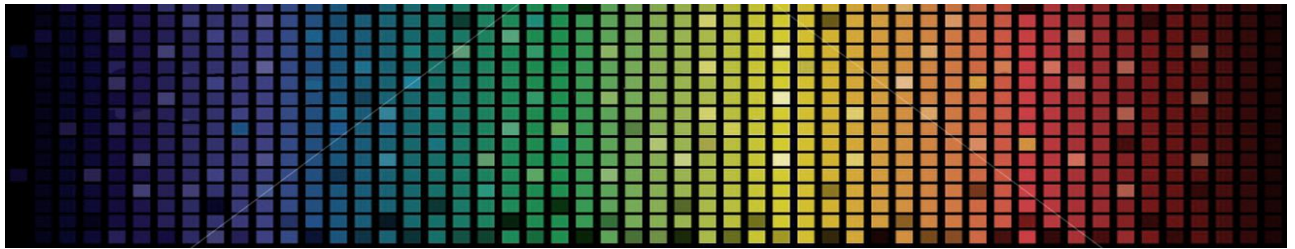


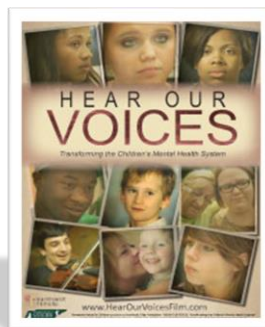
# **THE SYSTEM OF CARE APPROACH: Improving Outcomes for Children, Youth, and Young Adults with Mental Health Challenges and their Families**

Our Community Our Kids:  
System of Care Webinar Series  
JSSA  
May 12, 2020

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



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## Meet Beth ....

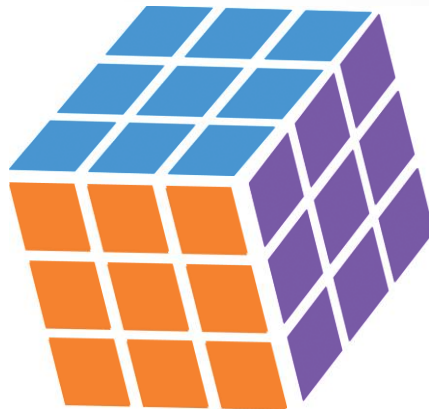


Beth A. Stroul, M.Ed. is President of Management & Training Innovations and is a consultant in children's behavioral health policy. She has completed numerous research, evaluation, policy analysis, strategic planning, technical assistance, consultation, and training activities related to systems of care 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 is a partner of the National Technical Assistance Network for Children's Behavioral Health coordinated by University of Maryland and is 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, and by Georgetown University for visionary leadership and dedication to improving the lives of children with mental health needs and their families.

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## It All Fits Together



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**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 #5: Strategic Framework for System Change**

**Section #6: Progress and Outcome Assessment**

**Section #7: 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)
- 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

*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[SMICC] (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.

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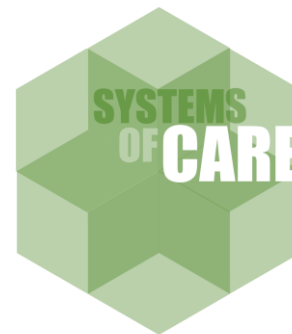
Knitzer, J. (1982). *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*. Washington, DC: Children's Defense Fund.

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## 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

*“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.

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## 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.

