



Transforming Children's Mental Health Policy into Practice:
Lessons from Virginia and Other States Experience with
Creating and Sustaining Comprehensive Systems of Care

5th ANNUAL CSA CONFERENCE

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1-2:30pm

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Objectives



1. Identify principles & strategies that have been helpful in guiding collaboration for building an effective System of Care (SOC) & examine the Social Ecology Model
2. Overall assessment of the impact and effectiveness of CSA
3. Discuss lessons learned for facilitating successful transformation
4. Look at efforts in other states and localities
5. Discuss the factors/forces local and state CSA leaders should take into account in ensuring fidelity to system of care values and principles
6. Work with participants in this session to understand how to apply lessons to their situation

CSA History: A Snapshot



- Factors that led to establishment of CSA:
 - Promotion of Systems of Care Philosophy in mid 1980s.
 - Increase in prevalence and cost of out of home services in VA.
 - Earlier planning efforts.
 - Comprehensive planning initiative led by Howard Cullum during Gov. Wilder's administration.

Original Goals of CSA

1. Improve the manner in which at-risk youth were served through a collaborative, interagency process that individualized each service plan, empowered families to participate and provided services, whenever possible, within the child's home community.



2. Gain better control of spending, diverting funds away from out-of-community residential settings and re-investing the money saved into locally-based service programs.



CSA Evolution/History



- Establishment of the Act
- Early years of growth
- Working out the kinks
- Growing into a fully actualized system

The Framework of CSA

1. System of Care (SOC)

- Child-centered, with the needs of the child and family dictating the types and mix of services provided.
- Community-based with the locus of services, as well as management and decision-making responsibility, resting at the community level.



2. Social Ecology Model

- How contextual forces (i.e., political, social, fiscal, and organizational) have influenced CSA's development and effectiveness.
- Provide a heuristic base for establishing recommendations on how to improve CSA.

System of Care (SOC)

A System of Care for Children and Youth with Serious Emotional Disturbance (Stroul & Friedman, 1986)



1. Access to a comprehensive array of services that address the child's physical, emotional, social and educational needs.
2. Receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.
3. Receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of emotionally disturbed children should be full participants in all aspects of the planning and delivery of services.
5. Receive services that are integrated, with linkages between child-caring agencies and programs and mechanisms for planning, developing and coordinating services.
6. Provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner, and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional problems should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Ensured smooth transitions to the adult service system as they reach maturity.
9. The rights of emotionally disturbed children should be protected, and effective advocacy efforts for emotionally disturbed children and youth should be promoted.
10. Receive services without regard to race, religion, national origin, sex, physical disability or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

SOC Movement Finds Traction



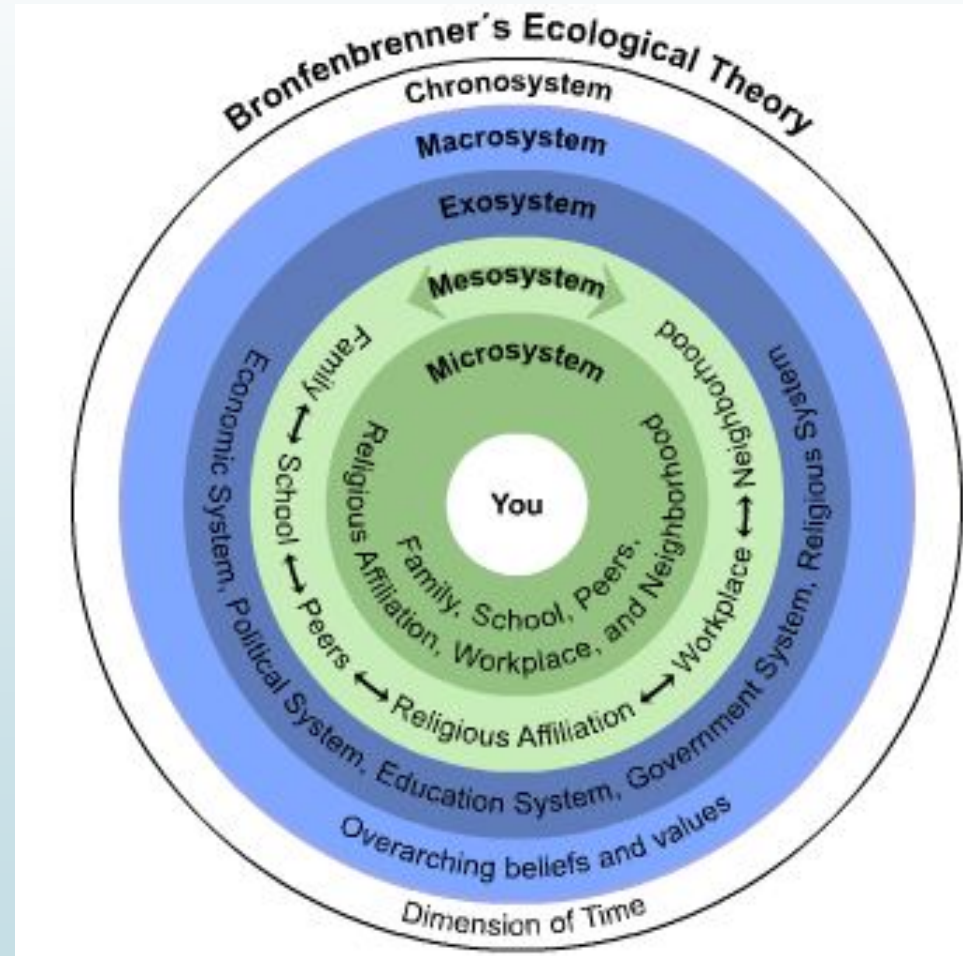
- SOC approach accelerated significantly in the late 1980s and continued during the 1990s

