



# Systems of Care in Behavioral Health Care

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# Purpose of Seminar

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- Origins of system of care (SOC) framework
- Core values and principles of SOC
- Development and current status nationwide and in Florida
- Impact of SOC on high-risk youth and their families
- Role of wraparound in SOC
- Lessons learned

# Children's Mental Health Services in the United States

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- Historic focus on children and families with highest level of needs and risks: e.g., children with serious emotional disturbance (SED)
- Services are organized and financed by sectors
  - ◆ Child Mental Health
  - ◆ Juvenile Justice
  - ◆ Adolescent Substance Abuse
  - ◆ Child Welfare
  - ◆ Health Care
  - ◆ Education and Special Education

# Challenges of a Sector Framework

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- Access
- Fragmentation
- Duplication
- Poor coordination
- Variability in quality of care
- Conflicts
- Focus on high need populations

# Policy Response: Interagency Collaboration

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## ■ Interagency Collaboration Strategies

- ◆ Child and Family Level: Child and Family Teams, wraparound process
- ◆ Program Level: Blended and Braided Funding Models
- ◆ System Level: Children's Cabinets
- ◆ Local System Level: Sequential intercept mapping
- ◆ Structuring of vertical and horizontal communication loops
- ◆ Use of data to inform shared accountability for access and quality of care



# Policy Response: System of Care

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- Definition: A system of care incorporates *a broad array of services and supports that is organized into a coordinated network*, integrates *care planning* and management across multiple levels, is *culturally and linguistically competent*, and builds *meaningful partnerships with families and youth* at service delivery and policy levels.

Pires, S.A.(2002), Building Systems of Care: A Primer



# Core Values of a System of Care

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- Community based
- Family driven and youth-guided
  - ◆ Family-driven: families have a primary decision-making role in the care of their own children
  - ◆ Youth-guided: young people have the right to be empowered and given a decision-making role in their own care
- Culturally and linguistically competent
- Least restrictive environment



# Guiding Principles of a System of Care

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- Evidence-informed
- Individualized, strengths-based
- Least restrictive, appropriate setting
- Collaborative and coordinated across an interagency network
- Involve families and youth as partners
- Emphasize early identification and intervention

# What Should a System of Care be Based Upon?

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- A vision and a set of values and principles developed and agreed upon by community stakeholders
- A clear definition of the population to be served and a thorough understanding of the population
- A shared set of goals, strategies and desired outcomes
- Best available evidence on effectiveness of services & system mechanisms
- A theory of change that makes explicit the link between interventions and desired outcomes



# The 1<sup>st</sup> Step: CASSP

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- In 1984 NIMH initiated the Child and Adolescent Service System Program (CASSP) with the goal of promoting system change
- Provided seed money and technical assistance to states and communities to develop services targeted for children with serious emotional disturbance (SED)
- Public recognition that children with SED are often involved with multiple systems (child welfare, special education, juvenile justice)
- Result of CASSP: identification of dedicated staff assigned to children's mental health in all states AND a substantial increase in the number of states with a dedicated child mental health budget



# System of Care Movement

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- Most far reaching effect of CASSP: development and definition of the concept of system of care
- Mid-1980s—development of a national family movement. In 1989, families created the Federation of Families for Children’s Mental Health
- 1992—Congress created and funded the Comprehensive Community Mental Health Services for Children and Their Families Program (CMHS).

# National Role Today

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- Children's Mental Health Initiative administered by the Substance Abuse and Mental Health Services Administration, USDHSS
- From 1993 through 2015, SAMHSA provided funds to 173 demonstration grants in states, territories, counties, and tribal entities to promote recovery and resilience for children and youth diagnosed with a serious emotional disturbance and their families
- Today SAMHSHA supports 77 four-year Expansion and Sustainability grants to stimulate wide scale adoption of SOC

# Highlights of National SOC Evaluation

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- Children and youth served had significant improvements in behavioral and emotional symptoms and functioning
- Proportion who attended school regularly significantly increased from intake to 12 months
- Youth served reported a significant decrease in unlawful activities
- Inpatient hospitalization costs reduced by 10%

# Florida's Leadership Role in SOC Implementation

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<b>Funding Period</b>	<b>Project</b>
■ 1998-2004	■ THINK
■ 1999-2005	■ Family HOPE
■ 2002-2008	■ One Community Partnership
■ 2005-2011	■ Sarasota Early Childhood
■ 2009-2015	■ Wraparound ORANGE
■ 2009-2015	■ FACES
■ 2010-2016	■ FACT
■ 2011-2016	■ Jacksonville SOC

