



MEDCOM Comprehensive Behavioral Health System of Care (CBHSOC)

School Behavioral Health Program

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AGENDA

- Overview of the Child, Adolescent and Family Behavioral Health Office
- Overview of Family Behavioral Health Campaign Plan
- School Behavioral Health Program
- Summary





ARMY MEDICINE STRATEGY MAP

Mission

- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

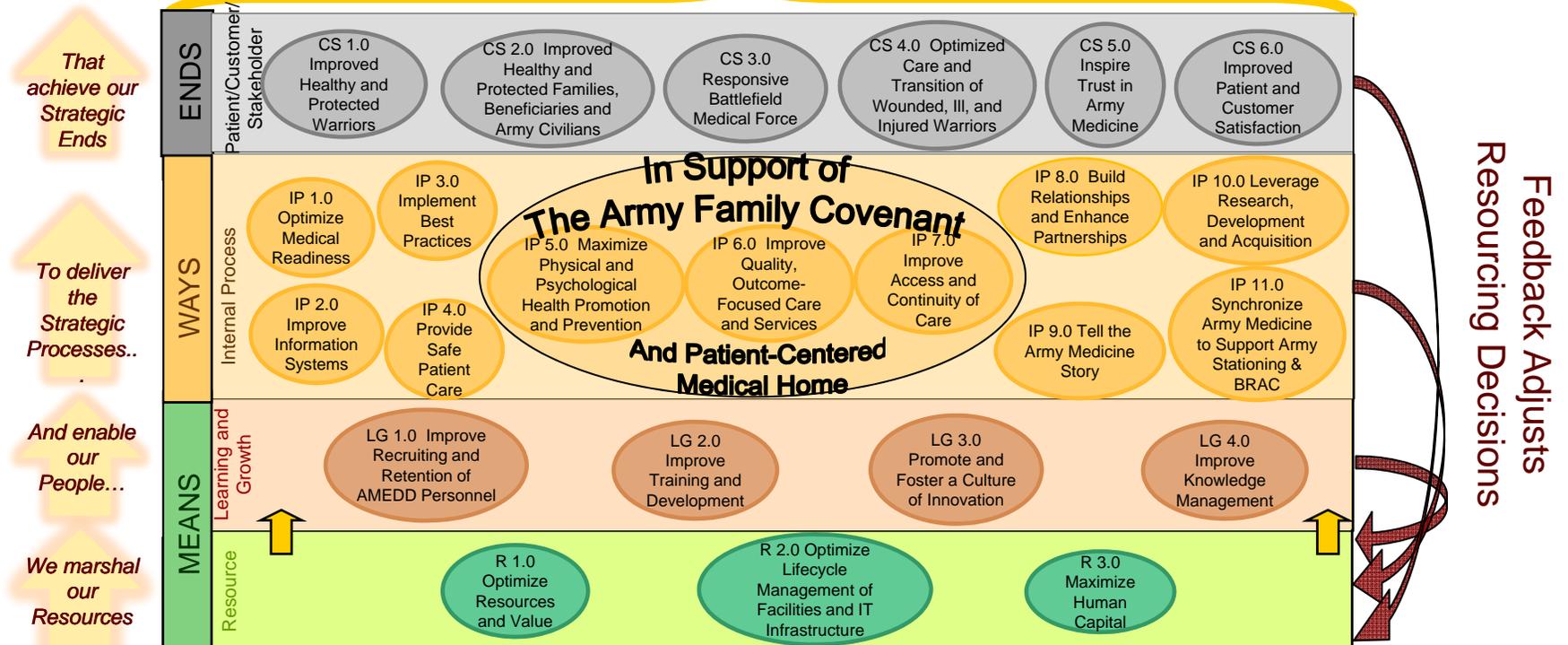
Vision

America's Premier Medical Team Saving Lives, Fostering Healthy and Resilient People | **ARMY MEDICINE** | Bringing Value...Inspiring Trust

