

Beyond Medication and Evidence-based Practices

The Role of Cultural Competence and Resilience in the Successful Clinical Engagement of Ethnically Diverse Children

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Clinical and Financial Needs of a city and its children

- 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
- In 2002, 25% (approximately 120 million dollars) of Medicaid budget was devoted to wraparound services for children

City Goals

- 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

Behavioral Health Disparities

- National trends and current thinking
- Stigma- doing in the community, talking/educating
- Cultural Competence and effective treatment
- The importance of Recovery and Resilience in mental health

WES Goals

"Best in Class" treatment and addressing disparities

- Clinical and Cultural Engagement
- Resilience in treatment
- The use of evidence-based/promising practices

WES Goals

SBBH program goals

- Creating an environment for children to learn, grow emotionally, and have fun
- Address disparities in quality of treatment for urban youth
- Balance Families desires with Funder's desires
- De-emphasize symptom reduction and controlling children as treatment ends
- More judicious use of medication and involvement of psychiatrist in treatment team
- Engaging Helping children and families become better able to live life in a manner that gets their positive needs met

Program structure

- Permanent clinical team integrated full-time in the school community
- 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
- Children are served in their own classrooms and at the SBBH offices in the school during the school day

WES Goals

More judicious use of medication and involvement of psychiatrist in treatment team

<p>Traditional</p> <ul style="list-style-type: none"> ○ Evaluator ○ Medication Prescriber ○ Disconnected from Treatment Team ○ Involuntary Hospitalization ○ Compartmentalized segments 	<p>WES</p> <ul style="list-style-type: none"> ○ Out of the office ○ Active participant in formal treatment team meetings ○ Supervision of clinical staff ○ Staff education ○ Observations in the classroom ○ Teacher/Parent Consultation ○ No rush to Hospitalize/Medicate ○ Comprehensive, full service, integrated
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WES Goals

Engaging Helping children and families become better able to live life in a manner that gets their positive needs met

<p>Traditional</p> <ul style="list-style-type: none"> ○ Disconnect from the educational environment (child’s natural setting) ○ Services provided exactly as prescribed ○ Treatment in the office ○ Reactionary 	<p>WES</p> <ul style="list-style-type: none"> ○ Treatment team located full time in the school ○ Defined engagement culture based on children’s development ○ Out of the office and into the community and classrooms (Services provided as needed) ○ Proactive and preventative ○ Train staff to be resilience receptacles/magnets/models ○ Speaking to the resilient part of children ○ Intentionally hire staff that mirror the cultures of the children and families that the programs serve ○ Comfort in and willingness to learn about the children/family/school culture
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OUTCOMES

- 455 students have come through program
- 91% were successfully discharged to less-intensive, community-based outpatient services
- No children discharged due to parental/caregiver dissatisfaction with SBBH
- Over 4 years, 7 children placed in more restrictive setting (i.e., residential treatment facility)
- 15 children placed in psych hospital in 4 school years
- 84% of families participate in weekly interventions with SBBH staff
- 100% of the students received weekly contact/consultation with school staff
- 100% of the families report satisfaction with the SBBH services
- Staff turnover rate is less than 5%

OUTCOMES

- Over 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
- 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
- Weekly participation by parents and/or caregivers was 71%

Keys to Success

- Parental and caregiver support is key element to successful behavioral outcomes
- Creation of effective environment tailored to developmental needs of adolescents
- Recruitment of diverse staff reflecting community it serves
- Focus on achievement and healthy outlook rather than controlling students
- Inclusion of psychiatrist beyond medication evaluations