



UC Irvine

Child Development School

Behavioral Health Intervention and Supports –
Early Intervention Services:
A unique model for prevention &
intervention for children “at-risk”

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Psychology & Social Behavior

History of the UC Irvine CDC School & Research

- 1981 James Swanson, founder is recruited by Francis Crinella to Irvine from the Hospital for Sick Kids in Toronto
- Initial in-patient treatment program at UC Irvine hospital
- 1984 Team develops an adaptation of Bill Pelham’s Summer Treatment Program
- 1986 Ron Kotkin and Steve Simpson collaborate with the public school system through Juvenile Court Schools
- 1990 Swanson & Tim Wigal embark on NIMH funded MTA study pilot
- 1990’s The Laboratory Classroom Model is developed
- 1992 Swanson & Wigal embark on the first clinical trials of *Concerta
- 2000 collaboration with Bob Moyzis to study Molecular Genetics in families at risk
- 2008 Schuck embarks on NICHD funded P.A.C.K. study, the first randomized clinical trial examining Canine Assisted Intervention



Children with impaired mental health problems associated with ADHD; risk for school failure

- Median reading achievement scores at age 12.8 years were significantly different for study children versus their non-affected peers.
- Median percentage of days absent was significantly higher for children with poor EF
- 3 times more likely to be retained a grade.
- 2.7 times more likely to drop out before high school graduation

Barbarese, et al. 2007

Current Funding Model

- Fee-for-service
 - Fees associated with the delivery of the school-based behavioral health program and those fees associated with the delivery of the educational services of the program are the responsibility of the families
- Private Insurance
 - Some families are able to recoup the behavioral health fee (approximately \$93 per day of service) through reimbursement by private insurance.
 - Educational fees (approximately \$26 per day) are not reimbursable.
- Donor supported financial assistance
 - Approximately 20% of families qualify for all or partial financial assistance which is provided through generous gifts of community donors.
- MHSa participants
 - Approximately 20% more families who qualify for free & reduced lunch are funded through funds from the Mental Healthcare Service Act.

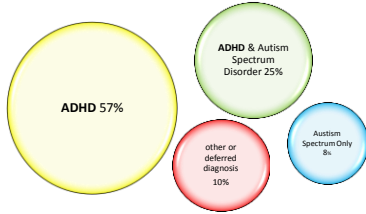
Mission

Provide education in a safe environment in which every child is able to reach his or her social, emotional and academic potential

Goal

Help return children to the most appropriate educational setting as quickly as is clinically and ethically possible

Who we serve



UC Irvine Child Development Center School Program



- School-based behavioral health program for children and families
- Provides a multi-modal treatment approach
- Targets the “reward pathway” through implementing a token system supported by cognitive behavioral interventions.

UC Irvine North Campus at 19262 Jamboree Road, Irvine CA 92612

Referral & Admission

- Families are referred by local schools, physicians, and mental health professionals.
- Rigorous and extensive psychoeducational screening process in efforts to ensure the program is therapeutically and educationally suited to the applicants' individual needs and the needs of the family.
- A medical diagnosis is not required for admissions.
- An educational designation is not required for admissions.
- Admission is based **solely on appropriateness of clinical and educational fit** as determined by functional impairment in the current setting, parent commitment to participation and the safety of the child and children enrolled.

Demographics Served

- The overall program currently serves approximately 80 children each year in grades 1 through 7
- The MHSa contract provided these services for approximately 28 of these children in fiscal year 2013-14.
- Children must be able to functionally communicate in English.
- Parent support and therapy is available in both English and Spanish. Additionally, we currently provide translation services in Farsi.

Ethnicities Served

MCA 13-14 Fiscal Year	
Hispanic, Latino, or Spanish Origin	12
Black or African American	1
Native Hawaiian	1
White or Caucasian	11
Other	3
total	28
SCHOOL 13-14 Fiscal Year	
Hispanic, Latino, or Spanish Origin	19
Asian	3
Black or African American	1
Native Hawaiian	1
White or Caucasian	60
Other	6
decline to state	2
unknown	2
total	103

Service Gaps in Community

- Children with mental health disorders do not automatically qualify for special education services.
- 504 plan accommodations are often either under-utilized or parents are not familiar/trained to work with their child's school to ensure they are being implemented.
- Even when a child does qualify for an Individualized Educational Plan, behaviors often make it extremely difficult for the schools to carry out that plan.
- Schools do not require parent training specifically aimed to assist parents in managing home behavior or supporting school behavior.
- Parent training combined with behavioral treatment strategies and social skills training is empirically found to be best practice
- The UC Irvine Child Development School provides those services seamlessly in one program. We know of no other program that delivers this intensity and combination of services.

Key Components

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- Universal Classroom Token System supported by
 - Parent Training
 - Multiple Family Groups
 - Intense Social Skills Training
 - Case Management
 - Transition Support



Methodology & Outcomes instruments

- **Screening & Intake**
 - Social Skills Improvement System Parent Ratings
 - Disruptive Behavior Stress Index
 - Parent Stress Index
 - Strengths & Weaknesses of Attention (SWAN) Rating Scale (Swanson)
 - Sleep Quality Questionnaire
 - Physical Activity Questionnaire
 - Family/Child Health History Questionnaire
 - Psychosocial Interview with Parent
 - Community Teacher Rating of Target Behaviors
- **Daily**
 - Record of disruptive behaviors
- **Semi-monthly**
 - Record of community identified target behavior progress
- **Tri-annually**
 - Dynamic Indicators of Basic Early Literacy Skills
 - Direct Behavioral Observation of community identified target behaviors
 - SWAN, parent and teacher rating scale
 - 'Fitnessgram', Health & Wellness screening
- **Entry & End of Academic Year**
 - Same as above
 - Test or Word Reading Efficiency
- **Follow-Up**
 - 6 month Phone Interview
 - 12 month Phone Interview

Program Objectives & Progress

- Our objective is to bring high quality, cutting edge strategies to children and families adversely affected by ADHD and related disorders and to expand our services to include those children in early adolescence
- For 2013-14, given a new larger facility, our goal was to expand our services to approximately 20% more families from the 60 enrolled in 2012-13
- In 2013-14 we enrolled 81 families-exceeding our target
- Our objective in the coming year will be able to enroll up to 90 families
- We believe we are on track to successfully serve this number of children and families in the current facility

Challenges

- Extremely labor intensive
- Requires a great deal of physical space
- Time-consuming to build a 'Measurable Outcomes' database and infrastructure to support the systematic measurement of response to intervention
- MHSA supported families present new barriers to treatment not as frequently encountered previously
 - Transportation
 - School meals
 - Increased risk for parent psychopathology interfering with treatment compliance
 - Substance abuse recidivism
 - homelessness

Most Important

- We know we change lives
- Our objective in the next 3 years is to more effectively translate the successes of our children and families to the community through scholarly analysis of the outcomes measures we obtain from all families
 - Post-doctoral scholar managing the MHSA sponsored data
 - Currently forming formal partnership between the UCI School of Medicine and UCI School of Education, to provide pre-doctoral candidate involvement in data analysis
 - Recently secured 5 new Academic Assistant Specialist positions to staff the 'Measurable Outcomes' infrastructure for the entire program

Success Story

- C.O. entered the program in 2nd grade and recently transitioned to him home public school in the Tustin Unified School District with 504 Accommodations. His mother, grandmother, and father all participated in the Introduction to Parenting Techniques course. Additionally, his mother, a single working parent, regularly attended the Multiple Family Groups and individual meetings with the family Community Health Manager. C.O. presented with significant challenges at school and at home. His mother will talk about her experiences and how he responded to the program.

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