- More than 100 sites received funding...including Virginia
 - The Wraparound Model evolves
 - Identified community-based services and natural supports for child and family, based on their strengths as well as their needs.
 - The process, directed by the child and family, employed a team

- Laudable...also ambitious and extremely complex
 - Defining the roles, responsibilities and relationships of participating local, and state governmental entities
 - Realigning a system of funding
 - Developing a common language and collaborative practice among providers
 - Reconciling apparently competing political ideologies to ensure support from local and state elected officials and their appointees.
 - Providing the multiple supports: training, data tracking & evaluation, policies

Social Ecology Model

<https://www.youtube.com/watch?v=5htRhvm4iyI>



Social Ecology Model & CSA

1. Delivery of Care

- Referral systems: Family, School, Court, DSS, Health Dept., etc.
- CPMT
- FAPT
- Individual Family Service Plan
- Case Management



2. Contextual factors

➤ Governance



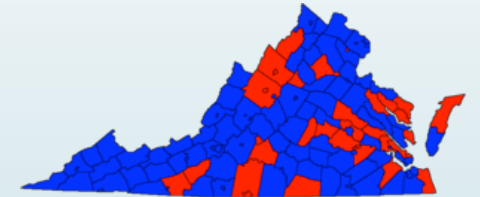
➤ Organizational



➤ Economics



➤ Politics

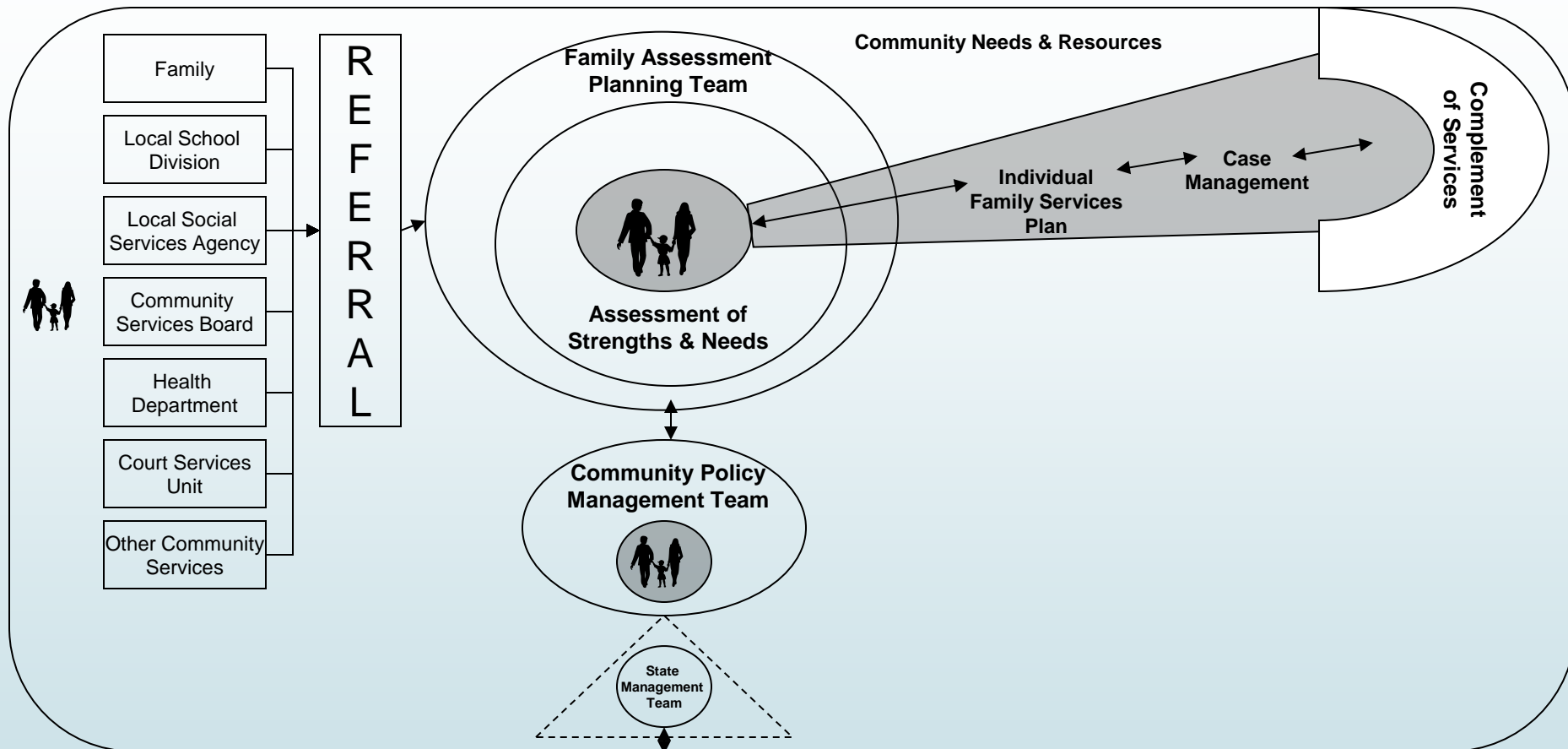


➤ Social/Cultural



➤ Technological

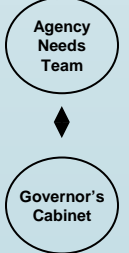




State Pool



State Trust Fund



Examples of Contextual Factors

➤ State vs. Local (centralized vs. decentralized)



➤ Financial incentives/disincentives



➤ Free Market vs. oversight

➤ Example of custody relinquishment



➤ Forces driving collaboration vs. self protection

➤ Factors influencing accountability





CSA: Micro Level Outcomes...qualitative

- *“One of the things over the past few years that I think they [CSA] have done real well is to focus on getting the child served in the community and wrap services around the child rather than sending the child off to a residential treatment facility.”* The Virginia Commission on Youth