Strategic Themes & Results

<p>Maximize Value in Health Services</p> <p>Effectively and efficiently provide the right care at the right time to promote a healthy population and ready force.</p>	<p>Provide Global Operational Forces</p> <p>Agile and adaptive medical teams ready to execute relevant, responsive health services in any operational environment and in combination with any partnered team.</p>	<p>Build the Team</p> <p>A compelling place to serve and a preferred partner in leading joint interagency health services.</p>	<p>Balance Innovation with Standardization</p> <p>A culture of innovation which provides standardized solutions to support best practices and optimal outcomes.</p>	<p>Optimize Communication and Knowledge Management</p> <p>Leverage Communication to impart knowledge and build meaningful, positive relationships.</p>
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SUSTAIN PREPARE RESET TRANSFORM



That achieve our Strategic Ends

To deliver the Strategic Processes...

And enable our People...

We marshal our Resources ...

* This has been a dynamic, living document since 2001





VISION

- As an integral part of the CBHSOC-CP, MEDCOM will develop and implement a comprehensive behavioral health system of care using a public health model, with evidenced-based interventions and standardized outcome measures throughout the enterprise, coordinated and integrated with IMCOM and FORSCOM resources to support Army children and families. Behavioral health is about readiness.

Child, Adolescent and Family Behavioral Health Office (CAF-BHO) is the lead office within MEDCOM for integrating and coordinating Child and Family behavioral health programs for the AMEDD

Family Readiness is Soldier Readiness!!





THE SURGEON GENERAL BH CAMPAIGN PLAN CHILD AND FAMILY PROGRAMS

- Promote wellness (proactive/preventive care) demonstrated to strengthen soldier and family readiness
- Embed behavioral health resources in key installation locations – BCTs, MTFs, primary care clinics & schools
- Establish behavioral health well-being as a core element in overall health maintenance
- Create parallel system of behavioral health care for children and families to complement what is provided for soldiers
- Standardize methods and metrics for clinical evaluation (outcome measurements, performance improvements)
- Implement evidence-based behavioral health interventions across the enterprise
- Integrate with IMCOM, FORSCOM, TRICARE, and civilian behavioral health resources – eliminate stove-piping and duplication of services





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 and the family advocacy program
 - School Behavioral Health (eBH for kids): 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)
 - Medical Home Behavioral Health Support – Pilot TeleBH supported consultations into new medical home facilities at Puyallup, Wash.





CAF-BHO STANDARDIZED TRAINING*

- **Primary Care Managers** - Evaluation and treatment of common behavioral health problems using evidenced-informed clinical and education practices
- **Behavioral Health Providers** - Evidenced-based interventions, establishing standard of care across enterprise
- **Civilian School Administrators and Teachers** - Familiarity with military families and stress associated with deployments
- **Families** – Resiliency building, prevention and early detection of behavioral health issues affecting children
- **School Behavioral Health Workshop** – Week-long workshops for SBH directors, clinical providers and school district /building leaders to learn and observe state-of-the-art processes and practices.