# Florida's Vision of a System of Care

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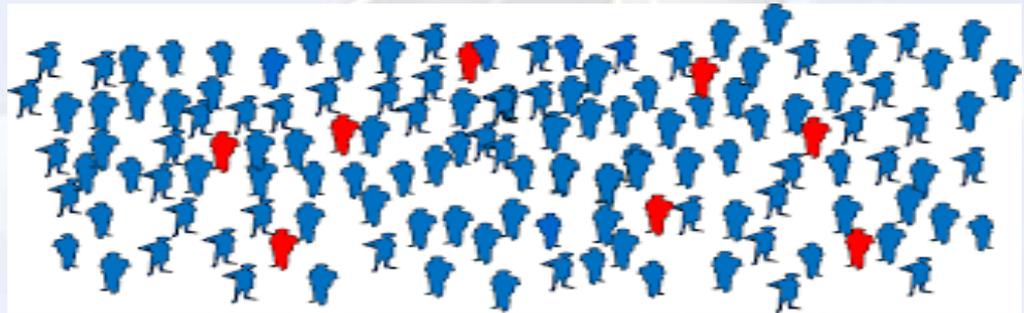
- Florida's children with behavioral health challenges and their families are engaged as primary decision makers in a culturally relevant, coordinated healthcare setting that provides the highest quality services and supports and promotes their individual growth to reach their maximum potential.

# Goals: FL CMH SOC Expansion Grant

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- Consistent family and youth voice at all levels
- Collaboration among community partners
- Link with early childhood initiatives to promote screening, prevention, and intervention for behavioral issues
- Implement local system of care sites
- Implementation of evidence-based practices

# Prevalence of Mental Disorders



# Prevalence Overview

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- Approximately 20% of youth ages 13 to 18 experience a mental disorder in a given year. For ages 8 to 15, the estimate is 13%.
- 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% have a severe mental illness.
- One-half of all chronic mental illness begins by the age of 14; three-quarters by age 24.

National Institutes of Health, National Institute of Mental Health. (n.d.). *Any Disorder Among Children*. Retrieved October 29, 2014, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>

Kessler, R.C, et al. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.

National Institutes of Health, National Institute of Mental Health. (2005). *Mental Illness Exact Heavy Toll, Beginning in Youth*. Retrieved October 29, 2014, from <http://www.nih.gov/news/pr/jun2005/nimh-06.htm>

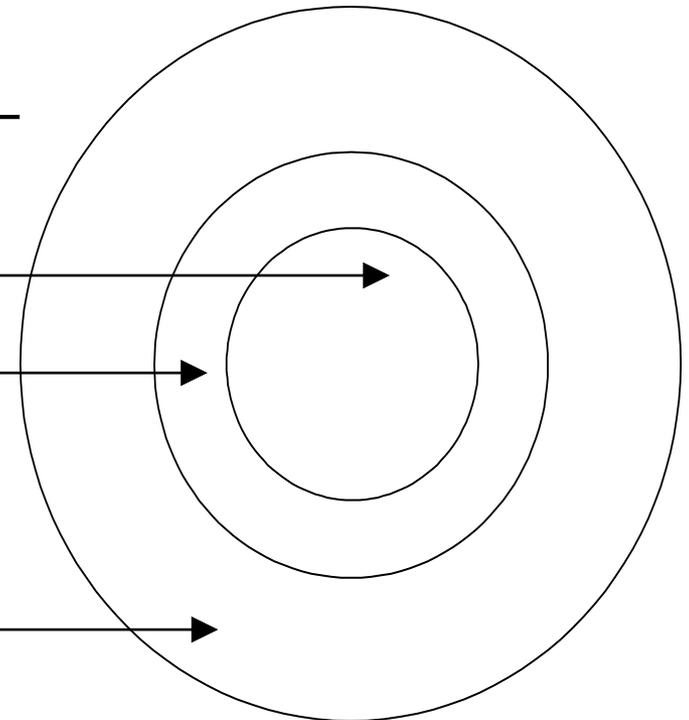
# Prevalence Estimates

## Population Proportions (9 to 17 year olds)

5-9% Youth with serious emotional disturbance & extreme functional impairment

9-13% Youth with a serious emotional disturbance with substantial functional impairment

20% Youth with any diagnosable disorder



# Wraparound

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- The wraparound process consists of a team-based approach to providing services and supports to children with serious behavioral health needs and their families (VanDenBerg, Bruns, & Burchard, 2003).
- Wraparound services provide families with the resources and services they need to become self-sustaining.
- Nearly 100,000 children in the United States are engaged in an intensive wraparound process, and nearly 90% of states have a wraparound initiative in place (Sather et al., 2007).