- *“Have we improved outcomes for kids? I think we have made a lot of progress. I think we need to expand creativity, be more flexible, and think out of the box. We need to provide training so people know how to do Systems of Care...and how to work across systems.”* Chief staff person for the CSA planning council & a former Director of the Office of Comprehensive Services (OSC)
- *“We are fighting years of institutional culture. There is sort of a hierarchical approach, delivering a service in a particular specialty as opposed to delivering a more integrated approach across specialties.”* Government Administrator
- *“I do believe CSA has achieved its original policy and fiscal intentions. CSA created the conversation about the priority of children’s behavioral health in Virginia. I think it was an extraordinary experiment and I think it worked.”* Current CSB director
- *“From a theoretical perspective it [CSA] is absolutely wonderful ... magnificent. From a practical perspective, absolutely not.”* Former Director of the OSC
- *“It is interesting but CSA and the Systems of Care has really just come into its own in the last two years here in Richmond and I am glad to see things happening.”* Former service provider, CSA Director, and involved in CSA since its inception.
- *“Hell no...One of the things we missed here was the family movement; one of the keys to system reform in other states, and that has not happened here.”* Former CSA Coordinator

CSA: Micro Level Outcomes...data



➤ **Limited data systems**

➤ **Children outcomes:**

Children served: 1994: 10,498 children
2009: 17,665
2015: 15,609

Percentage Placed Residential: 1994: 65%
2004: 41%
2009: 11%
2015: 8%

Percentage Mandated: 1994: 90%
2009: 93%
2015: 93%

CSA: Micro Level Outcomes...data



➤ Foster Care:

1998: 8,977
2007: 9,700
2010: 8,003
2015: 6,329

➤ Cost of Services:

Total Expenditures: 1994: \$104 million
2009: \$376 million
2015: \$350 million

Cost Per Child: 1994: \$10K **\$10K***
2008: \$21K **\$14.5K***
2015: \$22K **\$29.6K***

CSA: Macro Level Issues



- Central vs. local control
- How to ensure effectiveness and accountability
- Organizational Culture:
 - Reconciling agency requirements with system of care values (funding requirements vs. appropriate care; mandated vs. non-mandated; prevention vs. treatment)
- Developing competent workforce with appropriate values and skills (consumer empowerment)
- Sustaining complex, individualized, collaborative community-based system of care
- Withstanding constantly changing political zeitgeist

CSA, Still Evolving



- Created Virginia's Children's Cabinet
- Established Commonwealth Council on Childhood Success
- Change to Children's Services Act
- Ongoing review of structures and functions
- Enhancing data systems
 - Dashboard

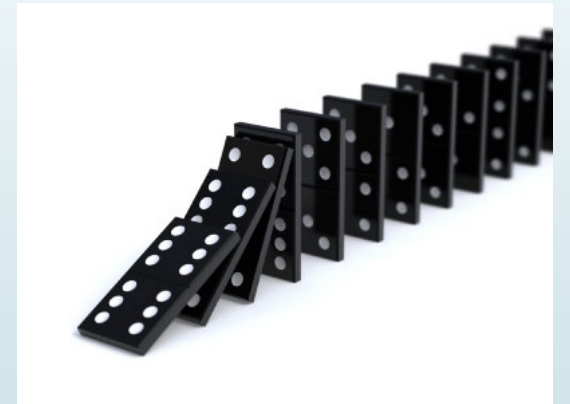
Applying Policy Perspective to CSA

➤ **Impact of Early Decisions**

- Mandated vs. Non-mandated
- Relaxing locality participation requirements
- Influence of Medicaid

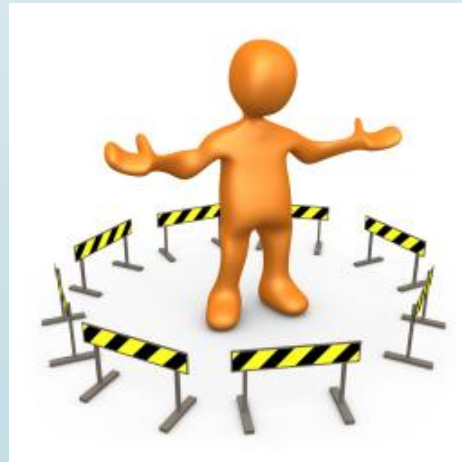
➤ **Unintended Consequences**

- Residential to community: in-home services
- Funding: flexibility vs. accountability
- Local governance



Built-in Structural Impediments

- One term governor; biennial budget
- Strong state/local government
- Limited family/advocacy constituency



Unfinished Business



- Multi-level education/training
- Clarifying governance roles of local and state entities
- Actualizing the vision
 - Building consensus
 - Establishing infrastructure
 - Developing comprehensive strategic plan
 - Creating buy-in
 - Enhancing fidelity to SOC & CSA values & principles (i.e child/family empowerment, strength-based approach)

Moving Forward

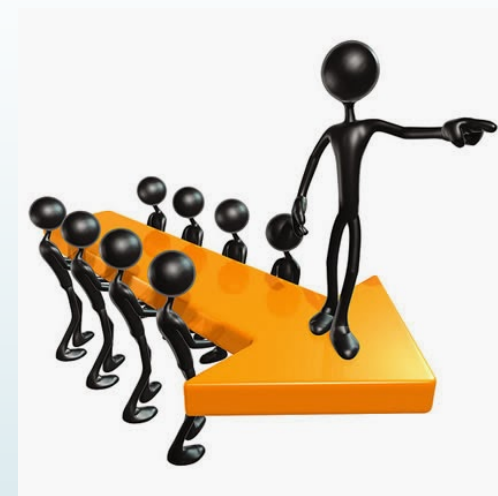
➤ Sustainability Strategies:

- Locus of accountability
- Family organization
- Data
- Interagency partnerships
- General commitment and support

➤ Financing Strategies:

- Maximizing sources
- Balancing flexibility with decision support tools

Stroul & Manteuffel (2007)



Overall CSA Conclusions



- Sustaining complex, comprehensive system for nearly a quarter of a century: Impressive Accomplishment !