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# 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

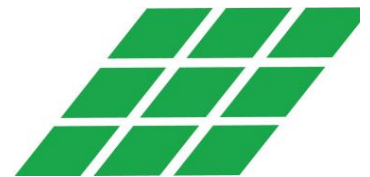
- Broader array of services and supports
- Focus on a core set of services
- Importance and effectiveness of specific services (e.g., intensive care coordination with Wraparound, mobile crisis and stabilization services, peer support)

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# 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

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# EVOLUTION of the SOC Approach



## Public Health Approach

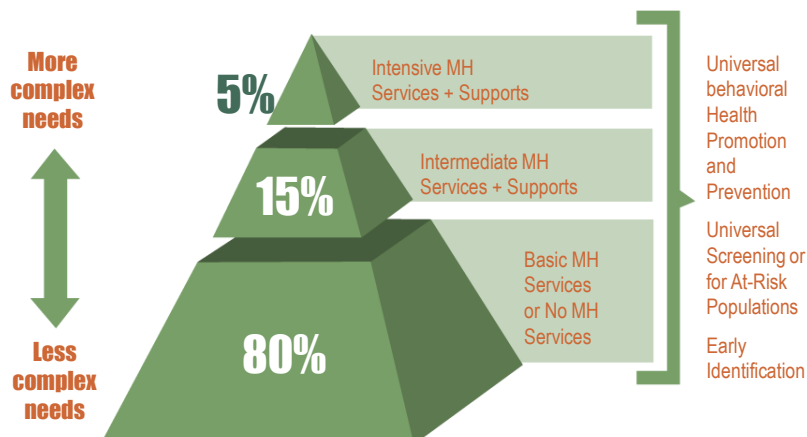
- Systems focus on children with the most serious conditions. Need to improve outcomes by:
  - Intervening earlier to increase likelihood of positive outcomes (earlier ages and earlier in progression of mental health conditions)
  - Incorporating screening, early identification and intervention into 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.

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# Public Health Approach Pyramid of Children and Service Needs



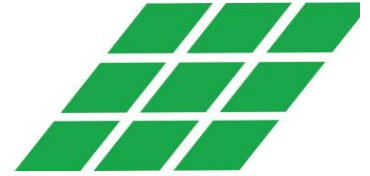
Pires, S. (2010). Building systems of care: A primer (Second Edition). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.

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## 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



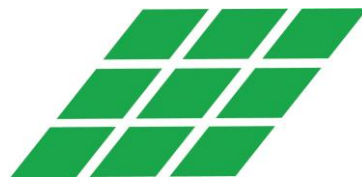
- **Organizational framework** for system reform
- **Value base** for systems and services
- A **guide** to implement in a way that fits each state, tribe, territory, community
- **Flexibility** for innovation
- **Adapt** the approach based on context and environment (political, administrative, fiscal)
- 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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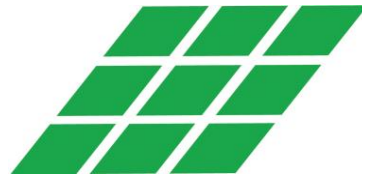


# OUTCOMES of Systems of Care

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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

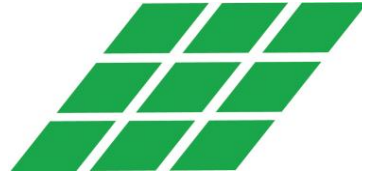
- Decrease **caregiver strain**
- Increase **capacity** to handle child's challenging behavior, **problem-solving** skills
- Increase ability to work with increased **employment** and fewer missed days
- Improve **service experience**

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.

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## EFFECTIVENESS of SOC<sub>s</sub>



### 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.

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## EFFECTIVENESS of SOC<sub>s</sub>



### 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.  
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.

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## ROI Examples

Outcome	Cost Savings
Reduced Inpatient Use	Average cost/child reduced by 42% \$37 million saved when applied to all children in funded SOC's
Reduced ER Use	Average cost/child reduced by 57% \$15 million saved when applied to all children in funded SOC's
Reduced Arrests	Average cost/child reduced by 39% \$10.6 million saved when applied to all children in funded SOC's
Reduced School Dropout	Fewer school dropouts in SOC's (8.6%) than national population (20%) Potential \$380 million saved when applied to all children in funded SOC's (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)