# Wraparound: Guiding Principles

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- Provide options that reflect family preferences
- Embrace sources of natural support
- Respect the values of the family
- Develop a customized set of strategies
- Build on family strengths
- Monitor progress in terms of measurable indicators of success

Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., VanDenBerg, J. D., & National Wraparound Initiative Advisory Group. (2004). *Ten principles of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

# Critical Elements

*“Without these it’s not really wraparound”*

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- Efforts must be based in the community
- Individualized supports and services
- Culturally competent and respectful
- Planning in partnership with families
- Access to flexible funding
- Balance of formal and informal resources
- Services must be unconditional
- Outcome oriented



# Steps of The Wraparound Process

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- Engage the family
- Stabilize crises
- Discover strengths and culture: family, youth, service providers, community, create a wrap team
- Select life domain area(s) to begin
- Set goals in the area and create a care plan
- Discuss needs in the priority life domain area
- Determine strengths-based, culturally competent option to meet needs
- Plan for crisis and safety

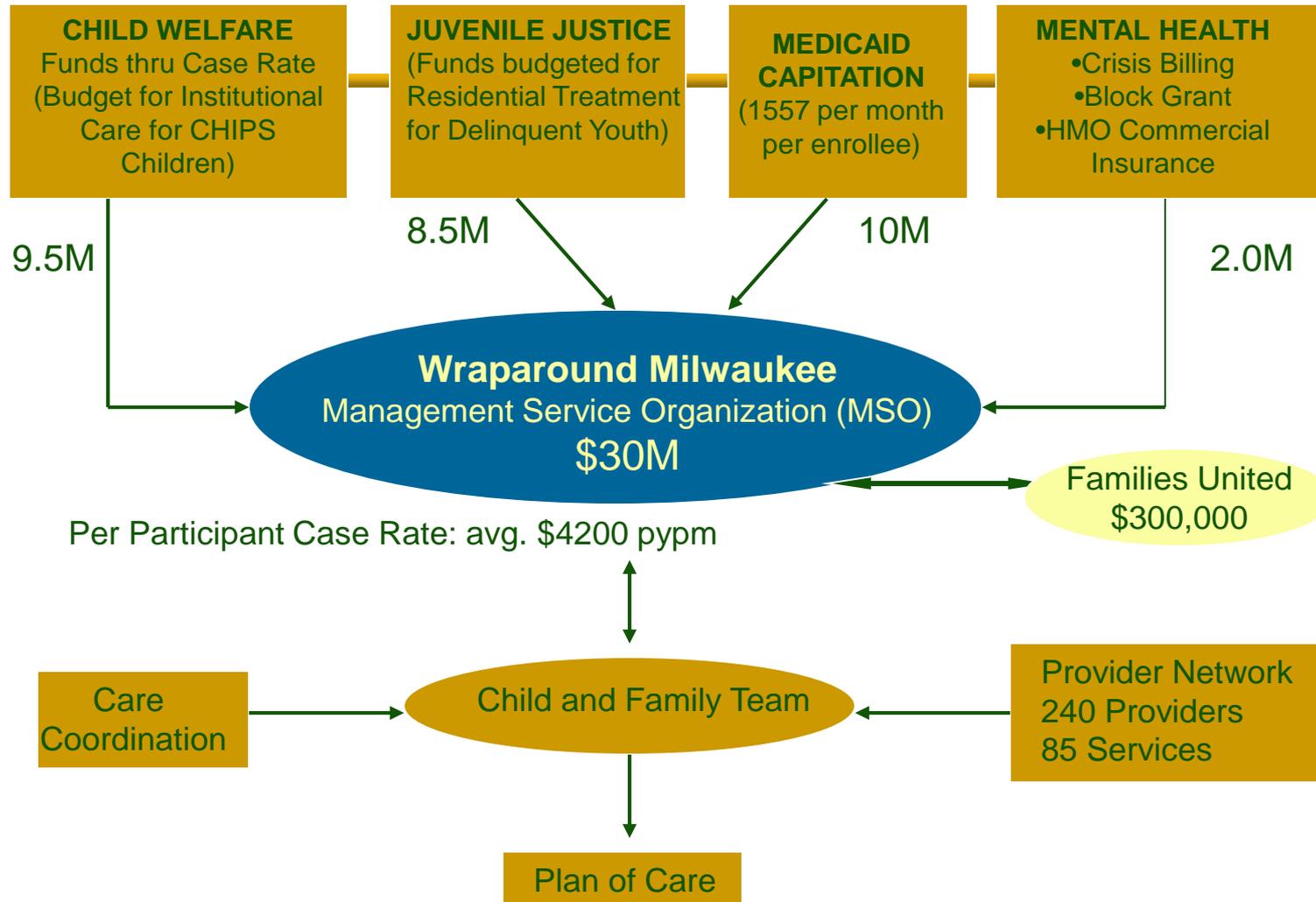


# Wraparound Teams

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- Non-negotiable in the wraparound process
- Comprised of the family and the 4-8 persons who know them best - extended family, neighbors, service providers
- Typically no more than half professionals
- In court-ordered cases, family and child welfare case managers share the team selection

# Wraparound Milwaukee



# OUTCOMES

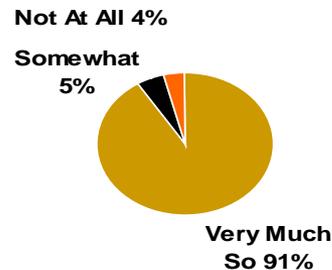
