address the targeted problem area
- Interventions for individuals & small groups are timelimited and topic-specific

### Examples:

 Mentoring, tutoring, development of a positive behavior support plan

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## INTENSIVE / Tertiary Prevention

- Addresses students with chronic & complex emotional / behavioral needs across life domains
- Involves comprehensive multi-agency treatment
- Utilizes wraparound planning process
- Creates unique team for each student & family

#### Examples:

- In-home family services
- Therapeutic after school & summer programming
- Change in educational placement
- Family support

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### Children's Mental Health Services Array

- · Clinical Services
- Psychiatry
- Early Childhood Mental Health
- Service Coordination
- Therapeutic Child Support Services
- School Based Services
- Intensive In-Home Services
- After-School Program Specialized Summer Program
- Crisis Stabilization Program
- Day Treatment Program
- Therapeutic Foster Home(s)
- · Partial Hospitalization Program

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### Who are our children?

#### Children who:

- want to be successful.
- want to belong to a group.
- want to "fit in" and have friends.
- want their family to be proud of them.
- want you to like them.
- want to be happy and be able to laugh.

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### Who are our children?

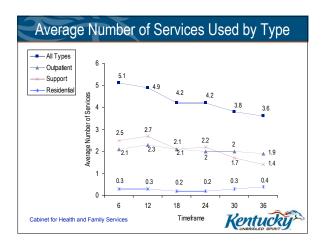
#### Children who

- have emotional/behavioral problems that interfere with their everyday life.
- often have a history of acting out problems in school...or withdrawal from social situations.
- tend to have difficulty developing and maintaining healthy relationships.
- often have poor daily living skills.
- may have suffered a history of abuse/neglect.
- who may have a learning disability.



|                       | Sample            | Characteristics                         |        |  |  |  |
|-----------------------|-------------------|-----------------------------------------|--------|--|--|--|
| GENDER (n=631)        |                   | MOST COMMON PRESENTING PROBLEMS (n=618) |        |  |  |  |
| Male                  | 67%               | Noncompliance                           | 51%    |  |  |  |
| Female                | 33%               | Hyperactive/Impulsive                   | 43%    |  |  |  |
| AGE (n=627)           | X = 11.3          | Attention Difficulties                  | 40%    |  |  |  |
| , ,                   |                   | Academic Problems                       | 39%    |  |  |  |
| RACE (n=627)          |                   | Poor peer interaction                   | 38%    |  |  |  |
| White/NonHispanic     | 97%               | Physical Aggression                     | 36%    |  |  |  |
| FAMILY INCOME (n=607) |                   | Average Number of Problems              | 4      |  |  |  |
| ≤\$18,850/Year        | 93%               | MOST COMMON PRIMARY DIAGNOSES (         | n=496) |  |  |  |
| \$18,850+/Year        | 7%                | ADHD                                    | 33%    |  |  |  |
| MEDICAID (n=629)      |                   | ODD                                     | 30%    |  |  |  |
| Yes                   | 87%               | Mood Disorder                           | 20%    |  |  |  |
| No                    | 13%               | Adjustment Disorder                     | 15%    |  |  |  |
| CAREGIVER EDUCA       | TION (n=593)      | Disruptive Behavior Disorder            | 12%    |  |  |  |
| Less than HS          | 39%               | SPECIAL EDUCATION (n=233)               |        |  |  |  |
| HS or Higher          | 61%               | Yes                                     | 41%    |  |  |  |
| HEALTH PROBLEMS       | (n=629)           | No                                      | 59%    |  |  |  |
| Yes                   | 37%               | SCHOOL PERFORMANCE (n=223)              |        |  |  |  |
| No                    | 63%               | C or better                             | 54%    |  |  |  |
| Cabinet for Health ar | d Family Services | Below C average <b>Kentu</b>            | icky   |  |  |  |

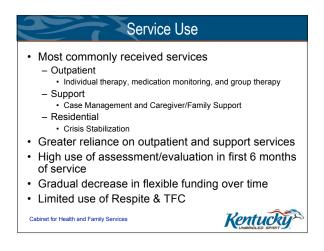
# Sample Characteristics LIFETIME CHILD RISK FACTOR HISTORY (n=611-627) Previous psychiatric hospitalization Physical Abuse Sexual Abuse Runaway 12% 17% 14% 15% 7% 10% 4% Suicide Attempt Substance Use Sexually Abusive LIFETIME FAMILY RISK FACTOR HISTORY (n=603-616) Domestic Violence Mental Illness in Biological Family Criminal Conviction Substance Abuse in Biological Family Kentucky Cabinet for Health and Family Services

