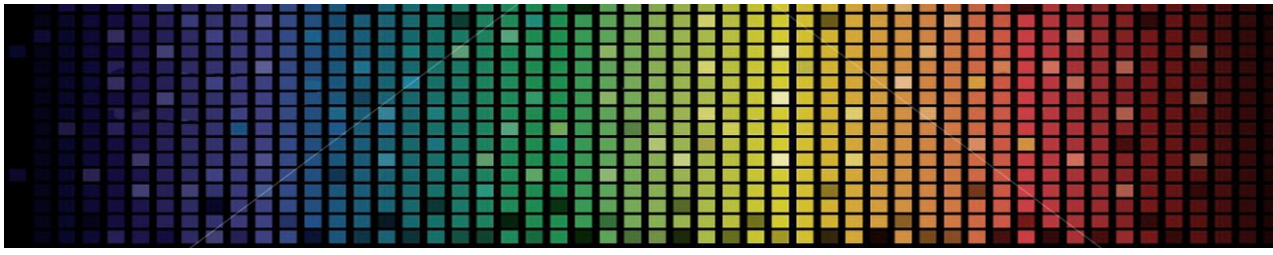
THE SYSTEM OF CARE APPROACH:
Improving Outcomes for Children, Youth, and Young Adults with Mental Health Challenges and their Families

Kentucky System of Care FIVE, Cohort 2 Kickoff
July 29, 2021

Beth A. Stroul, M.Ed.
President, Management & Training Innovations



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Meet Beth . . . .

Beth A. Stroul, M.Ed. is President of Management & Training Innovations and is a consultant in children's behavioral health policy. She has completed numerous research, evaluation, policy analysis, strategic planning, technical assistance, consultation, and training activities related to systems of care for children, youth, and young adults with mental health challenges and their families. She has published extensively in the field, including co-authoring a seminal monograph that first presented a conceptual framework and philosophy for a system of care for children's mental health, and books including The System of Care Handbook: Transforming Mental Health Services for Children, Youth, and Families. Her recent work includes national studies, such as strategies for widespread expansion of systems of care, effective financing strategies, return on investment in systems of care, state-community partnerships for system of care expansion, sustaining systems of care, roles of family organizations, and custody relinquishment to obtain mental health care. She has developed numerous tools for use by states and communities to support improvements in children's mental health systems, including a toolkit for expanding systems of care and a rating tool to measure implementation of the system of care approach. Ms. Stroul was a partner of the National Technical Assistance Network for Children's Behavioral Health coordinated by University of Maryland and a senior advisor to the national evaluation of the federal Children's Mental Health Initiative. Previously, she was a consultant to the National Technical Assistance Center for Children's Mental Health at Georgetown University throughout its 30-year tenure, where she played a leadership role in many areas, including planning and organizing the center's well-regarded national Training Institutes. Ms. Stroul served on the mental health working group of the President's Task Force on Health Care Reform and as a consultant to the President's New Freedom Commission on Mental Health. She has been honored by the American Psychological Association with its Distinguished Contribution to Child Advocacy Award, by the Federation of Families for Children's Mental Health with the Making a Difference Award, by Georgetown University for visionary leadership and dedication to improving the lives of children with mental health needs and their families, and by the National Association of State Mental Health Program Directors.

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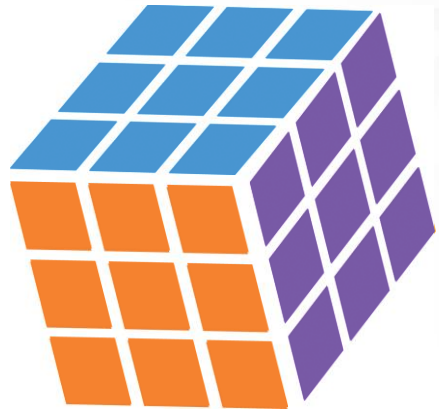
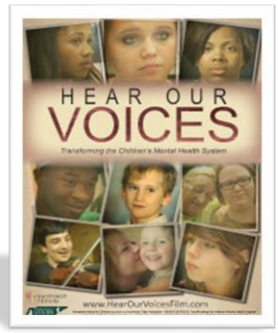
It All Fits Together



Section #1: System of Care Approach
Section #2: System of Care Philosophy
Section #3: Array of Services and Supports
Section #4: System of Care Infrastructure
Section #6: Strategic Framework for System Change
Section #5: Applying the System of Care Approach to Child Welfare
Section #6: Progress and Outcome Assessment
Section #5: Lessons Learned



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System of Care Approach

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EVOLUTION
of the System of Care Approach

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Why Prioritize
Children's Mental Health

- Prevalence estimates:
  - Mental health conditions among children and youth under 18 range from 13-20%
  - 4.3-11.3% of children and youth with serious conditions with significant functional impairment
  - Youth/young adults 18-25 with serious mental illness are approximately 5.9%
  - 16-18% of young children with mental health problems (birth to age 6)
  - ***49% of children in child welfare with mental health conditions, significantly greater than prevalence in general population***
- Estimated that 75-80% do not receive adequate treatment
- One of most expensive populations across systems, substantial resources being invested in high-end, high-cost services

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Medicine (Baltimore). 2016 Feb; 95(7): e2622. Published online 2016 Feb 18, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4998603/

Interdepartmental Serious Mental Illness Coordinating Committee[ISMICC] (2017). *The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers*. Washington, DC.

BMC Emerg Med. 2019; 19: 8. Published online 2019 Jan 15.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6332534/

Ringeisen, H. et al. (2017). Measurement of childhood serious emotional disturbance: State of the science and issues for consideration. *Journal of Emotional and Behavioral Disorders, 25*:195-210.

Perou, R. et al. (2013). Mental health surveillance among children: United States, 2005-2011. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention.

Poor Outcomes

Impact of lack of or inappropriate services:

- Severe ***behavioral and emotional problems***
- School ***dropout***
- ***Substance*** use
- ***Suicide***
- ***Physical health*** conditions
- Poor ***educational and employment*** success
- ***Correctional system*** involvement
- ***Child welfare*** involvement
- Multiple ***out-of-home placements***
- Inability to ***live independently***
- High ***financial costs*** across child-serving systems
- High ***social costs*** to families and society

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Historical Service System Problems

- Little mental health care for children (unserved or underserved)
- Overuse of excessively restrictive settings
- Limited service options (outpatient, inpatient, residential)
- Lack of home- and community-based services and supports
- Fragmentation and lack of cross-agency coordination (parallel mental health systems across child-serving systems)
- Lack of interventions tailored to unique child and family needs
- Lack of partnerships with families and youth
- Lack of attention to cultural differences
- Providers not skilled in evidence-informed practices

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Knitzer, J. (1982). *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*. Washington, DC: Children's Defense Fund.

DEFINITION

- System of care (SOC) approach first introduced in the mid-1980s in response to documented problems
- Continues to be updated based on evaluation and experience
- Definition, philosophy, and components updated in 2010, latest update in 2021

"A spectrum of effective, community-based services and supports for children, youth, and young adults with or at risk for behavioral health or other challenges and their families, that is organized into a coordinated network of care, builds meaningful partnerships with families and youth, and is culturally and linguistically responsive in order to help them thrive at home, in school, in the community, and throughout life."

Stroul, B. & Friedman, R.M. (1986). A system of care for children and youth with severe emotional disturbances (rev ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

Stroul, B. & Blau, G. (Eds.) (2008). The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families. Baltimore, MD: Paul H. Brookes Publishing Co.

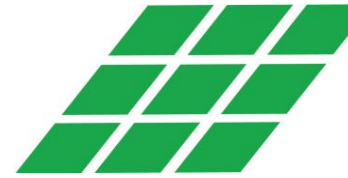
Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Stroul, B., Blau, G. & Larson, J. (2021). Evolution of the system of care approach. Baltimore: The Institute for Innovation and Implementation, School of Social Work, University of Maryland.