* All above ICW the AMEDDC&S





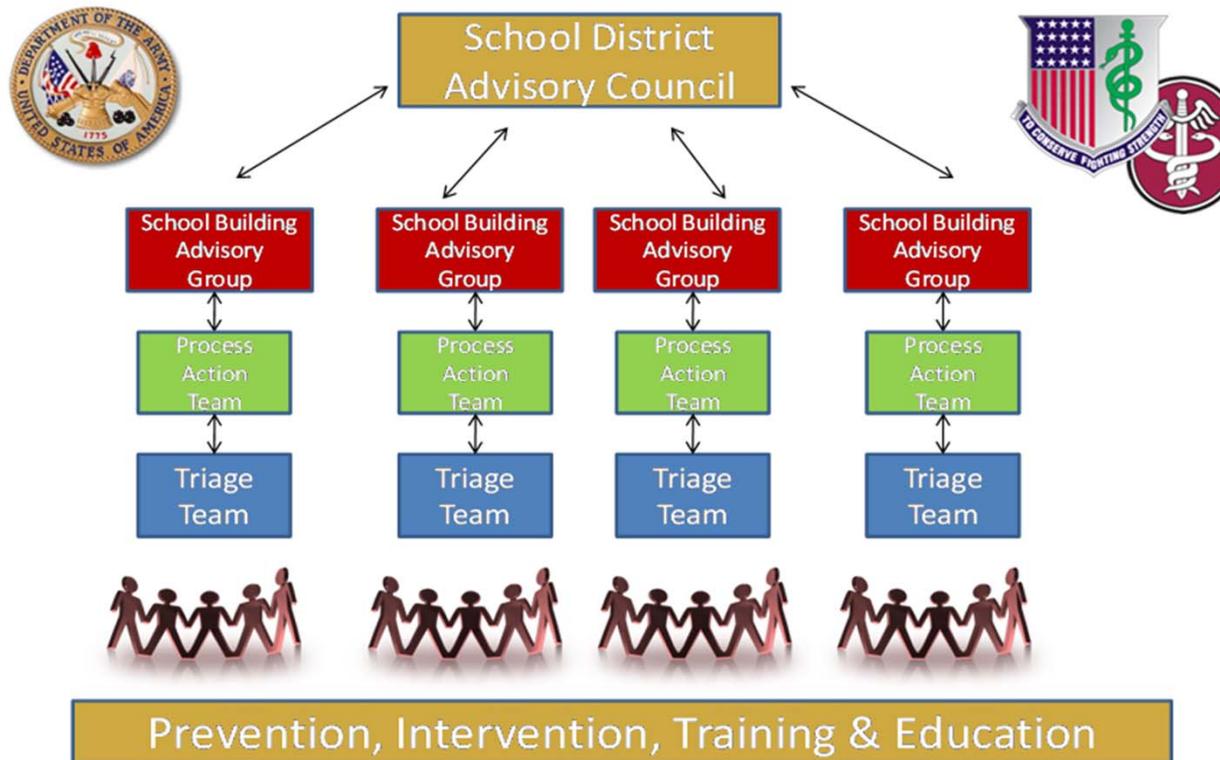
SCHOOL BEHAVIORAL HEALTH PROGRAM

- Embedded behavioral health in natural setting to improve early identification, resiliency and soldier readiness
- Gateway to behavioral health services for soldiers and spouses
- Significantly decreases stigma
- Enhances accessibility and capacity
- Aligns with ARFORGEN cycle
- Low no-show rates
- Coordinated with existing installation/community/school programs
- Provides clinically sound, **evidenced-based** services and interfaces with the schools programs





SCHOOL BEHAVIORAL HEALTH ORGANIZATIONAL STRUCTURE



Key features

- Early detection
- Care and prevention provided where the child is
- Integrated effort; complement to school liaison officers, military family life consultants, etc.
- Opportunities for training and education

- **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.
- **Process Action Tm:** At each school. Handles day-to-day operations/decisions.
- **Triage Team:** At each school. Responsible for clinical case/problem review – referral, management, monitoring.



