



The Challenge

- * Within the Bureau of Indian Education (BIE), there are approximately 7,000 children/youth residing in the 66 dormitories.
- * There are around 1,200 staff working in these dormitories.
- * The biggest challenge is to provide a "home away from home" that supports the educational, social, behavioral, cultural, and physical development of each individual Native American child/youth.



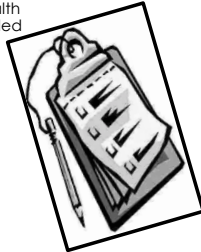
The Purpose

- * Provide a variety of strategies, models, and resources to assist homeliving staff and behavioral health professionals in responding to social, emotional and behavioral needs of the children/youth in their care.



Your Role in the Use of this Manual

- * Understand that a behavioral health program is required for all BIE funded residential programs.
- * Focus on the age range & developmental levels of your students.
- * Identify the student's social, emotional and behavioral needs.
- * Collaborate with all available resources in order to address the behavioral health needs.

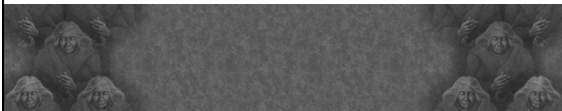


Federal BIE Homeliving Regulations

- * Included in No Child Left Behind (NCLB) legislation, published in 2005.
- * Addresses programs, safety, recreation, student rights, culture, personnel, and behavioral health services.



What are the regulations related to behavioral health services?



Terms You Should Know

- * **Behavioral health professional**- state licensed or certified social worker, school counselor, drug & alcohol counselor, school psychologist, or psychometrist responsible for coordinating behavioral health services, such as:
 - ✓ Support groups
 - ✓ Individual counseling
 - ✓ Preventative activities
 - ✓ Coordination of referrals & outside services

Terms You Should Know

- * **Behavioral Health Program** is a homeliving based service designed to decrease barriers to learning and increase positive, personal well being by:
 - ✓ Providing early intervention services, coordinating crisis intervention, and prevention services
 - ✓ Promoting a positive social & emotional environment
 - ✓ Reducing the incidents of problems
 - ✓ Referring students as appropriate



Behavioral Health Regulations

- * Each program must provide a minimum of 1 half time behavioral health professional for every 50 students.
- * Other specifics:
 - ✓ May hire or contract or use certified volunteers or obtain through a memorandum of understanding
 - ✓ The 1 half time behavioral professional must work a minimum of 20 hours per week in the homeliving program
 - ✓ If the behavioral health professional is from another program/contract, or volunteer – they must be available at the request of the homeliving program, i.e., evenings & weekends

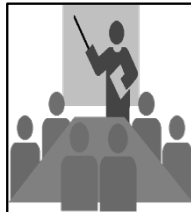
May behavioral health professionals provide services during the academic school day?

- * Behavioral health professionals must average at least 75% of their work hours with students in the dormitory.
- * Work hours must be outside of the school day, except in emergencies (as determined by dorm administrator).



Required Annual Training Before the Start of the School Year

- * First aid/safety/emergency & crisis preparedness
- * CRP – automated external defibrillator
- * Student check out policy
- * Confidentiality (Health Information Privacy Act and the Family Education Right to Privacy Act)
- * Medication administration
- * Student rights
- * Child abuse reporting requirements and protection procedures



Training required annually

- * De-escalation/conflict resolution
- * Substance abuse issues
- * Ethics
- * Parenting skills/child care
- * Special education and working with students with disabilities
- * Student supervision skills

Training required annually, continued

- * Child development
- * Basic counseling skills
- * Continuity of Operations Plan (COOP)



What are the behavioral health service program requirements?

- * Behavior health screening/assessment
- * Diagnosis
- * Treatment plan
- * Treatment & placement
- * Evaluation
- * Record of services in coordination with student's IEP

Other Requirements

- *Each homeliving program must have procedures for dealing with emergency behavioral health care issues.
- *Parents or guardians may opt out of any non-emergency behavioral health service – this must be a written request.
- *Parents must be consulted before a student is prescribed individualized behavioral health services.



Who needs behavioral health services?
Here are some risk factors:

- * History of abuse and neglect
- * Significant school truancy, academic challenges & retention issues
- * Emotional and behavioral challenges in many settings
- * Substance abuse issues
- * Family history of problem behavior, conflict, substance abuse, and neglect
- * Negative peer influence

Other factors related to children/youth in need of behavioral health services.