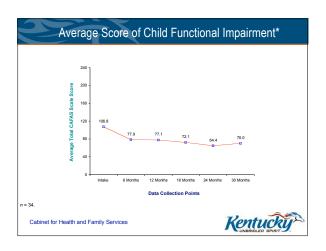


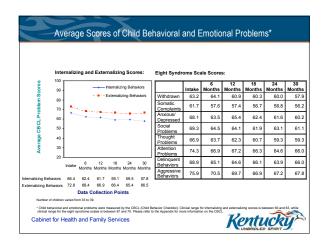
|                             | Service | 12 | 18 | 24 | 30 | 36 |
|-----------------------------|---------|----|----|----|----|----|
| OUTPATIENT SERVICES         |         |    |    |    |    |    |
| Individual Therapy          | 96      | 92 | 88 | 87 | 81 | 73 |
| Assessment/Evaluation       | 53      | 42 | 25 | 27 | 21 | 32 |
| Med Monitoring              | 48      | 48 | 56 | 47 | 54 | 41 |
| Group Therapy               | 40      | 36 | 31 | 31 | 33 | 36 |
| Family Therapy              | 11      | 13 | 13 | 6  | 9  | 9  |
| Day Treatment               | 8       | 4  | 4  | 2  | 5  | 9  |
| Family Preservation         | 6       | 4  | 0  | 4  | 2  | 0  |
| SUPPORT SERVICES            |         | •  |    |    |    |    |
| Case Management             | 85      | 82 | 73 | 69 | 65 | 46 |
| Caregiver/Family Support    | 40      | 46 | 50 | 47 | 35 | 27 |
| Recreational Services       | 27      | 24 | 21 | 22 | 19 | 5  |
| After school                | 27      | 25 | 15 | 19 | 9  | 14 |
| Transportation              | 19      | 20 | 14 | 22 | 16 | 23 |
| Behavioral/Therapeutic Aide | 11      | 15 | 8  | 9  | 5  | 5  |
| Flexible Funding            | 31      | 36 | 26 | 18 | 7  | 9  |
| Transition Support          | 3       | 2  | 1  | 2  | 0  | 0  |
| Independent Living Services | 0       | 0  | 0  | 0  | 0  | 0  |
| Respite                     | 0       | 2  | 1  | 2  | 2  | 5  |

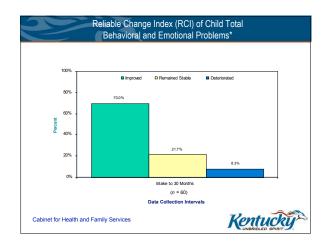
|                              | 6  | 12 | 18 | 24 | 30 | 36 |
|------------------------------|----|----|----|----|----|----|
| RESIDENTIAL SERVICES         |    |    |    |    |    |    |
| Crisis Stabilization         | 18 | 13 | 6  | 10 | 9  | 14 |
| npatient Hospitalization     | 5  | 5  | 5  | 4  | 12 | 9  |
| Residential Treatment Center | 4  | <1 | 1  | 5  | 2  | 18 |
| Therapeutic/Wilderness Camp  | 3  | 3  | 1  | 2  | 2  | 0  |
| Therapeutic Group Home       | 3  | 4  | 1  | 0  | 0  | 0  |
| Therapeutic Foster Care      | <1 | <1 | 0  | 2  | 0  | 5  |
|                              |    |    |    |    |    |    |

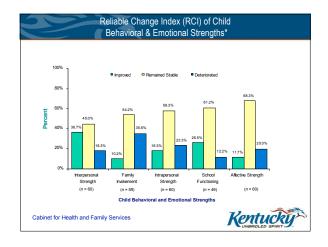
### 19th Annual RTC Conference Presented in Tampa, February 2006

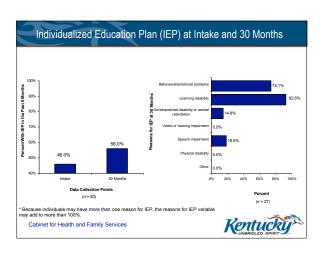


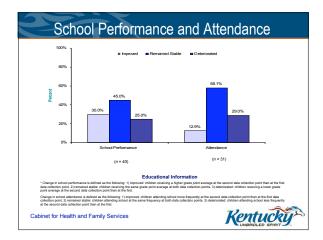


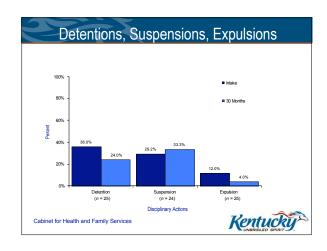


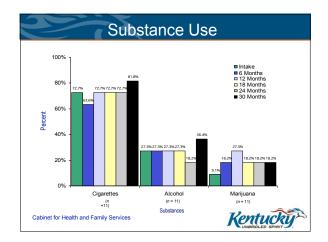


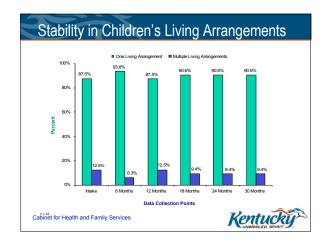


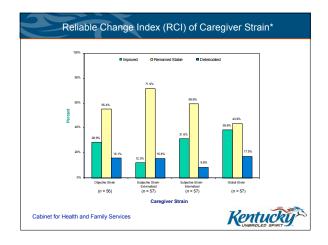


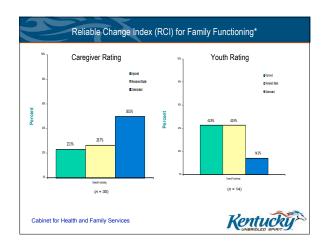




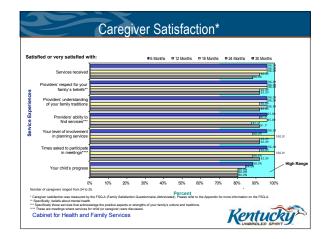


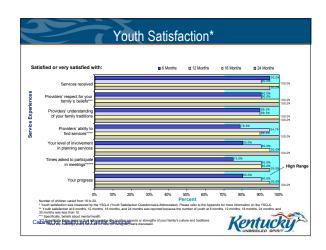






## 19th Annual RTC Conference Presented in Tampa, February 2006





## Discussion & Implications

- Perceived mission disparity focus on improving academic outcomes
- · Focus on co-occurring disorders
- · Reconceptualization of SBMH continuum
- Identify and transition families to informal services & supports
  (e.g., community building, natural supports)
- Increased emphasis on training and supervision in evidencebased treatments/address implementation issues
- State level recognition of impact of peer support  $_{\mbox{\scriptsize (e.g., Medicaid Waiver)}}$

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