SOC FRAMEWORK

Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

EVOLUTION
of the SOC Approach



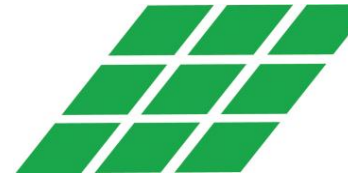
Population

- Application and adaptation to broader population beyond those with the most serious and complex conditions (e.g., youth with substance use or co-occurring disorders, youth in child welfare and juvenile justice systems)
- Application and adaptation to different age groups with specialized services (e.g., early childhood, youth and young adults of transition age)
- Application and adaptation to culturally diverse populations

Services and Supports

- Broader array of services and supports
- Focus on a core set of services
- Importance and effectiveness of specific services (e.g., intensive care coordination with Wraparound, mobile crisis and stabilization services, peer support)

EVOLUTION
of the SOC Approach



Practice Approach

- Practice approach grounded in coordinated care using the high-fidelity Wraparound process
- Importance of family- and youth-driven services

Evidence Base

- Stronger evidence base
- Focus on return on investment

Widespread Adoption

- Strategy of a bi-directional approach to expansion (state and community partnerships)
- Integration with other reforms (e.g., Medicaid, Health Homes, reforms in child-serving systems)

Health – Mental Health Care Integration

- Addresses the significant role of primary care practitioners (PCPs) in providing mental health services and the importance of collaboration between primary care and mental health providers
- Conceptualized as a continuum of integrated care

EVOLUTION
of the SOC Approach

Public Health Approach

- Systems focus on children with the most serious conditions. Need to improve outcomes by:
  - Intervening earlier to increase likelihood of positive outcomes (earlier ages and earlier in progression of mental health conditions)
  - Incorporating screening, early identification and intervention into service array
  - Increasing the emphasis on providing or linking with mental health promotion and prevention
- Conceptualization of public health approach has been applied specifically to children's mental health
  - Focus on treating diagnosed mental health problems, identifying and addressing problems in high-risk populations, and optimizing mental health for all children
  - Multi-Tiered System of Supports used in many schools is an example
    - Tier 1 – Universal interventions to address the needs of all students in a school
    - Tier 2 – Targeted interventions for students with identified needs
    - Tier 3 – Intensive, individualized services for students with the most serious needs

Miles, J., Espiritu, R.C., Horen, N.M., Sebian, J., & Waetzig, E. (2010). A public health approach to children's mental health: A conceptual framework. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.
Hoover Stephan, S., Sugai, G., Lever, N., & Connors, E. (2015). Strategies for Integrating Mental Health into Schools via a Multitiered System of Support. Child & Adolescent Psychiatric Clinics of North America. Volume 24, Issue 2, 211-231 https://doi.org/10.1016/j.chc.2014.12.002

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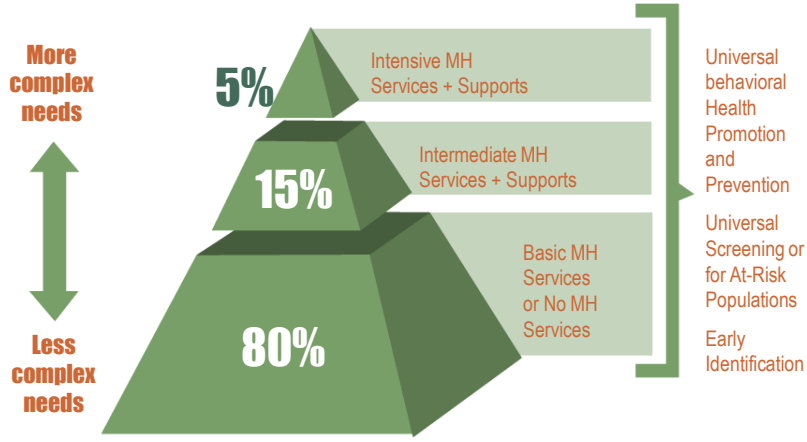
Public Health Approach
Pyramid of Children and Service Needs



Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.

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EVOLUTION
of the SOC Approach

Incorporated Public Health Approach in 2021 Update

- Added a public health approach in the definition:

> *" A system of care incorporates mental health promotion, prevention, early identification, and early intervention in addition to treatment to address the needs of all children, youth, and young adults."*

- Added service components for public health approach:
  - Mental health promotion interventions
  - Prevention interventions
  - Screening for mental health and substance use conditions
  - Early intervention
  - School-based promotion, prevention, and early intervention

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EVOLUTION
of the SOC Approach

Mental Health Equity

- Cultural and linguistic competence has been an integral element of the SOC approach from the outset.
  - (CLAS Standards) provide benchmarks for culturally responsive services and eliminating disparities.
- 2021 update moves beyond cultural competence, includes an explicit focus on achieving equity in mental health care for young people and their families.
  - Structural/systemic racism, implicit bias, and historical trauma impact social determinants of health and access to high-quality, affordable services.
  - Access is challenging for young people and families of color, LGBTQ youth, and other diverse populations.
- Increasing attention to social justice and race equity has led to recognition of the need to address health equity with strategies in multiple domains – research, policy, and practice.
- Achieving equity in SOCs requires action in mission and vision, policies, leadership, staff, partnerships, program design, services and supports, practice approach, desired outcomes at the system and service delivery levels, evaluation, and quality improvement.

National Academies of Sciences, Engineering, and Medicine. (2019). Achieving Behavioral Health Equity for Children, Families, and Communities: Proceedings of a Workshop. The National Academies Press. https://doi.org/10.17226/25347

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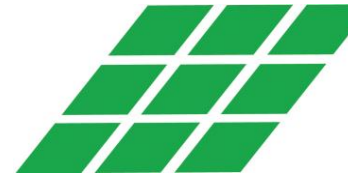
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

WHAT
the SOC Approach is NOT



- Not an exact “model” to be replicated
- Not a single “program,” but a coordinated network of services across agencies
- Not a “treatment or clinical intervention” that directly improves child and family outcomes without accompanying ***changes at the practice level*** to provide effective services and supports to achieve positive child and family outcomes

System Change + Practice Change = Improved Outcomes

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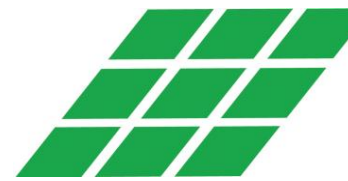
WHAT
the SOC Approach is



- ***Organizational framework*** for system reform
- ***Value base*** for systems and services
- A ***guide*** to implement in a way that fits each state, tribe, territory, community
- ***Flexibility*** for innovation
- ***Adapt*** the approach based on context and environment (political, administrative, fiscal)
- Application to different ***age groups*** (early childhood, youth and young adults of transition age), different ***levels of need*** (serious conditions, at risk), different ***populations,*** different child/youth and family-serving ***agencies,*** diverse ***cultural groups***

= AN APPROACH

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System Change + Practice Change
= Improved Outcomes

- Cannot just implement system-level changes and expect improved outcomes at the child and family level
- ***Practice changes*** are needed to improve child and family outcomes
- Must focus on increasing the effectiveness of services and supports by implementing evidence-informed and promising practices and practice-based evidence

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Multiple Levels
of Implementation

- SOC approach is complex, implementation is multi-faceted, multi-level process
- Changes at state, tribal, territorial system level – policies, financing, workforce development, etc.
- Changes at local system level – plan, implement, develop infrastructure, manage, evaluate
- Changes at service delivery/practice level – array of effective, evidence-informed treatment services and supports
- Evaluation must measure both system-level and practice-level outcomes

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OUTCOMES
of Systems of Care

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EFFECTIVENESS of SOCs

IMPROVE THE LIVES OF CHILDREN AND YOUTH

- Decrease ***behavioral and emotional*** problems, ***suicide rates, substance use, arrests*** and involvement with ***juvenile justice***
- Improve ***school attendance*** and grades
- Increase ***stability*** of living situations
- Increase ***strengths***

IMPROVE THE LIVES OF FAMILIES

- Decrease ***caregiver strain***
- Increase ***capacity*** to handle child's challenging behavior, ***problem-solving*** skills
- Increase ability to work with increased ***employment*** and fewer missed days
- Improve ***service experience***

- Infer that stability of living situation (i.e., fewer placements) and reduced caregiver strain have particular relevance to the child welfare population)

Stroul, B., Goldman, S., Pires, S., & Manteuffel, B. (2012). *Expanding the system of care approach: Improving the lives of children and families*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.
Substance Abuse and Mental Health Services Administration. (2017). The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program. 2017 Report to Congress. Rockville, MD: Author. https://store.samhsa.gov/product/The-Comprehensive-Community-Mental-Health-Services-for-Children-with-Serious-Emotional-Disturbances-Program-2017-Report-to-Congress/PEP20-01-02-001

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EFFECTIVENESS of SOCs

IMPROVE SERVICES

- Expand to ***broad array*** of home- and community-based services
- Customize services with ***individualized, Wraparound*** approach
- Improve ***care coordination***
- Increase ***family- and youth-driven*** services
- Increase ***cultural and linguistic competence***
- Increase use of ***evidence-informed*** practices

Stroul, B., Goldman, S., Pires, S., & Manteuffel, B. (2012). *Expanding the system of care approach: Improving the lives of children and families.* Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. Substance Abuse and Mental Health Services Administration. (2017). The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program. 2017 Report to Congress. Rockville, MD: Author. https://store.samhsa.gov/product/The-Comprehensive-Community-Mental-Health-Services-for-Children-with-Serious-Emotional-Disturbances-Program-2017-Report-to-Congress/PEP20-01-02-001