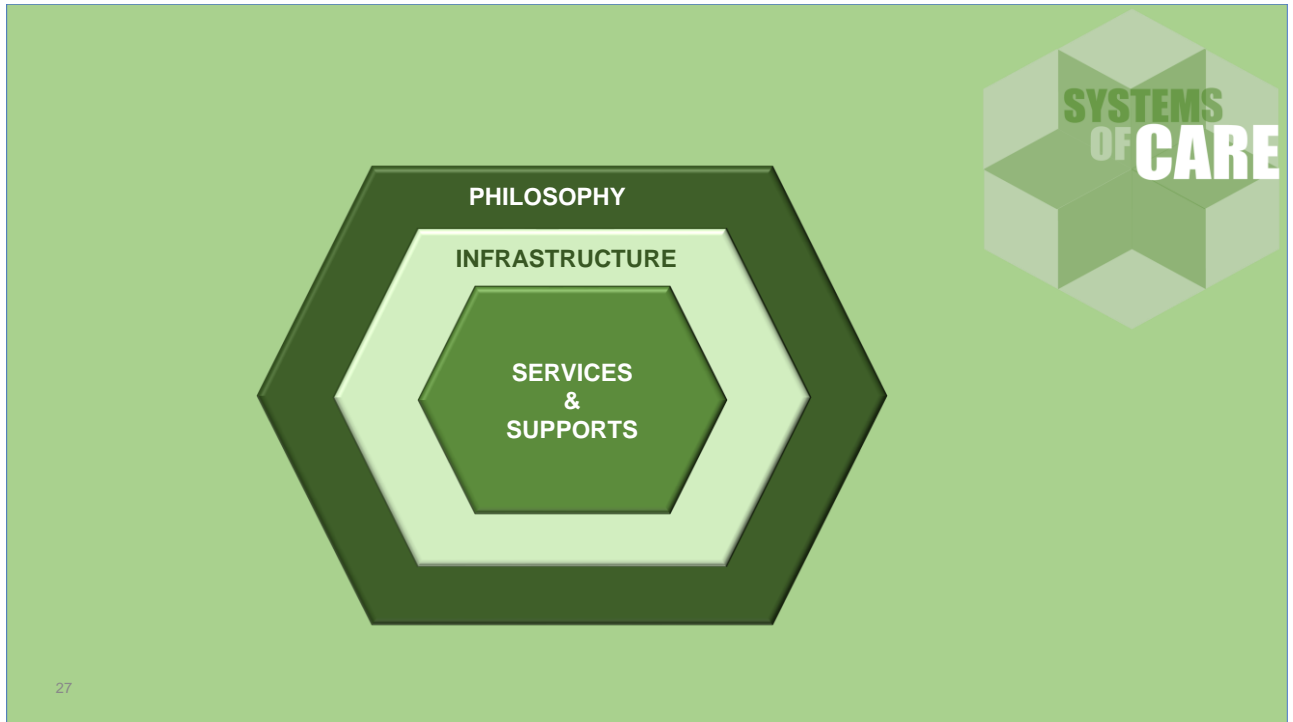
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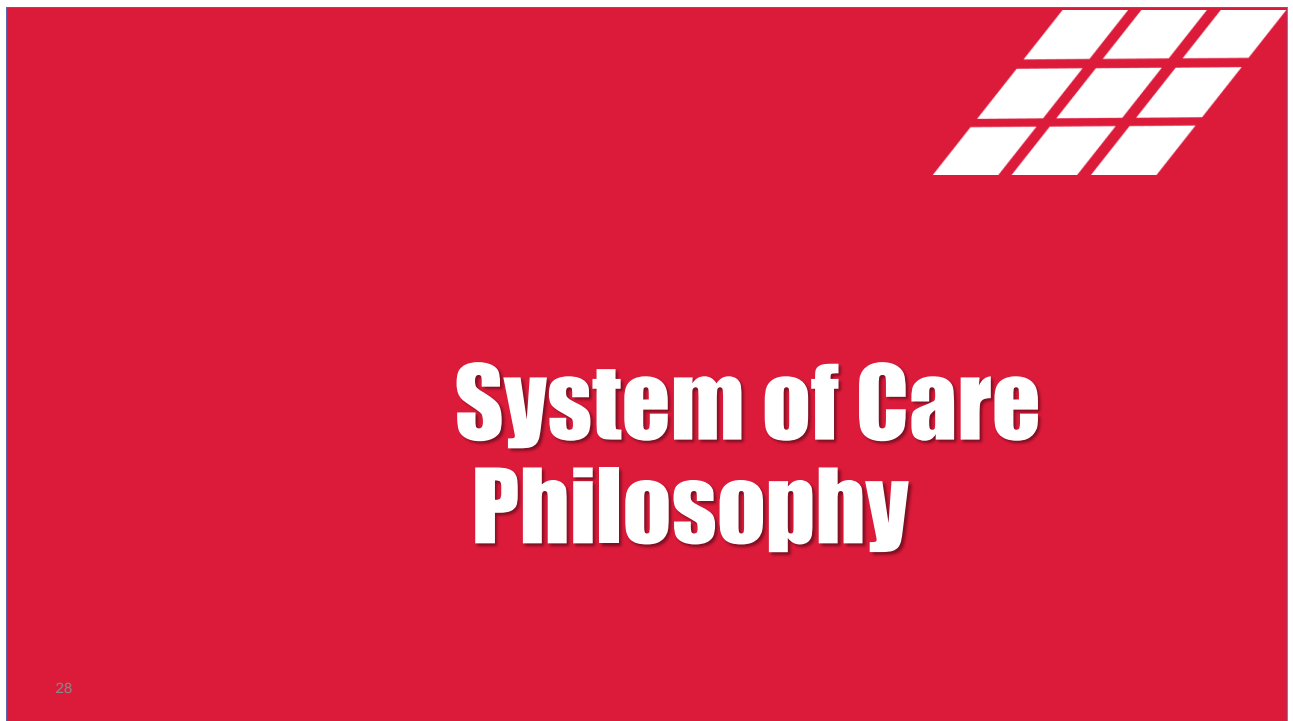
## Elements of Systems of Care

