

Designing, Replicating and Sustaining a 10 year old System of Care
Mission Impossible?
Virginia 2007

WANTED: CHANGE AGENTS

- People with passion, commitment and purpose who leap tall barriers with a single bound, who fight the good fight, who believe people can CHANGE and who are willing to provide hope to anyone seeking help.
- ARE YOU A CHANGE AGENT?

Your Mission

CHANGE AGENTS:

- The idea for developing a system of care serum has been around for more than 30 years and to-date it has been one of the more difficult engineering feats to accomplish. Pockets of “systems of care” have been developed across the country, often in spite of the environmental & human barriers that states, communities and people have constructed.

Your Mission

- Your task is to figure out how to make Virginia the Premier state as an integrated System of Care for all youth and families seeking support and services, helping to break down the barriers and offer hope to all who ask for help with complex issues. The secret ingredient is a vial of System of Care serum that the whole state of Virginia needs to be inoculated with.

Your Mission

- Locating the vial is difficult as it is passed around by different agents and coded under different names. You need to find the System of Care vial, bring it back to this group of change agents in this room and solidify what a System of Care is and how the serum can be strengthened so that all of Virginia will be stronger and inoculated against the anti-SOC virus.

DO YOU ACCEPT THIS MISSION?

This slide will destruct in 5 seconds

Are you ready?

- Is this achievable?
- Do you have a Statewide System of Care working for EVERY child and family that needs it?
- Let's review the tactical & strategic elements that are part of the serum and are required to complete this mission

My Role

- Provide you with the latest tactical information about Systems of Care
- Give you examples and locations to look for the serum or elements of it to build a better one
- Assist you in finding the Change Agents that need to be on your team
- Help you accomplish your mission

A System of Care is....

"A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families."

Stroul & Friedman, 1986

Core Values:

- Community Based
- Child centered and family focused
- Culturally competent

What System Conditions Led to Development of Systems of Care?

- Inadequate range of services and supports
- Failure to individualize services
- Fragmentation of system when children and families had multi-system needs
- Children with special needs are in many systems
- Lack of clear values/principles for system
- Lack of clarity about population of concern
- Inadequate accountability
- Lack of adequate responsiveness to cultural differences

Role of System of Care

To provide access to effective services for a large and diverse population within a specified community.

Key Principles/Values of a System of Care

- Based on needs of child and family
- Promotes partnerships between families and professionals
- Involves collaboration between multiple agencies and service sectors
- Involves provision of individualized supports and services based on strengths and needs in multiple domains
- Promotes culturally responsive supports and services
- Includes system of ongoing evaluation and accountability

Population of Concern

“Research on children with emotional disorders has clearly demonstrated that they are a diverse group in terms of diagnostic characteristics, strengths and needs, level of functioning, family strengths and issues, co-occurring conditions, values and beliefs, and involvement with service systems. It is in response to this diversity that a strong focus on the development of individualized, culturally competent service plans has developed in the children's mental health field.”

— Huang et al, 2005

Achieving Agreement on Values and Principles

- Provides key foundation for efforts to provide effective services and supports
- Not just a pretty statement but a strong statement that is used as an ongoing barometer of how the system is functioning
- Developed through a participatory process

A System of Care is...

- One Stop Shop for all human service systems
- NO WRONG DOOR for children and families across ALL systems
- A Place where I'd send my family

With the values and principles guiding the process

System of Care 2007

The University of South Florida Research and Training Institute is undertaking a review of the definition and believe that clarity around the definition will increase the fidelity of system of care implementation across diverse and evolving community contexts.

The 2007 version of System of Care is...

Hodges, Ferreira, Israel & Mazza, 2006

“A system of care is an adaptive network of structures, processes, and relationships grounded in system of care values and principles that provides children and youth with serious emotional disturbance and their families with access to and availability of necessary services and supports across administrative and funding jurisdictions.”

Hodges, Ferreira, Israel & Mazza, 2006

“A system of care is an adaptive network of structures, processes, and relationships grounded in system of care values and principles that provides children and youth with serious emotional disturbance and their families with access to and availability of necessary services and supports across administrative and funding jurisdictions.”

Parallel Processes across Child Serving Systems

- **Child Welfare** – state reforms include “child family **teams**”, family group conferencing
- **Juvenile Justice** – restorative justice uses a team approach,
- **Mental Health** – wraparound **team** process
- **Education** – IEP – Individualized Educational Plan – **team** based

What does a System of Care require to make it work?