- Still falls short of original vision in several ways:
 - Inequitable distribution of services
 - Lack of functional assessment and data base
 - Ongoing tension between state and localities
 - Uneven and incomplete actualization of SOC/CSA values & principles

- Much can be learned from each other and systems outside of Virginia

General Guidelines & Lessons Learned

1. Drawing from Virginia and Other States Experience
2. How it Applies to You and CSA



Virginia Experiences & Other States



- Bristol City & Washington County
- Alexandria
- Hampton
- Lynchburg
- Metropolitan Richmond Regional Partnership
- Examples of State-Level Systems of Care
 - New Jersey
 - Ohio
 - Louisiana
- When States are Ordered to Reform
 - Hawaii
 - Massachusetts
- Local Systems of Care
 - Wraparound Milwaukee: The Gold Standard
 - Baltimore
 - Onamia, Minnesota

Framework for Assessing Best Course of Action

- Take into account geographic/governance/social structure & what works best for your dynamic
 - E.g., state vs. locally controlled systems; small vs. large locality
- Apply macro-level of ecological paradigm:
 - Take into account influence of all contextual forces
 - Importance of system balance/equilibrium/harmony

Lessons Learned: Universal Guidance for Promoting Service System Reform

Having a shared belief system is necessary



Lessons Learned: Universal Guidance for Promoting Service System Reform

... But a common set of values & principles is not sufficient



Lessons Learned: Universal Guidance for Promoting Service System Reform



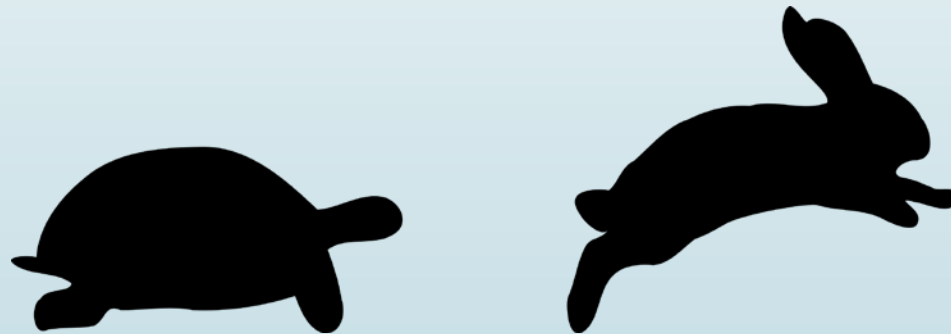
Sustaining a successful reform requires vigilance

➤ **Core Functions Essential for Sustaining Organizational Reform:**

- Culture of organization.
- Willingness of members to engage in new behavior demanded by change.
- Communication between change leaders and individuals being asked to change.
- Having active change leadership team that speaks with one voice, resolves concerns expressed by those being asked to change, and reinforces sense of urgency by explaining why change is needed and importance of implementing new practices immediately.
- Have clear and compelling vision of what future will look like after change occurs as well as realistic implementation plan and a viable effort to create an infrastructure to support change.
- Sufficient training for participants to acquire needed skills.
- Offer appropriate incentives reinforce desired behaviors and results.
- Manage performance by providing appropriate structures and support.
- Hold staff and leadership accountable by ensuring their actions are consistent with intentions and goals of change initiative.

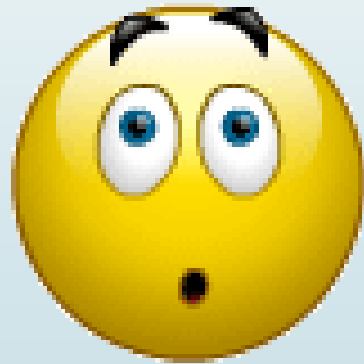
Lessons Learned: Universal Guidance for Promoting Service System Reform