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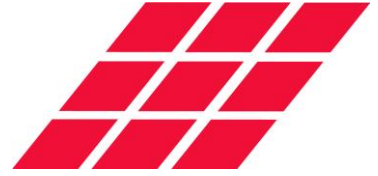
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## CORE Values

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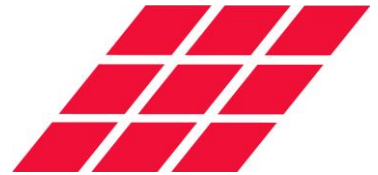
1. Family and Youth Driven
2. Community Based
3. Culturally and Linguistically Competent

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## GUIDING Principles

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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 integration**
10. **Developmentally appropriate** services and supports
11. **Incorporate public health approach**
12. **Data driven** and accountability
13. **Rights protection** and advocacy
14. **Non-discrimination**

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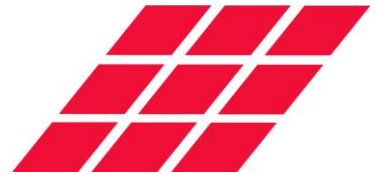


# Family and Youth Driven

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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**



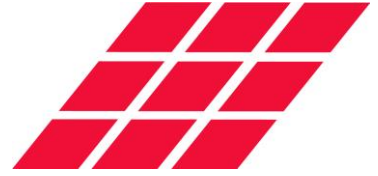
Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures for all youth in the community, state, tribe, territory, and nation. This includes:

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**



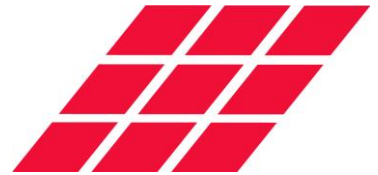
- Education
- Policy participation
- Design and implementation of services and supports
- Participating in evaluation of policies and services
- Family and youth leadership development
- Training/certification of peer support providers
- Recruiting, training, supporting families and youth for system/policy 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  
Stroul, B. (2016). System Change in Belgium: Improving Children's Behavior Health, Health Services and Outcomes.