- Using the Principles, Values and Guidelines and putting them into practice will require change

CHANGE

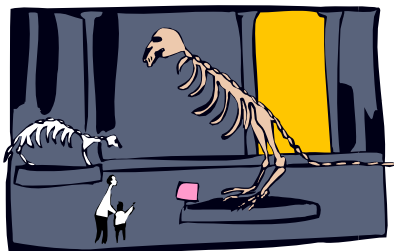
“It has never been done this way before”

“You can’t do it that way”

“We don’t operate that way here”

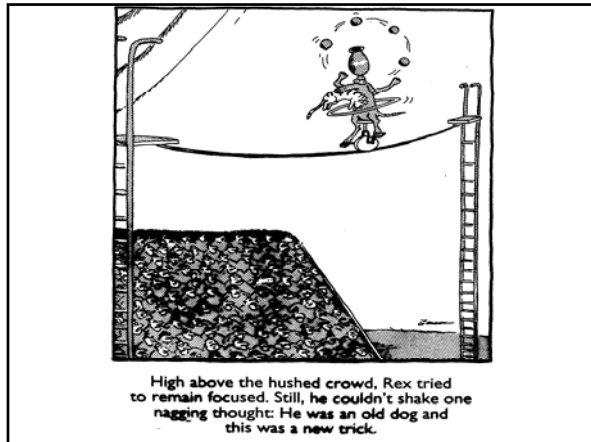
We must become the change we want to see in the world
Ghandi

If You Do Not Change,
You Can Become Extinct!



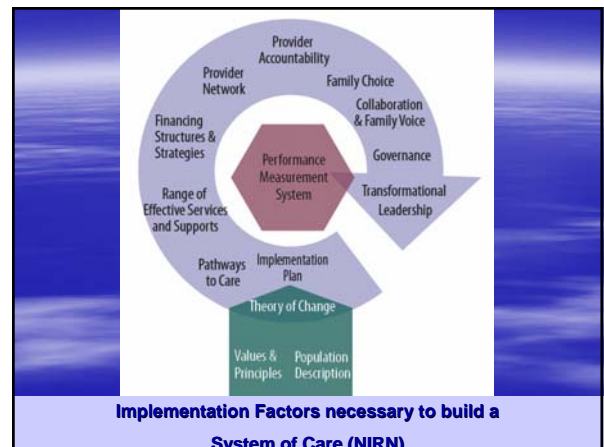
PEOPLE ARE MUCH MORE LIKELY TO **ACT** THEIR WAY INTO A NEW WAY OF **THINKING** THAN TO **THINK** THEIR WAY INTO A NEW WAY OF **ACTING**

HBR – 5/2005



A “**change moment**” from one of our nationally recognized change agents

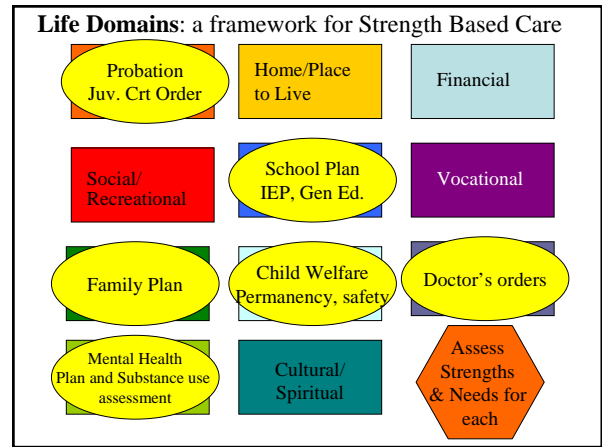
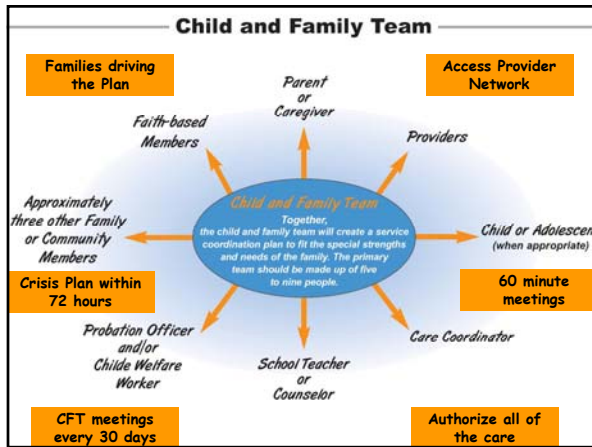
- ### New Research about Implementation
- 14 Implementation Factors necessary to develop a System of Care
 - www.nirn.fmhi.usf.edu
 - National Implementation Research Network
 - Close the gap between science and service regarding implementation



- ### Philosophy of Care
- Build on **strengths** to meet **needs**
 - **One family/client - One team - One Plan**
 - **Flexible** integration of formal and informal resources
 - **Family Access, Voice and Ownership (Choice)**
 - **Responsive** assistance that is **community-based, culturally competent** and **family-centered**
 - **Maintain primary** relationships over time and trouble

Key Ingredient: Wraparound

- How does it fit into Systems of Care?
- It's the process for delivering care to children, youth and families.
- The values of Wraparound align with System of Care



Strengths focused

Do you know your strengths?
Your community strengths?
Your families strengths?