- * A high number of youth that have a mental, emotional, or behavioral disorder also have substance abuse addiction.
- * Mental disorders in children/youth include a broad range of behavioral & emotional disorders which require a "menu" of treatments & services.



Information from Indian Country Child Trauma Center, Center on Child Abuse & Neglect, University of Oklahoma

- * Compared to their peers, Native American children/youth are at a 2.5 greater risk of experiencing trauma.
- * Native American children/youth have higher rates of mental health & substance abuse problems than other ethnic groups.
- * 10 – 30% of Native American youth have depression issues.
- * 50% of Native American youth in substance abuse treatment have significant untreated psychiatric challenges & issues.

What do we know about Native American Children/Youth in our Residential Programs

- * 30% of students did not receive adequate parental supervision.
- * 20% of students had been rejected or neglected within the family unit.
- * 23% of students come from dysfunctional home settings.
- * 18% of students come from homes with alcohol and/or one or both parents use drugs.
- * 59% of students come from single parent homes.
- * 20% of students come from homes where their well-being was imperiled due to family behavior problems.
- * 15% of students had behavior problems too difficult for solution by the family or local resources.

Source – National Status of Residential Life Report, 2005

Challenges & Problems of Native American Children/Youth Living in Dormitory Settings

% of Students Reporting this area	Social, Behavioral and Emotional Challenges and Problems
53%	Problems with completing school work and accepting responsibility
20%	Alcohol and drug abuse issues
16%	Peer socialization problems
13%	Problems with following rules
14%	Difficulty adjusting to dorm life
18%	Family problems at home
15%	Behavior problems
9%	Low self esteem

Source: National Status of Residential Life Report

Other Challenges/Problems

- * Leaving their home and school.
- * Change in peer group.
- * Separation from positive anchors to community and kinship.
- * Exposure to new toxic peer behaviors such as substance abuse.
- * Major shifts in dietary and daily living habits.
- * Re-experiencing the generational trauma of parents' and grandparents' boarding school experiences leading to feelings of loss, separation and alienation.
- * Many youth are "sent away" from unstable homes where the parents and parent-figures themselves did not live with family during their youth and as such had limited positive modeling of parenting skills.
- * Establishing relationships with health care providers, therapists, teachers, dorm counselors, etc. in mid-childhood and early adolescence.
- * Establishing new ties (if available) with tribal and cultural-identity supports and traditional healing practices.

Source: American Academy of Child and Adolescent Psychiatry
Native American Child Committee

Culture & Behavioral Health Services

Incorporating cultural strengths, practices and traditions into behavioral health services is very important and beneficial for Native American children and youth. Examples are:

- * Sweat lodge
- * Tribal healing rituals
- * Medicine wheel
- * Purification rituals, i.e. smudging
- * Mentoring and talking circles
- * Involvement in cultural activities, pow-wows, drumming, dancing
- * Storytelling



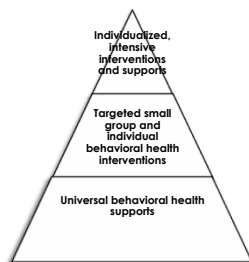
Developing Behavioral Health Programs

The federal regulations for BIE residential life programs defines Behavioral Health Programs as homeliving based services designed to decrease barriers to learning and increase positive, personal well-being by:

- * Providing early intervention services, coordinating crisis intervention, and prevention services.
- * Promoting a positive social and emotional environment.
- * Reducing the incidence of problems.
- * Utilizing a process for the referral of students with behavioral needs that require professional mental health supports to an appropriate residential care facility.

Recommended Model

- * A multi-tiered model is recommended as a framework for developing a behavioral health program. Many BIE funded schools, in addressing education and behavioral challenges of students, are utilizing this approach. Also a multi-tiered approach is used in many mental and behavioral health systems.



Another Recommendation

The American School Counselor Association (ASCA) Framework for School Counseling is an excellent method for assuring effective and thorough services for all Native American children throughout all tiers. Included in this framework is the following:

- * Foundation (beliefs, philosophy, mission)
- * Delivery system (guidance, individual student planning, responsive services & system support)
- * Management system regarding program, time & staffing- 80% of time spent in direct contact with students
- * Accountability – collecting & using data

Identifying Behavioral Health Needs for Individual Students

• Review student and family information related to family history, education, social history, behavioral health history, etc.