EFFECTIVENESS of SOCs

IMPROVE SYSTEM INVESTMENTS

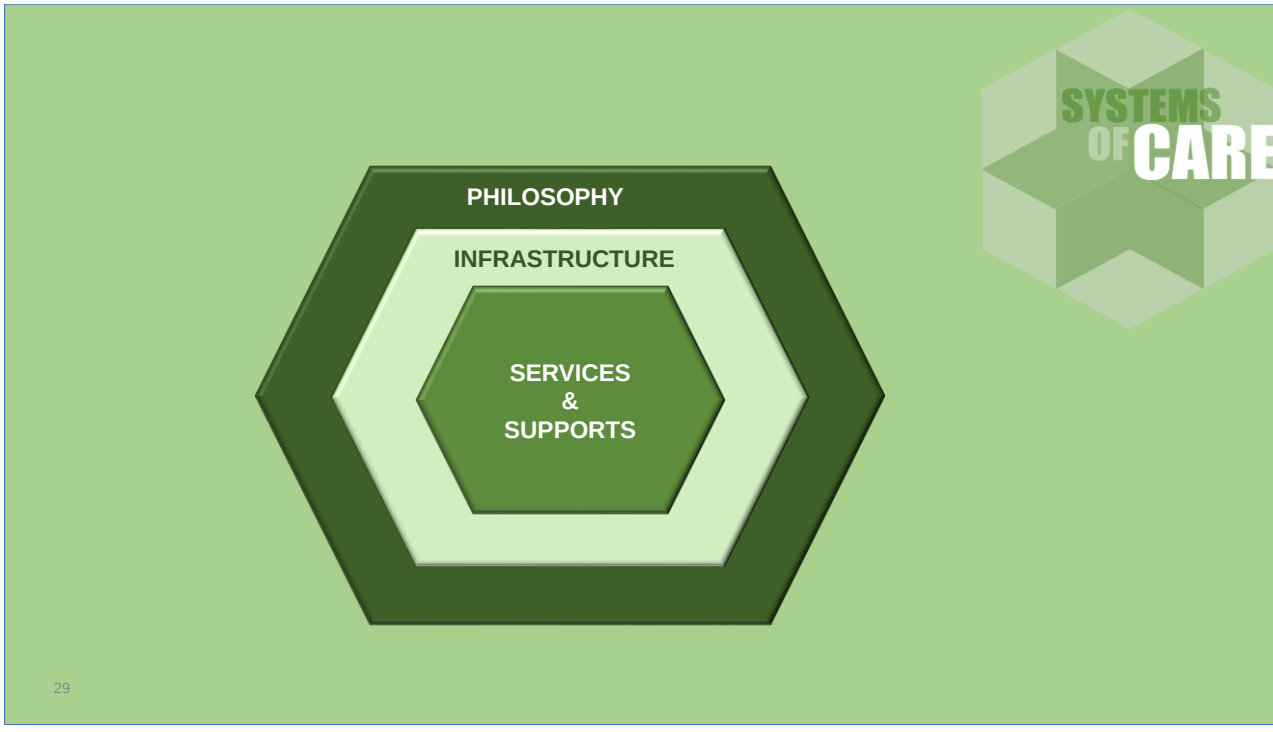
- ***Redeploy resources*** from higher-cost restrictive services to lower-cost home- and community-based services and supports
- Increase ***utilization of home- and community-based*** treatment services and supports
- ***Decrease admissions and lengths of stay*** in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment, detention, juvenile correction facilities, and out-of-school placements)
- ***Reduce costs across systems*** (e.g., reduced out-of-home placements in child welfare and juvenile justice with substantial per capita savings)
- ***Return on Investment (ROI) document*** shows savings in short term and future
- ***Guide*** for ROI analysis

Stroul, B., Pires, S., Boyce, S., Krivelyova, A., & Walrath, C. (2014). Return on investment in systems of care for children with behavioral health challenges. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

ROI
Examples

Outcome	Cost Savings
Reduced Inpatient Use	Average cost/child reduced by 42% $37 million saved when applied to all children in funded SOCs
Reduced ER Use	Average cost/child reduced by 57% $15 million saved when applied to all children in funded SOCs
Reduced Arrests	Average cost/child reduced by 39% $10.6 milling saved when applied to all children in funded SOCs
Reduced School Dropout	Fewer school dropouts in SOCs (8.6%) than national population (20%) Potential $380 million saved when applied to all children in funded SOCs (based on monetizing average annual earnings and lifetime earnings)
Reduced Caregiver Missed Work	Estimated 39% reduction in average cost of lost productivity (based on imputed average daily wage of caregivers)

Elements
of Systems of Care


SYSTEMS
OF CARE
PHILOSOPHY
INFRASTRUCTURE
SERVICES
&
SUPPORTS
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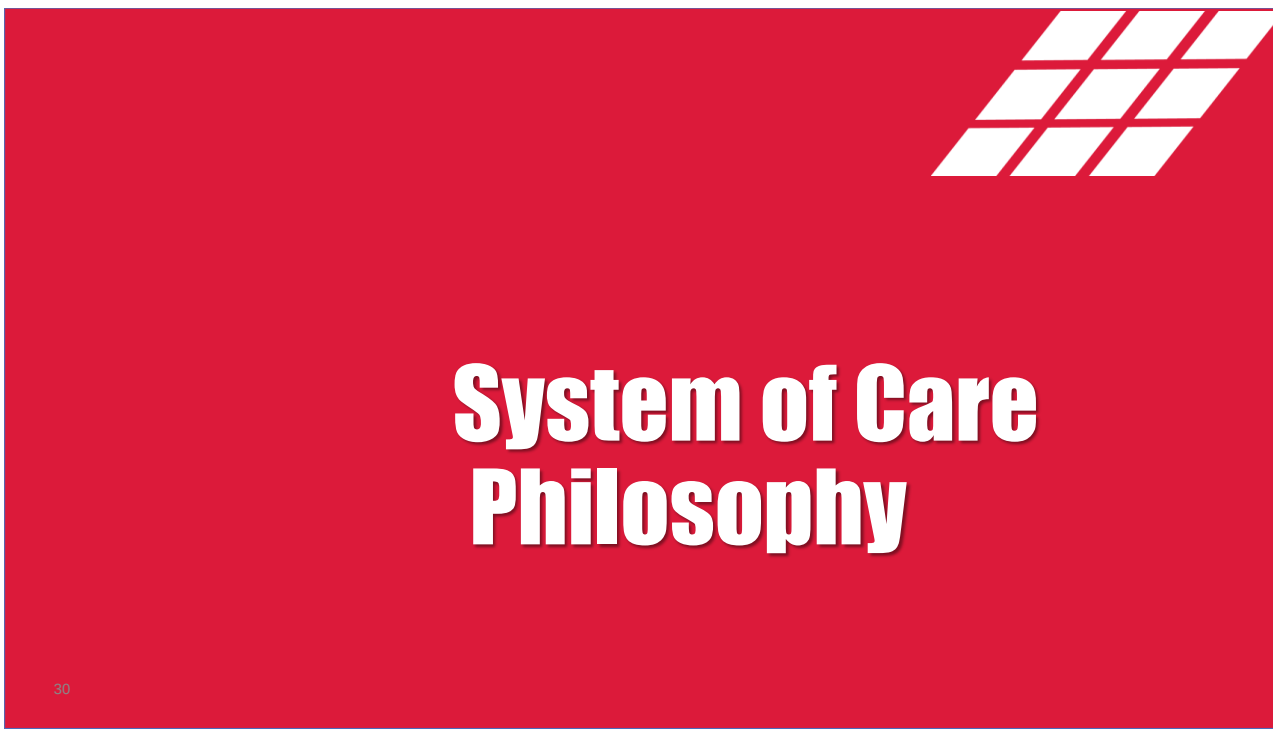
System of Care
Philosophy
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CORE Values

1. Family and Youth Driven
2. Community Based
3. Culturally and Linguistically Competent

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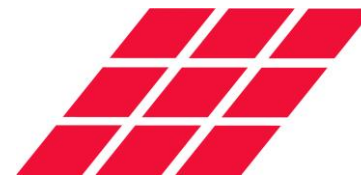
GUIDING Principles



1. ***Comprehensive array*** **of services and supports**
2. ***Individualized,*** **strength-based services**
3. ***Evidence-informed*** **practices and practice-based evidence**
4. ***Trauma-informed*** **services and systems**
5. ***Least restrictive,*** **natural environment**
6. ***Partnerships with families and youth*** **at all levels**
7. ***Interagency collaboration*** **at the system level**
8. ***Care coordination*** **at the service delivery level**
9. ***Health-mental health integration***
10. ***Developmentally appropriate*** **services and supports**
11. ***Public health approach***
12. ***Mental health equity***
13. ***Data driven*** and accountability
14. ***Rights protection*** and advocacy

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Family and Youth Driven

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FAMILY AND YOUTH DRIVEN
Became a Core SOC Value

- Families and youth were ***not involved in decision making*** for their own services ("professional expert model")
- Families and youth were ***not involved at the system/policy level***
- ***They are the experts*** in what they need, what is helpful, and what is not
- From the outset, SOC approach called for ***full partnerships*** with families in all phases of the planning and delivery of services and system and policy decisions
- Original core SOC value was "family focused and child centered" with the needs of the child and family dictating the types and mix of services
- Required ***paradigm shift*** in how people think, relationships, agency and provider culture
- Over time ***moved to family and youth driven***

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FAMILY DRIVEN
Definition

Family-driven means families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

1. **Choosing supports, services, and providers**
2. **Setting goals**
3. **Designing and implementing programs**
4. **Monitoring outcomes**
5. **Partnering in funding decisions**
6. **Determining the effectiveness of all efforts to promote the mental health and well being of children and youth**

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Osher, T. W., Penn, M., & Spencer, S. (2008). Partnerships with families for family-driven systems of care. In B. A. Stroul & G. M. Blau (Eds.), The SOC handbook: Transforming mental health services for children, youth and families. Baltimore: Brookes.