## Milwaukee Wraparound

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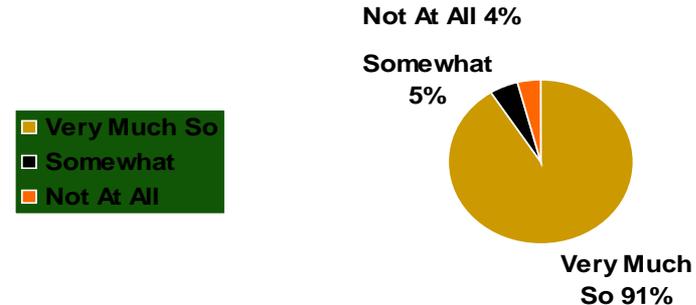
- Reduction in placement disruption rate from 65% to 30%
- School attendance for child welfare-involved children improved from 71% days attended to 86% days attended
- 60% reduction in recidivism rates for delinquent youth from one year prior to enrollment to one year post enrollment
- Decrease in average daily RTC population from 375 to 50
- Reduction in psychiatric inpatient days from 5,000 days to less than 200 days per year
- Average monthly cost of \$4,200 (compared to \$7,200 for RTC, \$6,000 for juvenile detention, \$18,000 for psychiatric hospitalization)

# Family/Caregiver Experience Wraparound Milwaukee

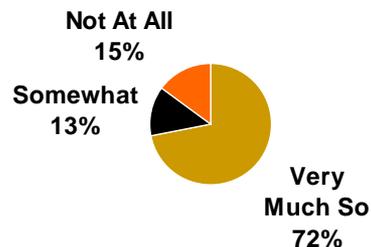
91% felt they and their child were treated with respect (n=191)



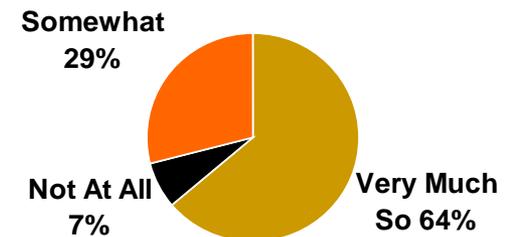
91% felt staff were sensitive to their cultural, ethnic and religious needs (n=189)



72% felt there was an adequate crisis/safety plan in place (n=172)



64% reported Wrap Milwaukee empowered them to handle challenging situations in the future (n=188)



# Lessons Learned: Building Systems of Care

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- Multi-level process
  - ◆ State level (policies, financing mechanisms, workforce development)
  - ◆ Local and neighborhood level (a governance structure to plan, implement, manage, and evaluate the system)
  - ◆ Service delivery level (access to a broad array of services, comprehensiveness, quality)
  - ◆ Frontline practice (child and family teams, wraparound process)
- The reward: effective services and supports for at risk youth and their families

# Care Management Entity Functions

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## **At the service level:**