Community Provider Networks

- Build upon the existing service system in a community
- Add organizations who aren't typically involved as service providers (churches, African American organizations – after school, respite, mentoring)
- Individuals, solo practitioners, small groups from across the community have an opportunity to grow with the network

Community Provider Network

Behavioral Health

Behavior management
Crisis intervention
Day treatment
Evaluation
Family assessment
Family preservation
Family therapy
Group therapy
Individual therapy
Parenting/family skills training
Substance abuse therapy, individual and group
Special therapy

Psychiatric

Assessment
Medication follow-up/psychiatric review
Nursing services

Mentor

Community case management/case aide
Clinical mentor
Educational mentor
Life coach/independent living skills mentor
Parent and family mentor
Recreational/social mentor
Supported work environment
Tutor
Community supervision

Community Provider Network

Placement

Acute hospitalization
Foster care
Therapeutic foster care
Group home care
Relative placement
Residential treatment
Shelter care
Crisis residential
Supported independent living

Respite

Crisis respite
Planned respite
Residential respite

Care

Coordination

Case management
Service coordination
Intensive case management

Other

Camp
Team meeting
Consultation with other professionals
Guardian ad litem
Transportation
Interpretive services

Discretionary/FLEX

Activities
Automobile repair
Childcare/supervision
Clothing
Educational expenses
Furnishings/appliances
Housing (rent, security deposits)
Medical
Monitoring equipment
Paid roommate
Supplies/groceries
Utilities
Incentive money

Provider Accountability

The need to integrate providers and funding to achieve high quality and family-responsive performance

- Starts with the child family teams
- They may have control of the funds for services
- They connect service providers to families
- If the service isn't working, they review every 30 days to make changes quickly

What does your network look like?

- Assess your community needs?
- What are the services and resources used most?
- What services are missing?
- "If I only had.....I could do this"



Financing a System of Care

Client Centered Financing

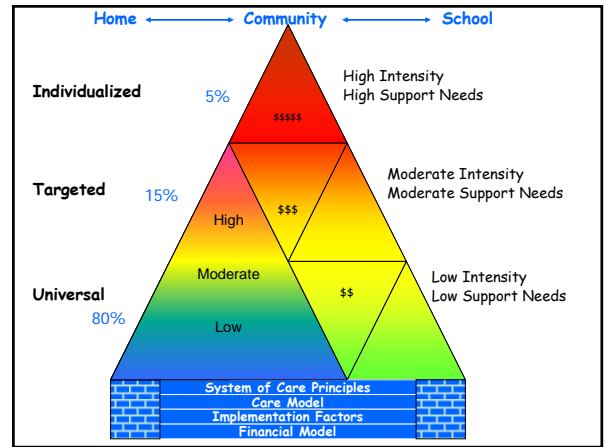
- Every system is financed differently. Do you know how your financing works?
- Multi-system involved youth require cross system financial answers
- Question to ask is “What system has money for children’s services and what are the rules for usage?”

Cross System Funding “Pooled”

Mandates and Policies – know them, understand them and work with them...then

Show U the MONEY!

If you can get through the formal mechanisms, will the processes allow the children to GET the services they need?



WHO HAS THE MONEY IN VIRGINIA TO FUND A MENTALLY HEALTHY, SAFE & SECURE CHILD?

Funding Options

ACCESS

- Most communities don't have an open referral process
- Each "Silo" system has eligibility mandates
- The funding is tied to the mandates
- CAN A CROSS SYSTEM POOLED FUNDING PROCESS BE CREATED?