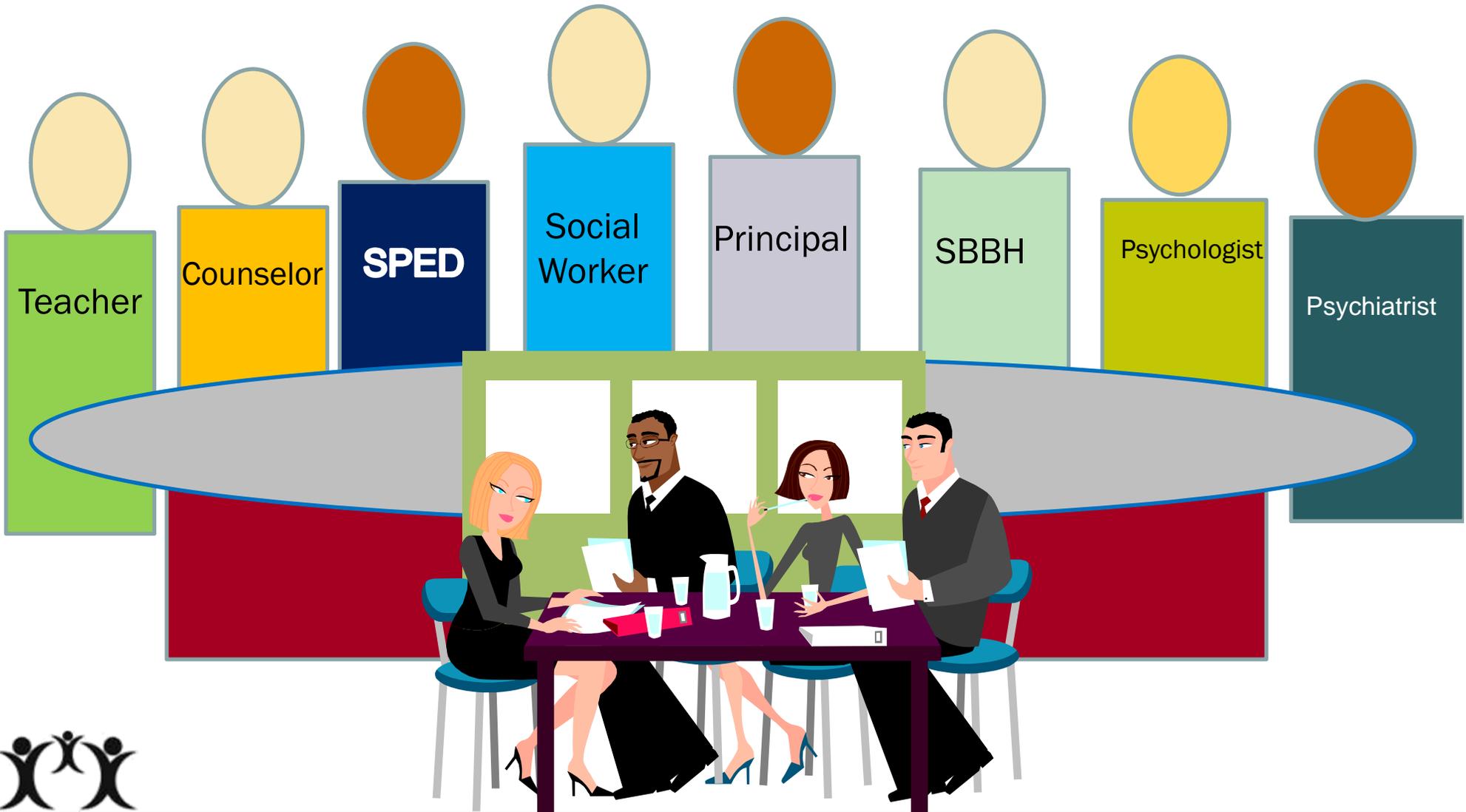
Stakeholders



- Principal
- District Representative
- Parent
- Military School Liaison
- Army Community Service
- School Behavioral Health
- Director School Behavioral Health
- Community Leaders



TRIAGE TEAM





SCHOOL BEHAVIORAL HEALTH MODULE



- **SERVES** : **3,000** children and adolescents
- **STAFF** : 11 (psychiatrists, psychologists, social workers, administrative staff)