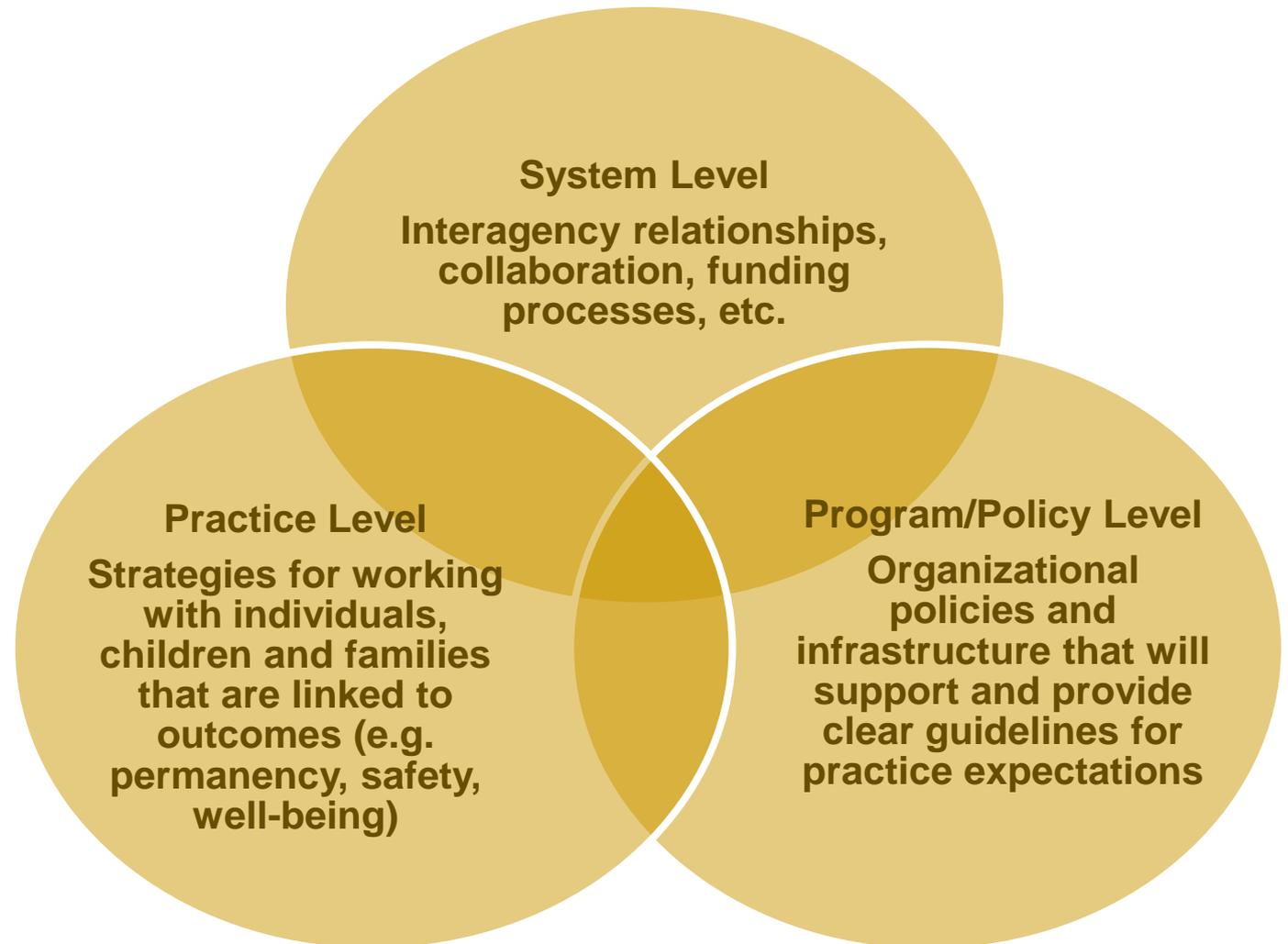
- Child and family team facilitation using a wraparound practice model
- Intensive care coordination
- Care monitoring and review
- Peer support partners—parents and youth

## **At the administrative level:**

- Information management – real time data; web-based
- Provider network recruitment and management (including natural supports)
- Utilization management
- Continuous quality improvement; outcomes monitoring

# Levels of Change Targets

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# Future Directions for Systems of Care

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- Stroul definition (2002): Systems of care are a range of treatment services and supports guided by a philosophy and supported by an infrastructure.
- Future directions
  - ◆ Standardized assessment tools
  - ◆ Role of peer supports, both parent and youth
  - ◆ Wraparound with fidelity
  - ◆ A crisis response system
  - ◆ The role of a governance structure