The race is not always to the swift



Lessons Learned: Universal Guidance for Promoting Service System Reform

Unintended consequences happen



Lessons Learned: Guidance for Sustaining Effective SOC's

Be sensitive to culture ... at multiple levels



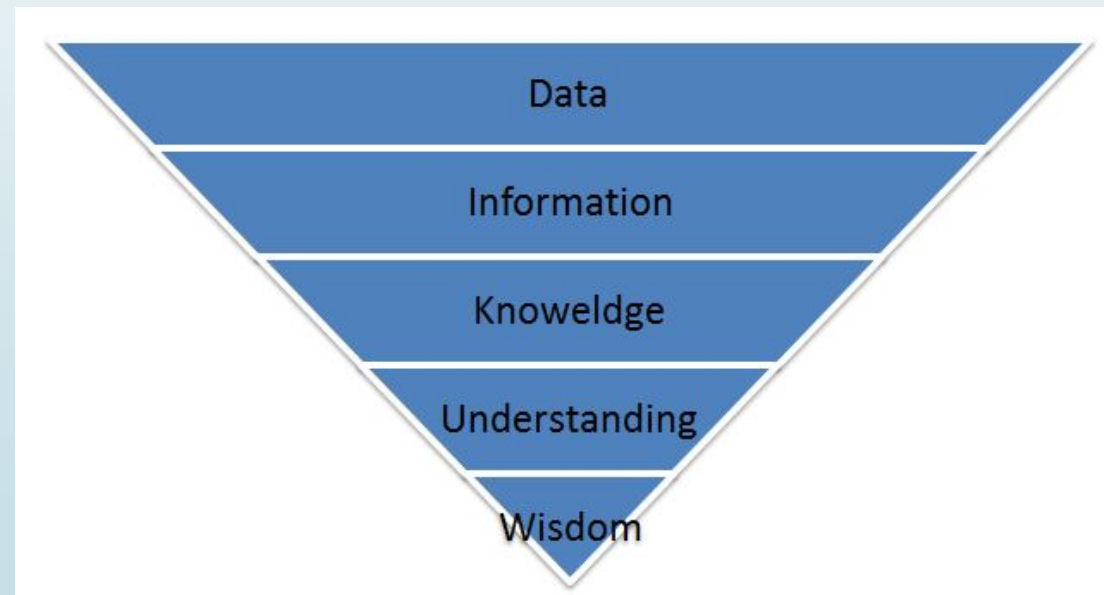
Lessons Learned: Guidance for Sustaining Effective SOC's

Well targeted incentives leverage desired changes



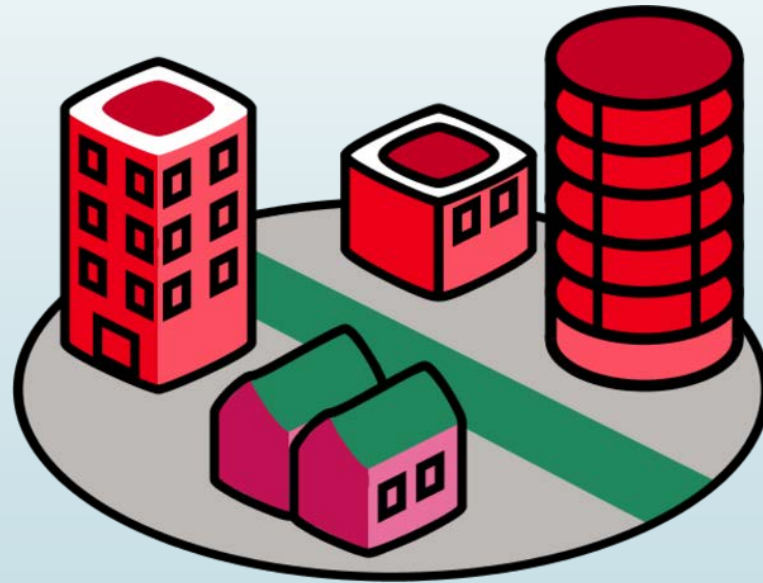
Lessons Learned: Guidance for Sustaining Effective SOC's

Good data facilitate sound decision-making



Lessons Learned: Universal Guidance for Promoting Service System Reform

Town-gown partnerships can yield benefits



Lessons Learned: Guidance for Sustaining Effective SOC's

Effective programs seize the moment



Lessons Learned: Guidance for Sustaining Effective SOC's

Staying aloft on the tightrope requires flexibility
and more



Group Activity:

Ecological Framework for Sustaining/Enhancing Systems of Care (SOC)

- These are the tensions you need to manage to have an effective system.
1. Evaluate your own system and check areas that are a strength & areas of growth.
 2. Review the discussion points & make notes
 3. Share with group

Q & A ?



Thank you!