YOUTH DRIVEN
Definition

Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures for all youth in the community, state, tribe, territory, and nation. This includes:

1. **Youth are empowered in their treatment planning process from the beginning and have a voice in decision-making**
2. **Youth are engaged as equal partners in creating systems change at the individual, community, state, and national levels**
3. **Youth receive training**
4. **Equal partnership is valued**

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Matarese, M., Carpenter, M., Huffine, C., Lane, S., & Paulson, K. (2008). Partnerships with youth for youth-guided systems of care. In B. A. Stroul & G. M. Blau (Eds.), The system of care handbook: Transforming mental health services for children, youth, and families. Baltimore: Brookes.

ROLES OF FAMILIES AND YOUTH
at the System and Policy Levels

- Education
- Policy participation
- Design and implementation of services and supports
- Participating in evaluation of policies and services
- Family and youth leadership development
- Training/certification of peer support providers
- Recruiting, training, supporting families and youth for system/policy level participation
- Training professionals
- Strategic communications

Stroul, B. (2015). The Role of Family-Run Organizations in Systems of Care. Washington, DC: National Association of State Mental Health Program Directors and Family Run Executive Directors Leadership Association

37 Stroul, B. (2016). System Change in Belgium: Improving Children's Behavior Health, Health Services and Outcomes.

ROLES FOR FAMILIES AND YOUTH
at the Child and Family Level

- Parent and youth peer support
- Respite services
- Information and referral
- Hotline/helpline services
- System navigation
- Support groups
- Family and youth education/training
- Services for families and youth in partner child-serving systems
- Social and recreational activities
- Community outreach and social media outlets

Stroul, B. (2015). The Role of Family-Run Organizations in Systems of Care. Washington, DC: National Association of State Mental Health Program Directors and Family Run Executive Directors Leadership Association

38 Stroul, B. (2016). System Change in Belgium: Improving Children's Behavior Health, Health Services and Outcomes.

FAMILY AND YOUTH Organizations

- Approximately ***40 statewide and 70 local family-run organizations (FROs)*** in the U.S. focusing on children, youth, and young adults with mental health challenges
  - FROs have parents or primary caregivers as ***51% of governing boards*** and leadership
  - Family support organizations offer support and programs, but are not governed by or comprised of family members
- ***National family-run organizations:***
  - Family-Run Executive Directors Leadership Association (FREDLA)
- ***National family support organizations:***
  - Federation of Families for Children's Mental Health
  - National Alliance for the Mentally Ill (NAMI)
- ***National youth organization*** – Youth MOVE National
  - National organization ***"Youth Motivating Others through Voices of Experience"*** formed in 2007, now chapters in 35 states, 4 tribes, and DC, most grew from and/or partner with SOCs
  - Comprised of diverse ***young people with lived experience*** in mental health and other youth-serving systems
  - Dedicated to providing ***national youth leadership*** and developing authentic youth leadership in states and communities

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EXPERTS in Family- and Youth-Driven Care: Youth- and Family-Run Organizations

Youth- and family-run organizations can:

- Represent, engage, and involve many youth and families
- Fulfill roles at the system and policy level in their states and communities
- Provide perspectives from people with lived experience to improve services and systems
- Recruit, train, mentor, and support family members and youth for policy/system-level participation
- Fulfill roles at the child/youth and family level (e.g., peer support services)
- Recruit, train, certify, mentor, and support family members and youth for roles at the service delivery level
- Provide training to families, youth, and professionals
- Lead and participate in social marketing and strategic communications efforts

Sweeney, M., & Bergan, J. (2019). Hastings-Prince Edward Counties: The Collaborative Child, Youth, and Family Services Committee Retreat

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BEST PRACTICE
in Family and Youth Engagement

- Best practice to have an identified lead family and youth voice in SOCs
- Demonstrates a commitment to the value of family- and youth-driven systems
- Critical for informing policy, procedures, and services
- Builds family and youth leadership
- Options for incorporating family and youth leads in the structure of organizations and systems:
  - Contract with an existing family- or youth-run organization
  - Hire a lead family or youth coordinator as an employee
  - Contract with a family member or youth/young adult to be a lead in family- and youth-driven efforts
  - Multi-pronged approach of above

➢ ***A family or youth lead position alone is not sufficient for a family- and youth-driven system***

Sweeney, M., & Bergan, J. (2019). Hastings-Prince Edward Counties: The Collaborative Child, Youth, and Family Services Committee Retreat

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STRATEGIES
to Build Family and Youth Partnerships

- Partner with existing family and youth groups or leaders
- Identify, recruit and support family and youth leaders
- Provide financial and in-kind support for the development of groups and organizations
- Purchase services from family and youth organizations (e.g., participation on governance or advisory bodies)
- Provide supports for participation in system and policy activities (e.g., payment, child care, transportation)
- Build trust and relationships
- Provide mentors for new family and youth leaders
- Ensure meaningful involvement, avoid “tokenism”
- Share power
- Require providers to partner with families and youth in planning and delivering services
- Provide training and supervision on family- and youth-driven practice

Sweeney, M., & Bergan, J. (2019). Hastings-Prince Edward Counties: The Collaborative Child, Youth, and Family Services Committee Retreat

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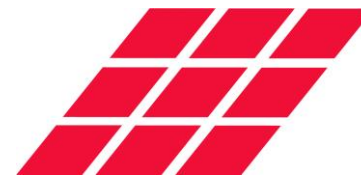
STRATEGIES
for Working with Family and Youth Organizations

- Educate child-serving agencies about the benefits of working with family- and youth-run organizations to build family and youth voice and leadership
- Change policy to support partnering with family- and youth-run organizations
- Establish formal partnerships with family- and youth-run organizations
- Enter into formal contracts and/or memoranda of understanding (MOUs)
- Develop scopes of work for family and youth-run organizations
- Incubate and build new family and youth-run organizations by providing financial and technical assistance
- Allocate appropriate resources to sustain family- and youth-run organizations
- Utilize data, coupled with family and youth voice, to sustain family- and youth-run organizations and SOCs

Sweeney, M., & Bergan, J. (2019). Hastings-Prince Edward Counties: The Collaborative Child, Youth, and Family Services Committee Retreat

ASSESSING
Family and Youth/Young Adult Voice



- Y-VAL and FAM-VOC
- Tools provide a framework of key indicators of meaningful and successful family or youth/young adult voice in program design at the agency and system level
- Used to measure family and youth voice in areas such as:
  - Overall vision and commitment
  - Collaborative approach
  - Empowered representatives
  - Support for participation

Sweeney, M., & Bergan, J. (2019). Hastings-Prince Edward Counties: The Collaborative Child, Youth, and Family Services Committee Retreat

Array of Services and Supports

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Services and Supports

Home- and Community-Based Treatment and Support Services

- Screening
- Assessment and diagnosis
- Outpatient therapy – individual, family, group
- Medication therapies
- Tiered care coordination
- Intensive care coordination (e.g., using Wraparound)
- Intensive in-home mental health treatment
- Crisis response services – Non-mobile, 24/7
- Mobile crisis response and stabilization
- Parent peer support
- Youth peer support
- Trauma-specific treatments
- Intensive outpatient and day treatment
- School-based mental health services
- Respite services (including crisis respite)
- Outpatient substance use disorder services
- Medication-assisted substance use treatment
- Integrated mental health and substance use treatment
- Therapeutic behavioral aide services
- Behavior management skills training
- Youth and family education
- Mental health consultation (e.g., to primary care, education)
- Therapeutic mentoring
- Telehealth (video and audio)
- Adjunctive and wellness therapies
- Social and recreational services
- Flex funds
- Transportation

Specific evidence-informed interventions and culture-specific interventions can be included in each type of service and/or modular approach that identifies and trains providers in core components across multiple evidence-based practices

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Services and Supports

Residential Interventions
- Treatment family homes
- Therapeutic group homes
- Residential treatment services
- Inpatient hospital services
- Residential crisis and stabilization services
- Inpatient medical detoxification
- Residential substance use services

Specialized Services for Young Children and Their Families
- Early childhood screening, assessment, and diagnosis
- Family navigation
- Home visiting
- Parent-child therapies
- Parenting groups
- Infant and early childhood mental health consultation
- Therapeutic nursery
- Therapeutic day care

Specialized Services for Youth and Young Adults of Transition Age
- Supported education and employment
- Supported housing
- Youth and young adult peer support
- Specialized care coordination
- Wellness services

Promotion, Prevention, and Early Intervention
- Mental health promotion interventions
- Prevention interventions
- Screening for mental health and substance use conditions
- Early intervention
- School-based promotion, prevention, and early intervention evaluation