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## **ROLES FOR FAMILIES AND YOUTH** **at the Child and Family Level**



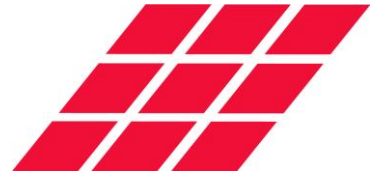
- Parent and youth peer support
- Respite services
- Information and referral
- Hotline/helpline services
- System navigation
- Support groups
- Family and youth education/training
- Services for families and youth in partner child-serving systems
- Social and recreational activities
- Community outreach 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  
Stroul, B. (2016). System Change in Belgium: Improving Children's Behavior Health, Health Services and Outcomes.

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## FAMILY AND YOUTH Organizations

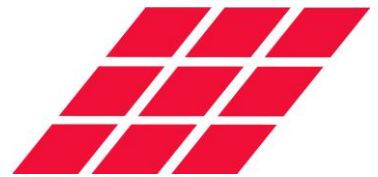


- Approximately **40 statewide and 70 local family-run organizations (FROs)** in the U.S. focusing on children, youth, and young adults with mental health challenges
  - FROs have parents or primary caregivers as **51% of governing boards** and leadership
  - Family support organizations offer support 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 SOC's
  - 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

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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***

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## STRATEGIES

### to Build Family and Youth Partnerships



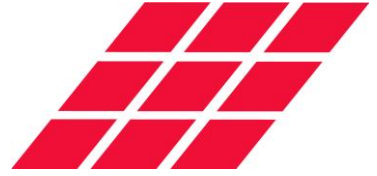
- Partner with existing family and youth groups or leaders
- Identify, recruit and support family and youth leaders
- Provide financial and in-kind support for the development of groups and organizations
- Purchase services from family and youth organizations (e.g., participation on governance or advisory 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**



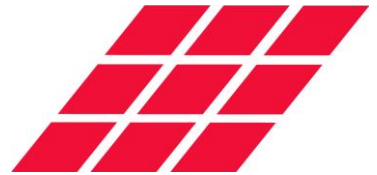
- Educate child-serving agencies about the benefits of working with family- and youth-run organizations to build family and youth voice and leadership
- Change policy to support partnering with family- and youth-run organizations
- Establish formal partnerships with family- and youth-run organizations
- 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

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The Collaborative Child, Youth, and Family Services Committee Retreat

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## **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 voice in areas such as:
  - Overall vision and commitment
  - Collaborative approach
  - Empowered representatives
  - Support for participation

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# Array of Services and Supports

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## Services and Supports

### Home- and Community-Based Treatment and Support Services

- Screening
- Assessment and evaluation
- Outpatient therapy – individual, family, group
- Medication therapies
- Tiered care coordination
- Intensive care coordination (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
- Tele-mental health
- 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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## Residential Interventions

- Treatment family homes
- Therapeutic group home care
- 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

CMS-SAMHSA (2013)

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf>

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## TIERED CARE Coordination



- SOC's 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)

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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.

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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.

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## WRAPAROUND Process

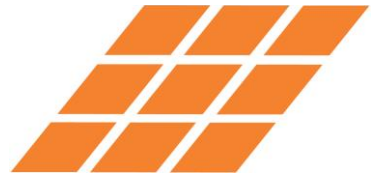


- **Intensive care coordinator** organizes and manages the process across systems
- **Child and Family Team** creates and implements a customized plan of care (includes the youth, family, care coordinator, involved providers, and others identified by the family)
- **Individualized service plan** includes 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/>

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## 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