Different Designs for Blended Cross System Funding

- Private Non Profit: Choices, Inc.
 - Contracts with multiple county and state government entities; managing clinical and fiscal outcomes
- County Government: Wraparound Milwaukee
 - Contracts with other county government sectors: Child Welfare, Juvenile Court, State corrections,
- Statewide: New Jersey – Children's Partnership
 - Integrated across 4 Child Serving Sectors within State government; implemented across the state regionally

FLEX FUNDS and the network

- They make a difference
- Tied to a goal in the plan
- Requires a review of low cost no cost alternatives
- They are gap fillers and confidence boosters!
- They aren't a lot of money relative to what is currently being spent

Flex Funds

Housing	\$57,064	23%
Activities	\$41,259	17%
Utilities	\$30,727	12%
Supplies/Groceries	\$24,465	10%
Transp - contracted	\$20,875	9%
Clothing	\$20,858	9%
Incentive	\$9,391	4%
Furnishing/Apps	\$9,026	4%
Automobile	\$9,024	4%
Legal	\$5,781	2%
Transp – reimbursed	\$5,026	2%
Medical	\$4,873	2%

FUNDING POOLS, STREAMS & GEYSERS

Public systems (cap/case rate), Medicaid, MRO, 3rd Party, United Way agencies, county contract providers, indigent care, University Hospitals, Faith Community, Animal Clubs: (Elks, Eagles, Moose, Lions), Masons, Exchange Club, PIC, Rotary, Optimist/Soroptimist, Urban League, Junior League...

THE FAMILY, EXTENDED FAMILY, NON-BLOOD RELATIVES, AND ALL OF THEIR STRENGTHS and INTERNAL & EXTERNAL RESOURCES

SOC Model Elements

- **Practice Level Elements**
 - Family Driven
 - Child Centered
 - Strength based practice
 - Wraparound Values
 - Cultural Competence
- **Provider Network**
 - Traditional and Non-Traditional
 - Faith-based organizations
 - Micro-enterprise development
- **Care Management**
 - Financial Structures
 - Blended Rate, Flexible Funding
- **Outcome Management**
 - Data and Evaluation
 - Tools used

Building a Collaborative Community

- ➔ **Cooperation**
 - Shorter term informal relations, sharing info – one way
- ➔ **Coordination**
 - More formal relationships and understanding of missions – no money shared or pooled
- ➔ **Collaboration**
 - Durable and pervasive relationship with full commitment to a common mission – show me the \$\$

Taking the serum builds collaborative communities

Community Communication Method

<ul style="list-style-type: none"> • Consortium meets monthly • Payers/Retiree Council meets monthly • Agency Board & Clinical Working Group meets monthly • Semi-annual focus groups with referring agencies 	Community
<ul style="list-style-type: none"> • Supervisors meet bi-weekly with Manager • Supervisors facilitate weekly Peer review • Supervisors meet quarterly with Referring Agencies 	Supervisors
<ul style="list-style-type: none"> • CC's & Supervisors meet with Psych MD's • Mandatory all staff training weekly • CC's hold Service Team meetings < 30 days • Director available for consults daily 	Line Staff

What are your current mechanisms for communication in your community?

Are they working?
Could it work better?
Strengthen the serum

Outcomes Management & DATA

Absolutely necessary!
Critical component of the serum

System of Care Results

Key Evaluation Findings

System Outcomes

- Successful completion
 - Defined as meeting CFT treatment goals
 - Over 2/3 (68%) successfully completed the Dawn Project (2004)*
- Post-Dawn
 - 83% of youth completing the Dawn Project were successful in staying out of the system after leaving the program (2000)

Key Evaluation Findings

Caregiver Satisfaction (2004)

- Services received are helpful – 92%
- Satisfied with services received – 78%
- Satisfied with youth's progress – 67%
- Service providers' understanding of the family's traditions – 83%
- Involvement in the planning of services for their child – 81%
- Satisfied with the number of times asked to participate in meetings about services for their child – 80%

WFI 3.0 Results

Overall Wraparound Fidelity

- (2004) Dawn demonstrated fidelity scores HIGHER than the mean scores for the other two sites analyzed
- (2004) Dawn demonstrated fidelity scores ABOVE AVERAGE for the WFI-3 national sample that includes over 10 communities
- Benchmark 80%
 - Resource Facilitators: 82%
 - Caregivers: 84%
 - Youth: 89% (n=5)

WFI 3.0 Results

Element Scores

- Dawn shows strengths in many dimensions including several that have been found to be difficult to achieve:
 - Facilitating youth & caregiver voice & choices
 - Providing culturally competent individualized, strength-based services
 - Administering care that is perceived to be well-coordinated across agencies and over time
- Very High scores in the arena of providing for an outcome-based wraparound process

Conclusions

- The Evaluation Findings are consistent over time (5 years)
- WFI-3 findings validate the Dawn Project process
- Effective wraparound processes leads to positive outcomes for youth and families as evidenced by Dawn

National Findings

- Improved academic performance
- Reduced law violations
- Reduced recidivism back into the referring system
- Reduced hospitalizations and utilization of out of home care
- "It's the right thing to do"

You have the tools

Are you using ALL of them?

Don't forget to use your community team!

They can make a difference