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CORE SERVICES
in Joint Center for Medicaid Services (CMS) – SAMHSA Bulletin

- Intensive care coordination, Wraparound approach
- Intensive in-home behavioral health treatment
- Mobile crisis response and stabilization
- Parent and youth peer support services
- Respite
- Flex funds
- Trauma-informed interventions
- Specific evidence-based practices
- Telehealth

CMS-SAMHSA (2013)
https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf

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INTENSIVE
Care Coordination with Wraparound

- ***Intensive care coordination*** is critical to effectiveness of services for children and youth with most serious and complex needs
- ***Structured approach*** to service planning and care coordination
- Addresses needs ***comprehensively and holistically***
- ***Dedicated*** intensive care coordinator with ***low ratios (e.g., 1:8 to 1:10)*** for children and families with multiple issues, stressors, and multi-system involvement
- May be provided by a ***care management entity*** or in a provider agency
- Use ***individualized, "Wraparound process"***
- May be housed in different types of ***"hospitable organizations,"*** e.g., care management entities for high-need youth, provider agencies, health homes, managed care organizations

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Pires, S.A., Fields, S, & McGarrier, L. (2016). Innovations in Children's Behavioral Health: Tiered Care Coordination for Children and Youth Meeting Summary. Baltimore MD: The National Technical Assistance Network for Children's Behavioral Health.

TIERED CARE
Coordination

- SOCs typically work with children receiving services from ***multiple systems***
- ***Care coordination*** is a flexible way to bring together resources to streamline and integrate care across multiple providers and payers
- Allows services to be individualized based on ***varying levels of intensity*** and complexity
- ***Intensive care coordination*** for children/youth with serious and complex conditions, less intensive care coordination with lower levels of need
- Integrate ***SOC values and principles*** across tiers
- May use ***standardized assessment tools*** to determine need, e.g., Child and Adolescent Needs and Strengths (CANS), Child and Adolescent Service Intensity Tool (CASII), Child and Adolescent Functional Assessment Scale (CAFAS)
- May use ***combination of diagnostic and system criteria*** with clinical judgement, e.g., multi-agency involvement, risk for facility-based care (psychiatric hospitalization, residential treatment)

50

Pires, S.A., Fields, S, & McGarrier, L. (2016). Innovations in Children's Behavioral Health: Tiered Care Coordination for Children and Youth Meeting Summary. Baltimore MD: The National Technical Assistance Network for Children's Behavioral Health.

WRAPAROUND
Process

- ***Intensive care coordinator*** organizes and manages the process across systems
- ***Child and Family Team*** creates and implements a customized plan of care (includes the youth, family, care coordinator, involved providers, and others identified by the family)
- ***Individualized service plan*** includes and coordinates the entire array of services and supports that the child and family require across all life domains
- Team implements the plan and meets regularly to ***monitor progress*** and makes adjustments to the plan
- Families and youth with “lived experience” provide ***peer support***

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MOBILE RESPONSE
and Stabilization Services

Mobile Team

- 24/7 mobile crisis response in home and community
- Delivered by an individual or team (often, two-person team) that is on call and available to respond
- May be comprised of professionals and paraprofessionals (including peer support) trained in crisis intervention skills
- Provides short-term initial crisis intervention to child and family followed by stabilization component
- Helps them identify potential triggers and strategies to deal with future crises
- Links them to ongoing services and supports
- Works collaboratively with law enforcement

- ***Defuse, de-escalate, and stabilize*** mental health emergencies
- ***Prevent unnecessary out-of-home placements,*** particularly hospitalizations, child welfare placement disruptions
- Provided ***in the home or any setting*** where crisis is occurring
- ***Short-term initial intervention*** (72 hours or less) to resolve immediate crisis with child and family
- Crisis stabilization component of varying duration (may be several weeks)
- ***Stabilization in-home or short-term crisis placement*** to avert need for psychiatric inpatient treatment
- ***Addresses acute needs*** and links the child to the family with ongoing services and supports

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PEER SUPPORT
Parent and Youth

Peer Support Services

- One-on-one or group support
- Developing and linking with formal and informal supports
- Assisting in the development of goals
- Serving as an advocate or mentor
- Teaching coping skills
- Instilling confidence
- Providing social and emotional support, intensive support during crises
- Navigator role to assist working with service systems

- Providers of peer support services are family members or youth with *"lived experience"* who have personally faced the challenges of coping with serious health conditions, either as consumer or caregiver
- Provide *support, education, skills training, and advocacy* in ways that are both accessible and acceptable to families and youth
- Participate in *child and family teams* for Wraparound process
- Peer support has a *significant impact on engagement and effectiveness* of services

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INTENSIVE IN-HOME
Mental Health Treatment

- Individual and family therapy
- Skills training
- Behavior management interventions
- Crisis response, stabilization, and safety planning
- Care coordination
- Resource and support building
- Cross-system coordination with school, mental health providers, health care providers, other involved systems
- Trauma-focused interventions
- Substance use treatment

- Intensive interventions provided in the *home, school, or community*
- *Prevent out-of-home placement,* hospitalization, residential treatment
- Use *individual and team* model
- *Intensity* averages 4-6 hours per week, duration 3- 7 months
- *Small caseloads* average 4-6 for 1 staff person, 8-2 for 2-person team
- Appointments offered at *convenient times* for families, including evenings and weekends
- *24/7 on-call* availability for crises
- *Family and youth partnerships* are central

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EVIDENCE-INFORMED Practices

Modular Approach

- A modular approach to evidence-based practices can treatment of childhood anxiety, depression, trauma, and conduct problems
- MATCH (Modular Approach to Therapy for Children)
- Identifies and trains clinicians on the core components of multiple evidence-based practices
- Allows services to be tailored to the unique needs of each individual child or youth
- Research shows equal or better outcomes
- May be more feasible and affordable for states, communities, and provider agencies than purchasing individual, manualized practices

- Specific evidence-based practices included in each type or category in service array
- Questions:
  - What constitutes sufficient evidence? How much?
  - How can promising and emerging practices be included?
  - Levels of evidence, e.g., well supported, moderately supported, promising
- Need to adapt interventions for culturally diverse populations
- Practice-based evidence that considers culture, values, and evidence of effectiveness through experience of key stakeholders, e.g., practitioners, families, youth
- Challenges associated with the cost of implementation of manualized evidence-based practices, e.g., purchasing proprietary interventions, financing ongoing training and fidelity monitoring

Chorpita, B.F., EL Daleiden, E.L., & Weisz, J,R., (2005). Modularity in the design and application of therapeutic intervention. Applied Preventive Psychology 11 (3), 141-156 https://www.practicewise.com/

EVIDENCE-INFORMED Practice Examples

- Specific evidence-based practices included in each type or category in service array.
- Examples:
  - Outpatient therapy – Cognitive Behavioral Therapy (various types), Integrated Co-Occurring Treatment, Generation PMTO (Parent Management Training)
  - Family therapy includes Functional Family Therapy, Multidimensional Family Therapy, Parent-Child Interaction Therapy
  - Intensive in-home treatment services – Multisystemic Therapy, Intensive In-Home Child and Adolescent Psychiatric Services, Child First
  - Therapeutic Foster care – Treatment Foster Care Oregon

TELEHEALTH
Video and Audio Based

- 2021 update includes telehealth as a core service in SOCs
- Defined as two-way, real time interactive communication between service recipients and providers at a distant site using audio and video telecommunications methods
- Used to reach underserved populations with shortages of mental health professionals and geographic barriers, provide consultation to PCPs and other providers
- Importance and utilization increased dramatically during COVID-19 pandemic – expands access and minimizes exposure to the virus for clients and providers
- CMS and private insurance carriers have expanded coverage for telehealth
- Resources have been developed, e.g., CMS toolkit and National Council for Behavioral Health best practice guidelines

Benefits:
- Reduces transportation challenges
- Increases access in rural and frontier areas with provider shortages
- Reduces stigma, some youth/families more comfortable with virtual services
- Decreases missed and canceled appointments
- Fewer conflicts with work and childcare
- Reduces ER visits and hospital admissions due to ready availability of virtual interventions
- Increases provider capacity
- Increases ability to observe and engage young people and families in their own environment

Centers for Medicare & Medicaid Services. (2020). State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding the Use of Telehealth. COVID-19 Version. https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf
National Council for Behavioral Health Best Practices for Telehealth
Gordon, S. Y., Savicki, K., & Tadehara, E. (2021, March 4). Maximizing telehealth services to reach youth and families. Presentation for Training Institutes LIVE! Institute for Innovation and Implementation, University of Maryland School of Social Work.

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BUILDING BRIDGES
Between Residental and Community Interventions

Mission

- "Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes."