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# BUILDING BRIDGES

## Between Residential 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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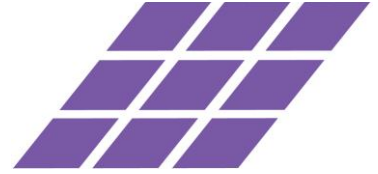
# System of Care Infrastructure



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# INFRASTRUCTURE for SOCs



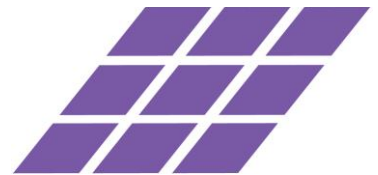
## Structure and processes for:

- *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*
- *Extensive provider network to deliver comprehensive service array*
- *Partnerships with family organizations/leaders*
- *Partnerships with youth organizations/leaders*
- *Cultural and linguistic competence of services*
- Defined access/entry points to care
- Outreach, information, and referral
- Implementing and monitoring evidence-informed and promising interventions
- Integrating health and mental health care
- Training, TA, and workforce development
- Accountability and quality improvement including measuring and monitoring utilization, quality, outcomes, 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

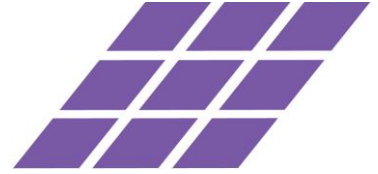
Structure for customized management of services for children with serious and complex issues and their families

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.

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# 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

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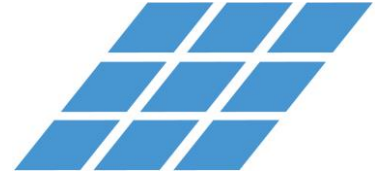
# Strategic Framework for System Change

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# 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.

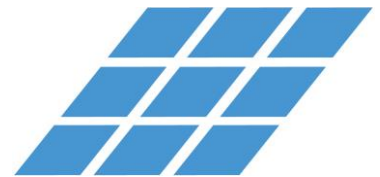
Stroul, B. & Friedman, R. (2011). Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

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# POLICY AND PARTNERSHIP

## Changes



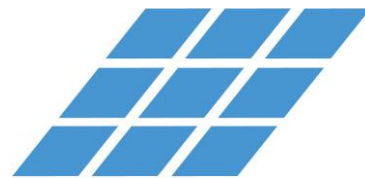
### Infusing and “Institutionalizing” the SOC Approach in the System

- Organizational **locus of accountability** for SOC (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

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## 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., **telemedicine, videoconferencing, e-therapy, electronic medical records**)

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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

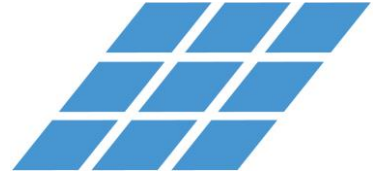
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# TRAINING

## and Technical Assistance (TA)



### Implementing Workforce Development Mechanisms for Ongoing Training and TA

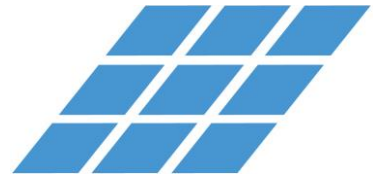
- Training, TA, and coaching on the **SOC approach**
- Ongoing **training and TA capacity**, training and TA institutes, centers, or other structures and processes
- Training, TA, and coaching on **evidence-informed** and promising practices and practice-based evidence approaches
- Strategies to prepare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