• Determine appropriate screening tools and process.

• Conduct screening.

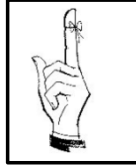


Process, continued

- * Interpret screening data, and identify needs. From this, one of the following will be determined:
 - ✓ No special needs.
 - ✓ The student requires more formal assessment, followed by diagnosis and a formal treatment plan (services provided locally).
 - ✓ Needs are too complex and the student requires additional behavioral health supports or the student is referred and placed in a residential care facility. Treatment plan is developed.

Things to keep in mind!

- * Gather as much information as you can about the student.
- * Pay close attention to information related to disability, behavioral issues, etc.
- * Link with outside behavioral health specialists & supports.
- * When appropriate, refer students to residential treatment facilities.
- * Obtain parental consent prior to screening & delivering behavioral health services.
- * Collaborate with the school.
- * Evaluate & monitor.



Coordination of Services

Residential staff are required to provide, facilitate & coordinate a range of supports and services, including:


- * Support groups.
- * Individual counseling.
- * Crisis intervention.
- * Preventative activities.
- * Coordination of referrals and outside services with appropriate providers.

Coordination of Services

* To address the social, emotional and behavioral needs of the students, the majority of residential programs must link with other school, community and tribal providers due to fiscal, staffing and location challenges. This becomes imperative when formal diagnosis, treatment and therapy is required.

*The purpose of a coordination service-planning model is to create a connection between school/dorm, and student/family, to appropriate behavioral health services.





Successful residential programs have identified four critical components regarding coordination of services

CRITICAL COMPONENTS
Resource Mapping
Interagency Behavioral Health Support Team
Linkages with Special Education
Referral Feedback

Resources in the Manual

* Appendix 1: Helpful forms for Homeliving Programs

- ✓ Student information packet
- ✓ Student Reintegration Plan
- ✓ Individual Student Crisis Management Plan
- ✓ Eufaula Dormitory Assessment and Evaluation

Resources in the Manual

* Appendix 2: Useful Screening Tools & Information

- ✓ Strength Based Components Useful in Screening and Assessment
- ✓ Summary of Free Assessment Measures
- ✓ Evidence Based Screening Tools List
- ✓ Psychosocial Screening/Pine Ridge Tool
- ✓ Suicide Assessment Form
- ✓ Depression Scale for Children
- ✓ Rosenberg Self-Esteem Scale

Resources in the Manual

* Appendix 3: Resources for Behavioral Health Prevention & Intervention Services

- ✓ Resources for Behavioral Health Services Curriculum and Services.
- ✓ Behavioral Health Products.
- ✓ Children and Youth Books Related to Social, Emotional and Behavioral Topics.
- ✓ Websites Related to Behavioral Health.



Resources in the Manual

* Appendix 4: Evaluation of Behavioral Health Programs & Services

- ✓ Behavioral Health Services Self-Assessment.
- ✓ Youth Services Survey.
- ✓ Youth Services Survey for Families.
- ✓ How to Determine if your Dorm is Safe, Secure and Orderly.

Resources in the Manual

Appendix 5: Residential Programs by Agency

Appendix 6: Definitions

Last, but not least: A CD



CD Contents

★ A Microsoft word version of the Behavioral Health Resource Manual (docx and doc)

★ A portable document final version of the Behavioral Health Resource Manual (pdf)

★ This PowerPoint (pptx and ppt)

★ A "Read Me" document with tips about how to use the files & documents (docx and doc)



In Closing – The Challenges:

7,000 Native American children/ youth in 66 homeliving programs with the following grade ranges:

K - 5	K - 8	1 - 12	6 - 8
K - 6	K - 9	4 - 12	7 - 12
K - 7	K - 12	5 - 8	9 - 12

The Challenges

★ Many of the dormitory students have social, emotional, behavioral and education needs and challenges.

★ Many residential programs have limited funding and limited access to behavioral health professionals.

★ Implementing all of the federal homeliving regulations.

★ Providing a safe, supportive and nurturing environment – a "home away from home".



In Closing – The Opportunity

All partners – residential, education, health, culture, recreation, mental health, tribe, BIE, student and family have an opportunity to work together to meet the social & behavioral challenges of the Native American children/ youth in homeliving programs



Special thanks to the following people who assisted in the completion of the manual

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