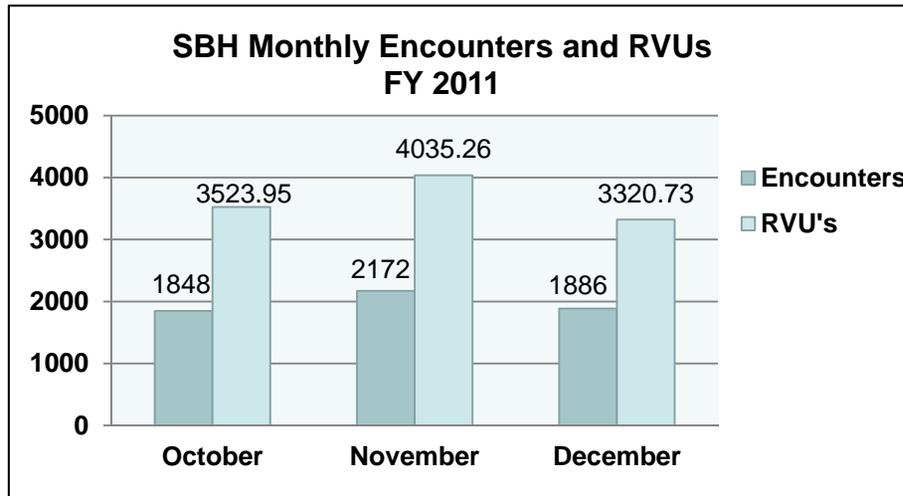
CURRENT ARMY SCHOOL BH (SBH) PROGRAMS

INSTALLATION	CURRENT SCHOOLS	STATUS
Schofield Barracks, Hawaii	5	Mature (Recently added CDC operations)
Joint Base Lewis - McChord	6	Implementation phase
Fort Campbell, Kentucky	9	Mature/ Growth UFR to expand to CDCs
Fort Meade, Maryland	7	Mature
Fort Carson, Colorado	1	Footprint in place
Bavaria, Germany	5	Mature / Growth UFR submitted
Landstuhl, Germany	3	Expanding/ Growth UFR submitted





CURRENT SBH DATA



- Aggregate data of seven SBH programs
- Number of patient encounters and corresponding relative value units by month
- High levels of clinical service represent current demand for behavioral health care



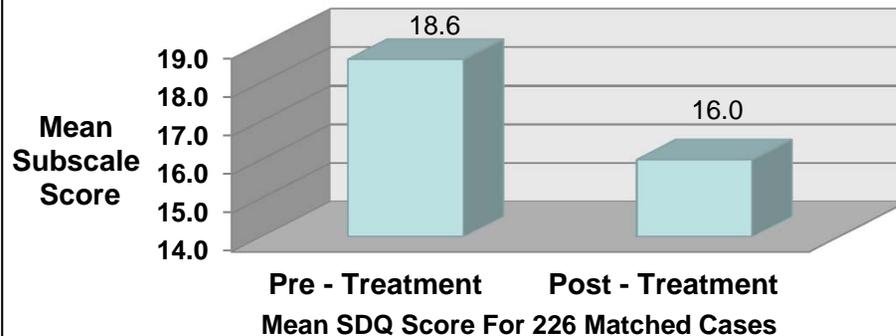
- Embedded behavioral health model within schools demonstrate a low (averaging 1.7 percent) no-show rate
- Improved access to care -- “Delivering care where the kids live” (EBH-like)
- Early interventions to decrease progression of behavioral health pathology





CURRENT SBH DATA

**Strengths and Difficulties Questionnaire (SDQ)
Improvement in Total Difficulties Scale**



- Standardized clinical assessment tool for children measuring resiliency through strengths and weaknesses
- Lower SDQ values reflect increased resiliency
- SBH demonstrates improved clinical outcome for students

