School-Based Wraparound: Child and Family Outcomes

Vestena Robbins, Ph.D.
Research Coordinator
Training, Research, Evaluation, and Dissemination
Beth Armstrong, M.S.
Program Administrator
Division of Mental Health and Substance Abuse
Kentucky Department for Mental Health & Mental Retardation Services

Regional Values
- Love for Homeplace
- Sense of Kinship
- Self Reliant
- Maternal Regard
- Feeling Oriented

Traditionalism
- Neighborliness
- Religious Tradition
- Humility and Modesty

Regional Characteristics
- Poverty
  - counties among poorest in state
  - 36% child poverty rate (KY = 21%)
  - 7.3% unemployment rate (KY = 5.3%)
- Child well-being
  - 17 counties ranked among lowest in state

Regional Characteristics
- Rural, sparsely populated
  - about 13% of state’s total population (519,458)
- Transportation
- Literacy
  - lowest level of literacy proficiency in state

Regional Characteristics
- Limited community services & resources
- Shortage of human service personnel

Building Bridges of Support
- Funded by CMHS in 1998
- Designed to enhance the existing system of care
- Located in 3 Mental Health Regions in Eastern Kentucky

Cabinet for Health and Family Services

Cabinet for Health and Family Services
Cabinet for Health and Family Services
Mental Health Risk Index

Cabinet for Health and Family Services
Substance Abuse Risk Index

Cabinet for Health and Family Services
Sexual Assault & Family Violence Index

Cabinet for Health and Family Services
Grant Objectives

Cabinet for Health and Family Services
Home-School-Community Partnerships

Cabinet for Health and Family Services
Staffing

• Service Expansion
• School-Based Partnerships
• Family Involvement
• System-Level Improvement
• Training and Education Opportunities

Home-School-Community Partnerships

• School-based MH Staff:  
  – Family Liaison  
  – Intervention Specialist  
  – Service Coordinator  
  – Regional Behavior Consultant
• 20 campuses  
  – all grade levels (PK-12)  
  – alternative schools
• Schoolwide Positive Behavior Interventions and Supports

Staffing

• Intervention Specialist - clinical staff with training in behavioral interventions, consultation, and school-based services
• Student Service Coordinator - similar to a case manager but housed in the school
• Family Liaison - parent of a child with an emotional disability
• Behavior Consultant (regional) - has extensive knowledge of positive behavior interventions and supports
**Cabinet for Health and Family Services**

**Continuum of Schoolwide Positive Behavioral Interventions & Supports**

- **Primary Prevention**
  - Universal Interventions for all students

- **Secondary Prevention**
  - Targeted Interventions and Supports for students at risk

- **Tertiary Prevention**
  - Wraparound for students with chronic/intense problems

**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

**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 areas
- Interventions for individuals & small groups are time-limited and topic-specific

**Examples:**
- Mentoring, tutoring, development of a positive behavior support plan

**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

**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

**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.
Who are our children?

- 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

**LIFETIME CHILD RISK FACTOR HISTORY (n=611-627)**
- Previous psychiatric hospitalization: 12%
- Physical Abuse: 11%
- Sexual Abuse: 14%
- Runaway: 15%
- Suicide Attempt: 7%
- Substance Use: 10%
- Sexually Abusive: 4%

**LIFETIME FAMILY RISK FACTOR HISTORY (n=613-616)**
- Domestic Violence: 39%
- Mental Illness in Biological Family: 51%
- Criminal Conviction: 20%
- Substance Abuse in Biological Family: 55%

Service Use Over Time

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Average Number of Services Used by Type

![Graph showing average number of services used by type.](image_url)

Service Use Over Time (continued)

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Service Use

- Most commonly received services
  - Outpatient
  - Individual therapy, medication monitoring, and group therapy
  - Support
    - Case Management and Caregiver/Family Support
  - Residential
  - Crisis Stabilization
- Greater reliance on outpatient and support services
- High use of assessment/evaluation in first 6 months of service
- Gradual decrease in flexible funding over time
- Limited use of Respite & TFC

Average Score of Child Functional Impairment*

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Average Scores of Child Behavioral and Emotional Problems*

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Reliable Change Index (RCI) of Child Total Behavioral and Emotional Problems*

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Reliable Change Index (RCI) of Child Behavioral & Emotional Strengths*

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Individualized Education Plan (IEP) at Intake and 30 Months

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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, social supports)
- Increased emphasis on training and supervision in evidence-based treatments/address implementation issues
- State level recognition of impact of peer support
  (e.g., Medicaid Waiver)

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