- Better integrate and link residential and home- and community-based services and supports
- Establish consensus on core values and best practices
- Create partnerships among families, youth, and residentially-based providers
- Produces best practice guidelines, tools, and resources for referral/entry, during/within residential, transition and post-residential, and linking with community providers
- Shifting practice and aligning nonresidential and residential service components in SOC approach
- Family and youth voice always included as equal or driving partners
- Outcomes Workgroup developed a Matrix of Performance Guidelines and Indicators that identifies practices implementing the core principles and an accompanying Self-Assessment Tool for organizations and communities to assess the degree to which they are using the practices
- Kentucky is involved in the BBI initiative

https://www.buildingbridges4youth.org/

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System of Care Infrastructure

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INFRASTUCTURE for SOCs

Structure and processes for:

- ***Point of accountability for policy and for system management and oversight***
- ***Financing for infrastructure and services***
- ***Manage care and costs for high-need populations***
- Interagency partnerships
- Integrating health and mental health care
- Partnerships with family organizations/leaders
- Partnerships with youth organizations/leaders
- Defined access/entry points to care
- Outreach, information, and referral
- Extensive provider network to deliver comprehensive service array
- Training, TA, and workforce development
- Implementing and monitoring evidence-informed and promising interventions
- Achieving mental health equity and eliminating disparities in access, quality of services, and outcomes for diverse populations
- Accountability and quality improvement including measuring and monitoring utilization, quality, outcomes, equity, costs
- Strategic communications/social marketing
- Strategic planning and resolving barriers

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STRUCTURES
For SOC Governance and Management

Governance Structure

Structure for decision making at the policy level that has legitimacy, authority, and accountability

System Management Structure

Structure for day-to-day operational management and decision making

Advisory Structure

Group of stakeholders that raises issues and suggests solutions, no decision-making authority

Population Care Management Structures

Structure for customized management of services for children with serious and complex issues and their families

Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.
Pires, S. (2000). Key issues for governing bodies. Washington, DC: Human Service Collaborative
Davis, C. & Pires, S. (2015). System of Care Governance. The TA Network for Children's Behavioral Health: Baltimore, MD: University of Maryland School of Social Work.

GOVERNING STRUCTURES
Key Issues

Authority
Where does the governance structure get its authority?
- Legislation, executive order, regulation?
- Elected or appointed municipal or county executive or board of commissioners?
- Contractual obligation?
- Interagency agreement?

How does it define the following?
- Governance authority
- Governance participants
- Population of focus
- Purpose and goals
- Ways in which group can assert its authority

State vs. local
- Differences in scope and authority

Representativeness
Are the members of the structure representative of partners involved in SOC?
- Includes partner systems?
- Includes state and community representatives?

Involvement of Key Stakeholders
Includes key stakeholders?
- Families and youth ("legitimizes" family and youth voice)
- Culturally diverse members reflecting populations of focus
- Service providers
- Others (e.g., advocacy organizations, professional organizations, university research or training programs)

How are key stakeholders involved?
- In governance structure or advisory structures to governance body?

Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.
Pires, S. (2000). Key issues for governing bodies. Washington, DC: Human Service Collaborative

GOVERNING STRUCTURES
Key Issues

Clarity of Roles and Responsibilities
Is there clarity about the role of the structure and what it is responsible for governing?
- Is there more than one structure for same system?
- Are roles and responsibilities clear and not redundant?

Capacity and Resources
Does the structure have the capacity to govern the SOC?
- Staff (Director? Coordinator?)
- Administrative Support
- Resources, e.g., earmarked funding, shared funding across partners
- Data system
- Mid-level management to translate policies into actions within each partner system

Credibility
Does the structure have credibility among key stakeholder groups to govern the SOC?
- Effective communication strategies on policies, functions, etc.?

Shared Accountability
Does the structure embrace the concept of shared responsibility/accountability of partners?
- Assumes shared responsibility to meet legal mandates of partner systems, e.g., child welfare, juvenile justice, mental health, education?

Types of Structures
- State or local governmental interagency bodies
- Quasi-governmental bodies
- Non-profit boards
- May build on an existing structure

Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.
Pires, S. (2000). Key issues for governing bodies. Washington, DC: Human Service Collaborative

SYSTEM MANAGEMENT STRUCTURES
Key Issues

Reporting Relationship
Is the reporting relationship to the governance structure clear?

Expectations
Are expectations and outcomes to be achieved clear?

Capacity
Does the system management structure have sufficient technical and staff capacity?

Types of System Management Structures
- Lead state or local governmental agency
- Interagency body
- Quasi-governmental agency
- Private, nonprofit lead agency
- Lead provider agency
- Managed care organization

Credibility
Does the system management structure have credibility with key stakeholders?

Involving Families and Youth in System Management
Input, evaluation, oversight of:
- Management positions
- Quality of services
- Overall functioning of SOC
- Service planning and implementation
- Management policies and procedures
- Evaluation and quality improvement

Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.
Pires, S. (2000). Key issues for governing bodies. Washington, DC: Human Service Collaborative

POPULATION CARE MANAGEMENT
Structures

Locus of Management Accountability for Populations of Focus

- May be referred to as care management entity
- Customized management of services for children with serious and complex issues and their families
- Leads service integration across multiple systems to address multiple agencies managing pieces of services for the same children and families

Types of Population Management Structures

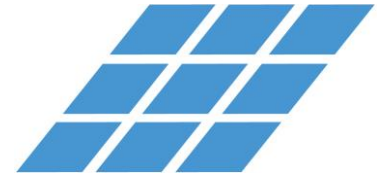
- Public agency
- In-house management structure
- Commercial contracted management structure (e.g., managed care organization)
- Local care management organization (e.g., private, nonprofit)

Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.
Pires, S. (2000). Key issues for governing bodies. Washington, DC: Human Service Collaborative

Strategic Framework for System Change

STRATEGIC FRAMEWORK

Roadmap to System Change



Informed by study of effective strategies that led to framework with five core strategy areas:

1. Implementing ***Policy and Partnership*** Changes
2. Developing or Expanding ***Services and Supports*** Based on the SOC Philosophy and Approach
3. Creating or Improving ***Financing*** Strategies
4. Providing ***Training and Workforce*** Development
5. Generating Support through ***Strategic Communications***

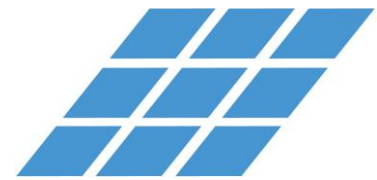
Sub-Strategies in Each Area
Overlapping and Interrelated

Stroul, B. & Friedman, R. (2011). Issue brief: Strategies for expanding the system of care approach. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

Stroul, B. & Friedman, R. (2011). Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

POLICY AND PARTNERSHIP

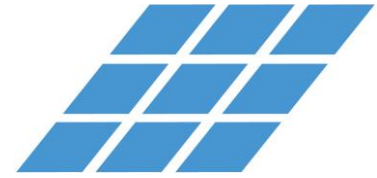
Changes



Infusing and "Institutionalizing" the SOC Approach in the System

- Organizational ***locus of accountability*** for SOCs (state and local)
- ***Interagency*** structures, agreements, and partnerships for coordination and financing
- SOC ***requirements*** in requests for proposals, contracts, regulations
- SOC approach in ***guidelines, standards,*** and practice protocols
- SOC approach in ***data systems and monitoring protocols*** for outcome measurement and quality improvement
- Linking with and building on ***other system change initiatives*** (e.g., health reform, reforms in other systems)
- Expanding ***family and youth involvement*** at policy level
- Improving ***cultural and linguistic competence*** at policy level

EXPANDING SERVICES and Supports



Developing a Broad Array of Services and Supports

- ***Array*** of home- and community-based treatment services and supports
- Individualized, ***Wraparound practice*** approach
- ***Family- and youth-driven*** services
- ***Care coordination***
- ***Care management entities***
- ***Evidence-informed,*** promising practices, and practice-based evidence
- ***Provider network*** with new providers and retooled residential providers
- ***Cultural and linguistic competence*** of services
- Reduce racial, ethnic, and geographic ***disparities*** in service delivery
- Use of ***technology*** (e.g., electronic medical records, telemedicine, videoconferencing, e-therapy)

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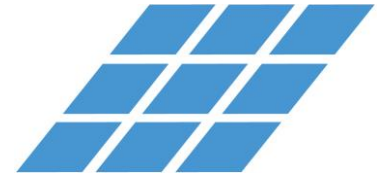
FINANCING Strategies



Creating Long-Term Financing Mechanisms for SOC Infrastructure, Services, and Supports

- ***Medicaid*** and CHIP (Public Health Insurance)
- Mental Health ***Block Grants***
- ***Title IV-E*** (e.g., Family First Prevention Services Act)
- ***Redeploying*** funds from higher-cost to lower-cost services across systems
- State ***mental health and substance use*** funds
- Funds from partner ***child-serving systems,*** blending and ***braiding funds***
- Federal SOC ***grants*** (and other grants) as venture capital to leverage and create sustainable financing
- Case rates or other ***risk-based*** financing
- Use of federal ***entitlements*** other than Medicaid
- ***New financing structures*** and funding streams
- ***Local*** funds

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TRAINING
and Technical Assistance (TA)

