

PROTECTING AT-RISK CHILDREN AND YOUTH: *Behavioral Health and Justice Policy at UW Medicine*

PROTECTING AND NURTURING CHILDREN is a central tenet of our society. Some children and families — because of mental illness, abuse, risky behaviors and other circumstances — need more protection and support than others. Take, for example, a 9-year-old boy with PTSD, just placed with his third foster family. How well will he do in school? Or the single mother with two jobs. How does she keep her rebellious 15-year-old daughter with ADHD out of the juvenile justice system?

At-risk children and families should receive the best help available from the mental health, chemical dependency, child welfare and justice systems in Washington state. And our goal at UW Medicine is to help those providers with evidence and tools that help improve those programs.

The Division of Public Behavioral Health and Justice Policy (PBHJP) at UW Medicine was established in 1982 through a Washington State Legislative proviso. Over the past 32 years, PBHJP has become nationally renowned in providing strategies to providers — and keeping children, youth and families away from the “cradle to prison” pipeline.

This important work, described briefly below, benefits from contributions from community members like you. We would welcome your partnership.

The Division of Public Behavioral Health and Justice Policy: What We Do

The Division of Public Behavioral Health and Justice Policy is part of the Department of Psychiatry and Behavioral Health at UW Medicine. Our faculty are experts in providing mental health care and in conducting research on mental health. We take a multifaceted approach to improving the lives of the most vulnerable members of our society by:

- Conducting ground-breaking research to identify effective, evidence-based interventions, then disseminating these interventions to Washington state providers who work in child welfare, juvenile justice and behavioral health;
- Training people in those fields to use interventions that help at-risk youth and families in diverse communities (including tribal communities) — then tracking the results; and
- Advocating for evidence-based reform both nationally and internationally.

Our partnerships with government agencies, private-sector providers, legislators, courts, non-profit agencies and educational facilities further multiply the impact of our work.

Interventions in Action

The Division of Public Behavioral Health and Justice Policy has a great track record in improving the lives of children and families. Here are a few examples.

Family Integrated Transitions (FIT)

What is it? Helps juvenile offenders with mental health disorders and/or chemical dependency make the transition from incarceration back into the community. *It works.* The Washington State Institute for Public Policy found that FIT reduces recidivism rates by 27 percent and generates \$2.15 in benefits per each dollar in cost.

Triple P: Positive Parenting Program

What is it? An established program — focusing on good parenting and abuse and neglect prevention — PBHJP helped implement in three rural communities in Washington. *It works.* The nurses, teachers and other professionals reached through the program felt empowered to take action on behalf of children.

Trauma-focused Cognitive Behavioral Therapy Initiative

What is it? Our faculty offer training in trauma-focused cognitive behavioral therapy to professionals working in mental health agencies throughout Washington, all to benefit children and their parents or guardians. *It works.* Parents and guardians learn to help their children while coping with their own emotional distress.

Three Projects

At any given time at PBHJP, we conduct projects to benefit the health and well-being of children and families. Three of these projects — all of which would benefit from philanthropy — are described below.

Improving Psychiatric Care for Foster Kids

Children in foster care are at elevated risk for inappropriately high rates of psychiatric medication prescriptions. Terry Lee, M.D., and Nicholas Weiss, M.D., are piloting a program that will assess these high-risk youth to make recommendations and provide follow-up, ensuring that they are prescribed minimally sufficient medications when indicated, that inappropriate medications are discontinued, and that appropriate psychosocial treatments are provided. Gifts to this program would support research.

Ensuring Effective Treatment for Families: The EBP Certificate

Innovations can drastically improve outcomes and save lives, and PBHJP cares about bringing these interventions to front-line providers as soon as possible. To meet that goal, PBHJP has created a monthly lecture series that gives updates on clinical trials, as well as on real-world cases from clinics, schools, social justice programs and juvenile justice programs. While the lecture series has been a valuable resource, we would like to establish a long-term solution for professionals who work with children and families: a certificate program. The program would help create a highly trained workforce while addressing real-world challenges such as employee turnover and resource allocation for training. Gifts would help us establish this program.

Focusing on Tribal Communities

Native American youth are one of the most overrepresented populations in juvenile justice and child welfare, and they have the highest rates of youth suicide and drug abuse. For interventions to be successful, it is essential that they are compatible with tribal values. Working with tribal communities requires trust-building: community buy-in and participation that is individualized to the culture and values of each tribe. Sarah Walker, Ph.D., and her team are working with tribal leadership, hosting statewide tribal gatherings, and developing modules for cultural adaptation to be used throughout the juvenile justice and child welfare systems. Gifts to this program will provide critical staff support, allowing the team to test telemedicine, consortia, learning collaboratives and other adaptive programs to improve the health and lives of tribal youth.

Join Us

Gifts from community members make our programs better and more effective — allowing more research, more outreach, more training. They also can provide essential “bridge” funding as our faculty, in moving projects forward, take time to search for grants.

In short, we would benefit from your partnership. If you would like to learn more about how you can help at-risk children and youth, please contact Erin Walker at 206.221.0635 or lewalker@uw.edu Thank you very much for your interest in our work.