School Behavioral Health Cost Per Student Served FY 2010

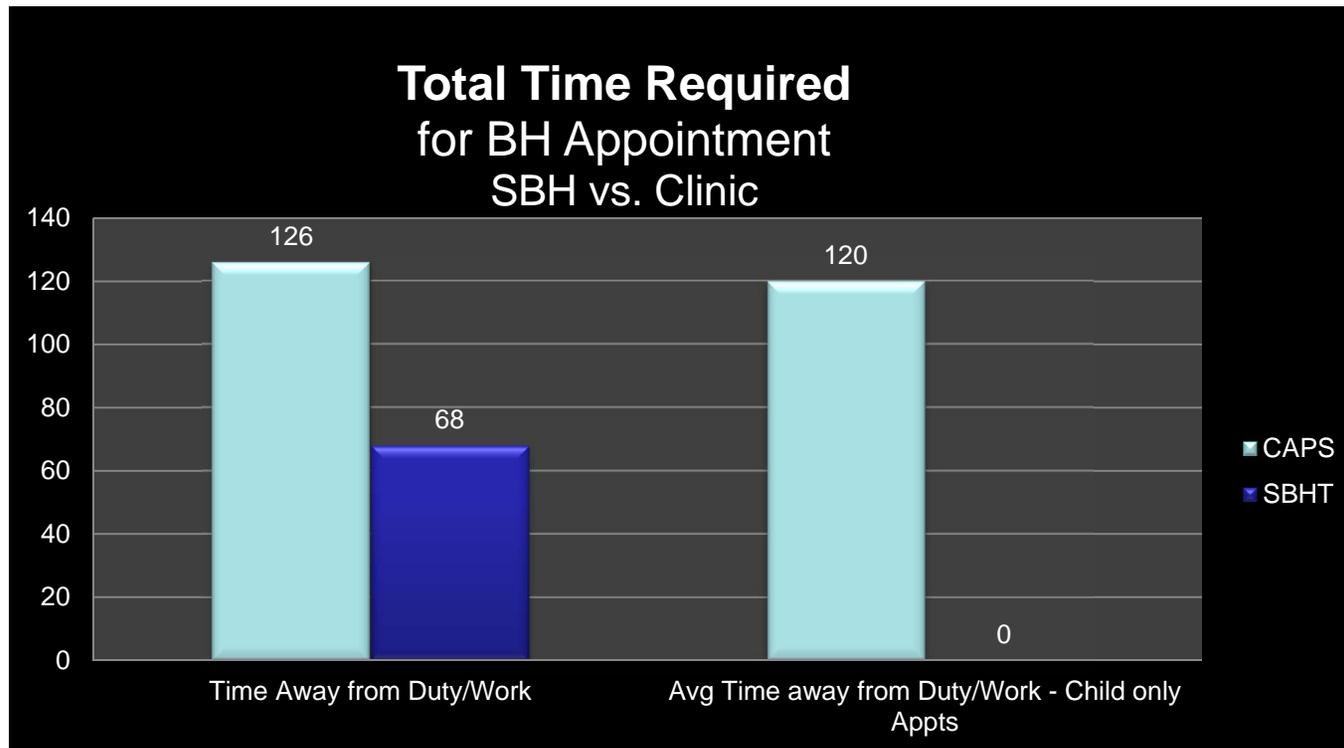
- **35 Schools' Population** **22,127**

- Financial data for the seven SBH programs
- Reflects clinical intervention and preventive care delivery