Implementing Workforce Development Mechanisms for Ongoing Training and TA

- Training, TA, and coaching on the ***SOC approach***
- Ongoing ***training and TA capacity,*** training and TA institutes, centers, or other structures and processes
- Training, TA, and coaching on ***evidence-informed*** and promising practices and practice-based evidence approaches
- Strategies to prepare ***future workforce*** to work within SOC framework

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GENERATING
Support

Generating Support through Strategic Communications

- Establishing strong ***family and youth organizations*** to support SOC expansion
- Generating support among ***high-level policy makers*** and administrators at state and local levels
- Using ***data on outcomes and ROI*** to promote expansion
- ***Partnerships*** with providers, provider organizations, managed care organizations, and other key leaders
- Social marketing and strategic communications directed at ***key audiences***
- Cultivating ***leaders*** and champions for the SOC approach

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ROLES of States and Communities in Expansion and Sustainability

Roles of States

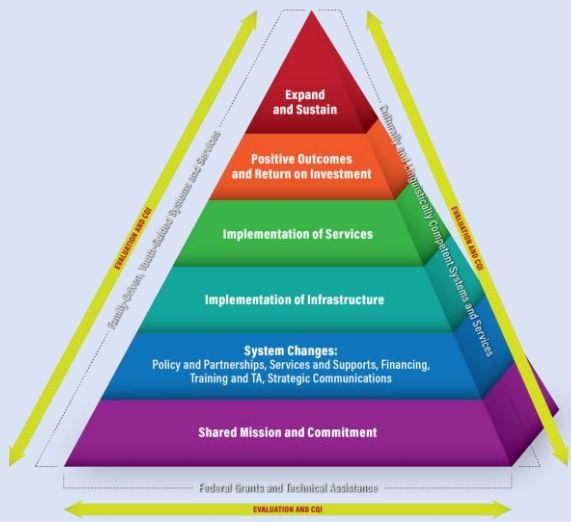
- Establishing the vision for widespread implementation
- Establishing consistent statewide polices and standards
- Passing legislation
- Establishing interagency partnerships and coordinating executive leadership at the state level
- Securing financing for infrastructure and for services and supports
- Providing and financing statewide TA
- Collecting and analyzing data for evaluation and program improvement that support expansion
- Generate support and commitment among high-level decision-makers

Roles of Communities

- Test, pilot, and explore feasibility of approaches
- Implement and provide services and supports
- Establish interagency partnerships and coordination at the local level
- Provide data to "make the case"
- Provide training and TA
- Contribute to the development of statewide family and youth leaders and organizations
- Participate in planning for statewide expansion
- Develop seasoned leaders for future expansion efforts at state and local levels

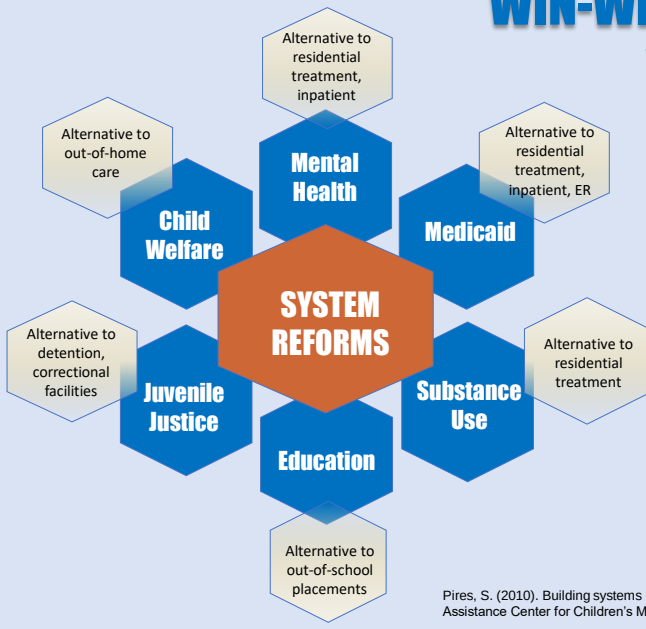
Stroul, B. (2015). State-community partnerships for expanding the system of care approach. Baltimore, MD: University of Maryland School of Social Work, National Technical Assistance Network for Children's Behavioral Health.
Applying SAMHSA's Theory of Change to Systems of Care: Summary of Expert Panel Meeting, July 2015.

PYRAMID OF SYSTEM CHANGE



Applying SAMHSA's Theory of Change to Systems of Care: Summary of Expert Panel Meeting, July 2015.

WIN-WIN SCENARIOS
with Systems of Care



Alternatives to Services with High Costs and Poor Outcomes

Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.

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Applying the System of Care Approach to Child Welfare

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UNIQUE NEEDS
Of Children in Child Welfare

Premise that children in child welfare have ***unique needs*** that require customized responses in delivering both physical and behavioral health care:

- Vulnerable, ***high-risk population***
- High ***prevalence*** of physical, behavioral, and developmental problems
- High ***utilization rates*** of services, particularly mental health care and psychotropic medications
- Histories of ***trauma and neglect***
- Histories of separation from homes and families, ***multiple out-of-home placements*** which changes caregivers, schools, friends, routines

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Pires, SA., & Stroul, BA. (2013). Making Medicaid Work for Children in Child Welfare: Examples from the Field. Trenton, NJ: Center for Health Care Strategies.

CROSS-SYSTEM
Approach in SOCs

- SOC approach is ***not categorical,*** shared responsibility across systems
  - Designed to reduce fragmentation and "siloed approach" to serving youth and families
  - Serve young people involved with all systems, regardless of referral or primary system
- Cross-system ***shared goals***
  - Social and emotional well-being of youth and families
  - Supporting youth in their homes and communities
  - Services that are community-based, individualized, family-centered
- Same ***array of services*** and supports across mental health and child welfare
- Same ***provider networks*** across mental health and child welfare in many cases
- Need to ***understand the mandates, goals, and cultures*** of partner agencies in SOCs for effective collaboration (e.g., different perspectives on appropriate treatment and placement decisions)

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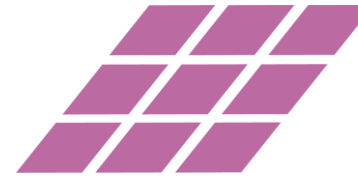
Pires, S., Lazear, K., & Conlan, L. (2008). Building Systems of Care: A Primer for Child Welfare. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.

MAKING SOCs WORK
for Children in Child Welfare



- Mental health and substance use ***screening*** for all youth entering care
- Robust ***array*** of home- and community-based services:
  - Include MRSS, intensive care coordination with Wraparound, intensive in-home treatment services, treatment family homes, parent peer support, etc.
  - ***Specialized services*** for youth in child welfare (e.g., trauma-specific and family interventions)
- Skilled providers:
  - ***Skilled child welfare providers*** and specialists in networks (e.g., expertise in sexual abuse, attachment disorders, trauma)
  - Ongoing training on the ***unique needs*** of the child welfare population and effective practices
  - ***Practice protocols*** for serving the child welfare population
  - Monitoring and consultation on psychotropic ***medication*** use
- ***Collaboration*** strategies at the practice and system levels (e.g., liaisons, co-location, data sharing)
- ***Financing vehicles*** that maximize resources and flexibility

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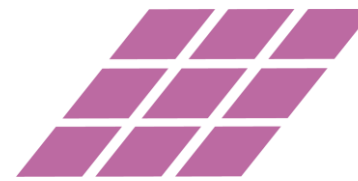
Pires, SA., & Stroul, BA. (2013). Making Medicaid Work for Children in Child Welfare: Examples from the Field. Trenton, NJ: Center for Health Care Strategies.

FAMILY FIRST
Prevention Services Act of 2018



- Purposes:
  - Keep children ***safely at home***
  - Encourage ***family-based treatment*** (particularly kinship care) when foster care placement is necessary
  - Fund services through Title IV-E, specifies use of ***EBPs***
  - Establish criteria for ***appropriate use of residential treatment***
  - Strengthen services for ***older youth***
- Establishes a ***clearinghouse*** to approve EBPs, possible to make a case for non-clearinghouse services
- Limits use of congregate/group care, restricts to “Qualified Residential Treatment Programs” that meet specific requirements
- Funds mental health services, substance use services, in-home services
- ***Aligns with goals and services*** provided through the ***SOC approach,*** focusing on ***child welfare population***

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Progress and Outcome Assessment