SCHOFIELD SBH: IMPROVED ACCESS TO CARE

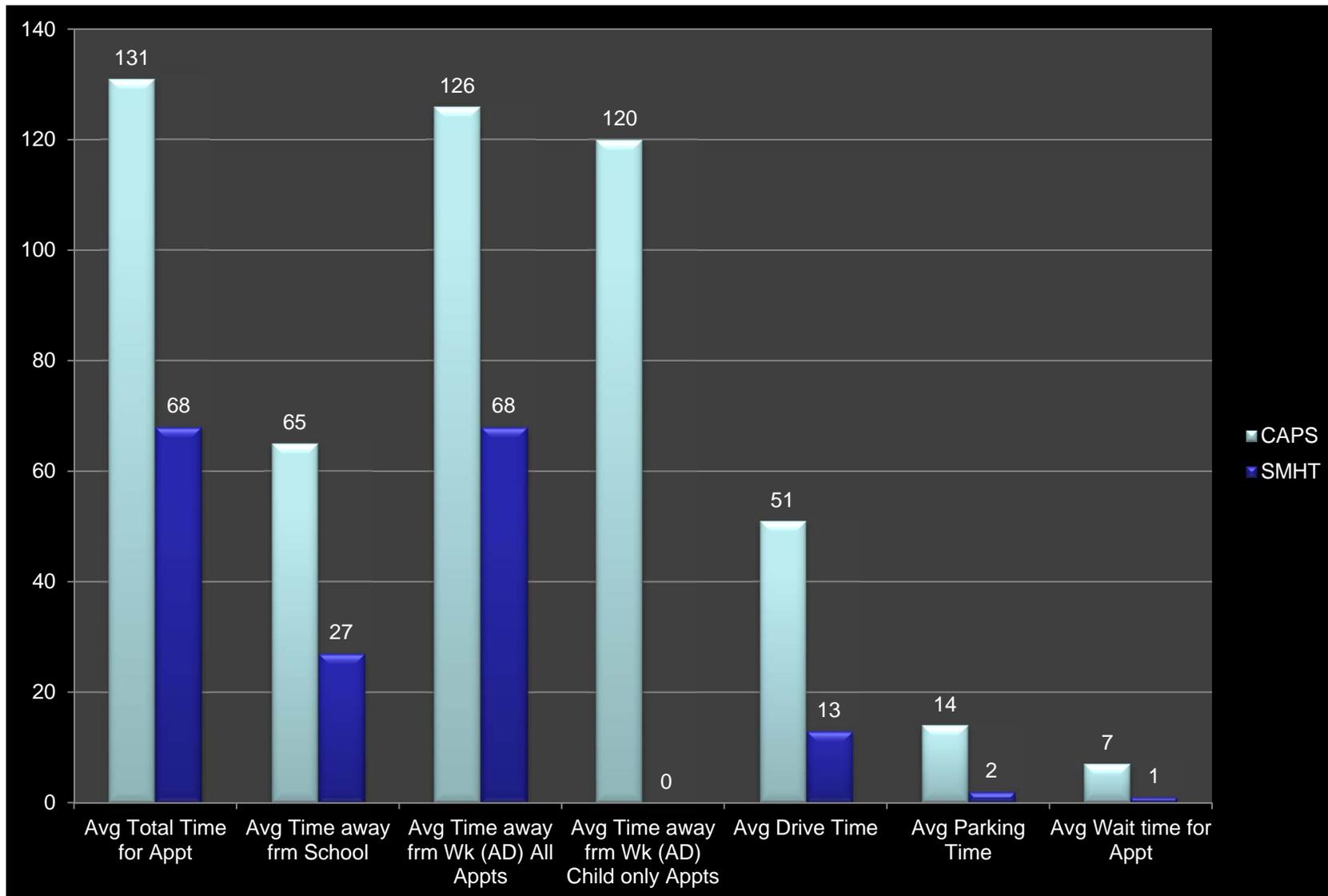


The above figure illustrates the different average times required of a parent to be away from duty and/or work for their child to receive behavioral health care in a traditional CAPS clinic (light blue) vs. through SBHT (dark blue). The comparison on the left is for appointments attended by both the parent and child; the bars on the right are for appointments that are held with the child only.





SCHOFIELD ALL COMPARISONS





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





QUALITY ASSESSMENT AND IMPROVEMENT (QAI) PRINCIPLES

- Emphasize access
- Tailor to local needs and strengths
- Emphasize quality and empirical support
- Active involvement of diverse stakeholders
- Full continuum from promotion to treatment
- Committed and energetic staff
- Developmental and cultural competence
- Coordinated in the school and connected in the community





GOALS POPULATION BASED MEDICAL/BEHAVIORAL PROGRAMS

- Student level, e.g., decreased absences, increased grades, fewer behavior problems
- Family level, e.g., increased cohesion and functioning, decreased family violence, soldier readiness
- School level, e.g., decreased aggressive incidents, improved climate, better performance
- System level - develop resiliency and unit readiness
- Develop standards for medical readiness that include prevention, early identification and intervention

Recognition that behavioral health for family members is a readiness issue





Questions?



AMERICA'S ARMY: THE STRENGTH OF THE NATION™



Kenneth O. Preston

Kenneth O. Preston
Sergeant Major of the Army

George W. Casey, Jr.

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