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System Level Outcomes

Assess Progress in Implementing SOCs at the Community Level	
Implementation of SOC values and principles	• Assess progress on implementation of SOC values and principles at specific intervals, e.g.: individualized, wraparound; family-driven, youth-guided; coordinated; culturally and linguistically competent; evidence-informed approach, etc.
Implementation of services and supports consistent with the SOC approach	• Assess progress on implementation of the services and supports at specific intervals: ✓ Availability of specific services and supports provided in SOCs (non-residential) ✓ Availability of out-of-home treatment services for short-term treatment goals that are linked to home- and community-based services and supports
Implementation of SOC infrastructure	• Assess progress on implementation of the infrastructure elements for SOCs, e.g.: structure and processes for point of accountability, financing, managing care for high-need populations, interagency partnerships, partnerships with family and youth leaders, provider network, workforce development, outcome measurement and CQI, strategic communications, etc.
Resource investment in home- and community-based services and return on investment (ROI)	• Assess progress on investing resources more effectively in home- and community-based services at specific intervals: ✓ Increased utilization of home- and community-based services ✓ Decreased admissions and lengths of stay in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment centers, child welfare placements, juvenile justice placements, etc.) • Assess ROI in the SOC approach: ✓ Cost data demonstrating impact on costs across systems by utilizing home- and community-based services
Services and supports are provided to increasing numbers of children with SOC approach	• Assess progress in increasing the numbers of children served within SOCs ✓ Identification of areas within jurisdiction with high levels of SOC implementation ✓ Increased number and description of children with serious mental health challenges and their families served with the SOC approach within the jurisdiction
Implement quality improvement strategies	• Identify areas of SOC approach needing improvement • Refine expansion implementation strategies • Provide training and TA

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Stroul, B., Dodge, J., Goldman, S., Rider, F., & Friedman, R. (2015). *Toolkit for Expanding the System of Care Approach*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Child and Family Outcomes

Child, Youth, and Young Adult Outcomes	
Collect outcome data for children, youth, and young adults served in SOCs	• Assess the extent to which children, youth, and young adults receive effective home- and community-based services, experience positive clinical and functional outcomes, and are satisfied with their service experience with set of key outcome indicators • Potential outcome indicators: ✓ Improved mental health (reduced symptomatology) ✓ Avoided hospitalization, residential treatment ✓ Avoided suicidality, self-harm ✓ Avoided substance use/abuse ✓ Avoided crime and delinquency ✓ Successful in education settings ✓ Successful in employment ✓ Lives within a family context or independently ✓ Stable living arrangement
Family Outcomes	
Collect outcome data for families	• Assess the extent to which family life improves and families are satisfied with their service experience with set of key outcome indicators • Potential outcome indicators: ✓ Reduced caregiver strain ✓ Improved ability to work ✓ Increased parent peer support ✓ Increased family education and supports
Implement quality improvement strategies for child and family outcomes	• Identify areas needing improvement • Improve service delivery approaches • Provide training and TA

83

Stroul, B., Dodge, J., Goldman, S., Rider, F., & Friedman, R. (2015). *Toolkit for Expanding the System of Care Approach*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

RATING TOOL
for Implementation of the SOC Approach

- Developed to ***assess progress*** in implementing the SOC approach in a defined geographic area
- ***Web-based*** tool, minimal burden
- Method to derive an estimate of the ***"level" of implementation***
- Identify areas of ***strength*** and areas ***needing improvement***
- Use by a community and as ***progress assessment*** or ***evaluation*** across multiple communities/regions in a larger jurisdiction (state, tribe, territory, large geographic area)
- Use ***at regular intervals*** to track progress with baseline and subsequent assessments (e.g., biennially)

84

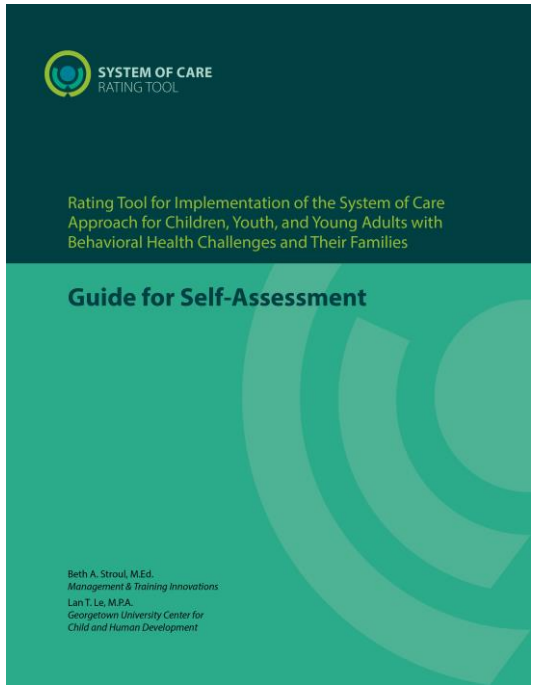
Stroul, B. & Le, L. (2017). Rating tool for implementation of the system of care approach for children, youth, and young adults with behavioral health challenges and their families: Guide for self-assessment. Washington, DC: Georgetown University Center for Child and Human development, National Technical Assistance Center for Children's Mental Health.

DEVELOPMENT OF Rating Tool

- Builds on previous methods
- Developed, pilot tested, revised tool based on feedback
- Continuing to refine tool
- Version 2.0 launched in 2016
- Implementing tool in multiple states
- Developed a version for managed care organizations
- Step-by-step guide published 2017

SOC DOMAINS Assessed

1. **Use of a Strategic Plan**
2. **SOC Values and Principles**
3. **Array of Services and Supports**
4. **SOC Infrastructure Components**
5. **Commitment of Key Partners to SOC Approach**



Self-Assessment Guide

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Lessons Learned

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SYSTEM CHANGE
Not a Project or a Program

- SOC implementation is not a project. ***Projects and programs do not sustain*** …. system changes do
- Goal is ***sustainable systemic changes***
- Occurs ***with or without a federal grant***
- ***Infuse and "institutionalize"*** policies, partnerships, services, financing
- Likelihood that services will not be maintained if efforts are conceptualized and perceived as a time-limited project or grant program

Lesson: Direct efforts to making system and service changes in mainstream systems that will be maintained over the long term

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BI-DIRECTIONAL
Approach to System Change

- ***Both state and local efforts*** are needed – neither is sufficient alone for wide-scale adoption, based on experience and research
- ***Local implementation*** is essential
- ***Systemic changes at state level*** are essential in policy, financing, workforce development, etc. for expanding and sustaining innovations
- Led to ***changes in federal SOC expansion grants:***
  - States must identify communities for implementation and how they will expand to other areas
  - Local areas must demonstrate how they're working with the state for high-level systemic changes

Lesson: Strengthen strategies for state-local partnerships for two-level approach to system change

90

Stroul, B. (2015). State-community partnerships for expanding the system of care approach. Baltimore, MD: The Technical Assistance Network for Children's Behavioral Health

DIFFERENCE Between Implementation and Sustainability

- Planning is the ***first stage*** of SOC expansion
- Implementation and sustainability are ***not separate*** requiring different plans or strategies
- Should be ***no dichotomy or disconnect*** – plans and strategies should be for both
- ***Nothing should be implemented without a strategy for sustaining***
- Financing is significant, but ***sustainability is more than financing***:
  - Approach, values and principles
  - Shift to new types of services and supports (home- and community-based)
  - Shift in practice approaches (more effective interventions

Lesson: Implementing and sustaining are the same goal, and all strategies should focus on both implementation and sustainability.

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FUNDING Grants and Other Time-Limited Funding

- Use expansion grants as ***"venture capital"*** and opportunities to lay a foundation for future financing
- Demonstrate and provide ***compelling data on ROI*** related to expanding the SOC approach
- Develop and demonstrate ***new financing strategies***
- Negotiate ***cross-system investments*** (e.g., investments by the child welfare, juvenile justice, education, early childhood systems to serve their populations)
- Modify existing financing streams to ***cover new types of services*** (e.g., Medicaid)
- Secure commitments to ***redirect existing funds*** to more cost-effective home- and community-based services and supports

Lesson: Time-limited funds should be used as venture capital to obtain long-term, sustainable, mainstream financing.

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STRATEGIC COMMUNICATIONS to Build Support

- ***Generating support is fundamental*** to system reform and sustainability
- Not only public education campaigns (e.g., anti-stigma, ***increasing awareness*** of children's behavioral heath issues)
- Critical for generating support among ***high-level policy- and decision-makers***
- Need buy-in from ***clinicians, families and youth, service sectors,*** and other stakeholders and partners
- Need to ***use data*** to make the case, especially data on ***return on investment***

Lesson: Strengthen data-based strategic communications to generate support for system reform among decision-makers and stakeholders.

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INFUSE The SOC Approach into the Larger Context for Reform

- ***Financing reforms*** – Opportunity to expand coverage of home- and community-based services
- ***Behavioral health-primary care*** integration
- ***Reforms across partner child-serving systems*** – Education, child welfare, juvenile justice, early childhood, transition age youth, etc. to provide home- and community-based services
  - Integrate and align with reforms across systems
  - Leverage and build on cross-system opportunities
- ***New structures*** (e.g., Care Management Entities/Organizations, Health Homes, Certified Community Behavioral Health Clinics, etc.)
- ***Workforce development*** Structures and Activities

Lesson: Children's mental health reform occurs in the context of changes within the larger environment and must be integrated.

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KEYS
To Successful Expansion

Sustainable systemic changes to improve services and outcomes

1. An Effective Team
2. Population of Focus
3. Realistic Goals
4. Clear Priorities
5. Concrete Strategies
6. High-Level Commitment
7. Cross-System Partnerships
8. Commitment Across Key Stakeholders

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