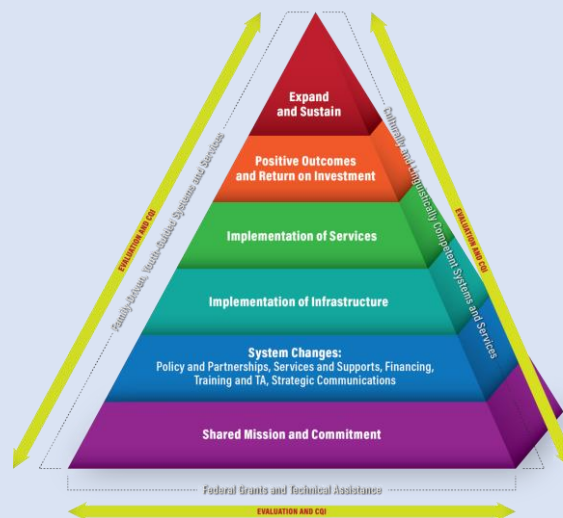
- Test, pilot, and explore feasibility of approaches
- Implement and provide services and supports
- Establish interagency partnerships and coordination at the local level
- Provide data to "make the case"
- Provide training and TA
- Contribute to the development of statewide family and youth leaders 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.

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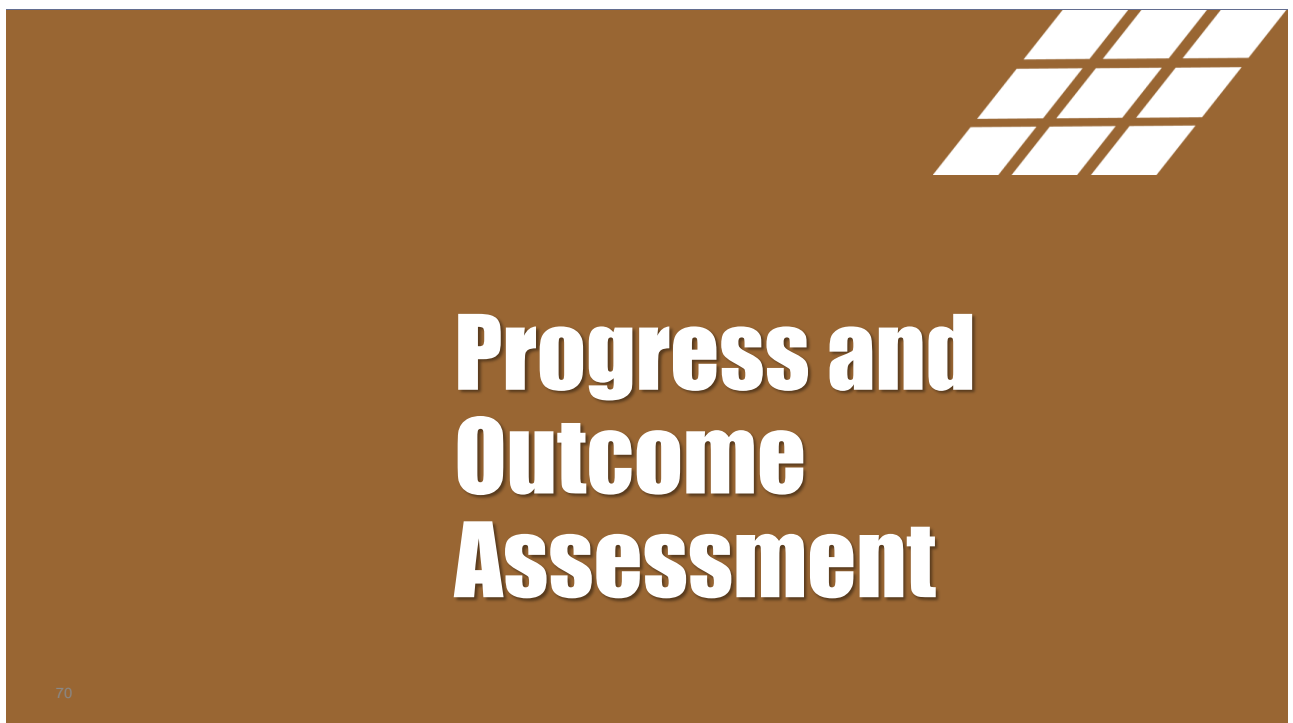
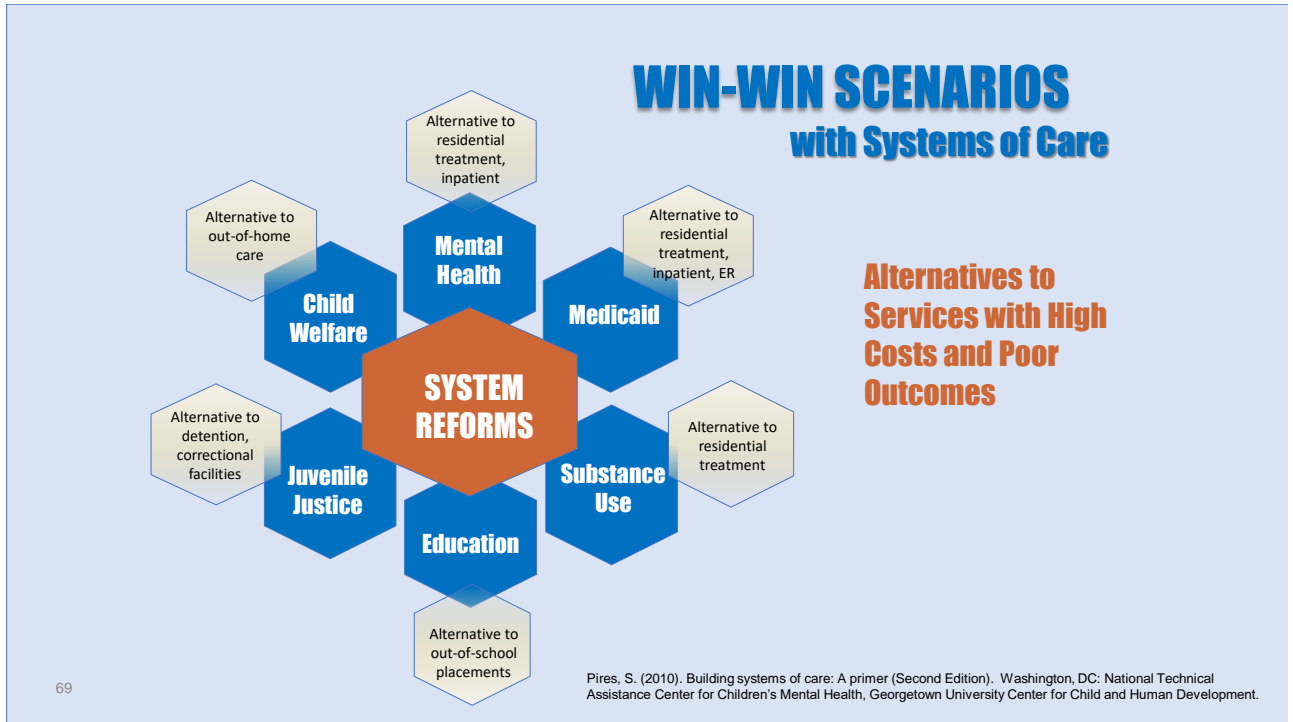
## PYRAMID OF SYSTEM CHANGE



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

68



# System Level Outcomes

Assess Progress in Implementing SOC at the Community Level	
Implementation of SOC values and principles	<ul style="list-style-type: none"> <li>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.</li> </ul>
Implementation of services and supports consistent with the SOC approach	<ul style="list-style-type: none"> <li>Assess progress on implementation of the services and supports at specific intervals:                             <ul style="list-style-type: none"> <li>✓ Availability of specific services and supports provided in SOC (non-residential)</li> <li>✓ Availability of out-of-home treatment services for short-term treatment goals that are linked to home- and community-based services and supports</li> </ul> </li> </ul>
Implementation of SOC infrastructure	<ul style="list-style-type: none"> <li>Assess progress on implementation of the infrastructure elements for SOC, 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.</li> </ul>
Resource investment in home- and community-based services and return on investment (ROI)	<ul style="list-style-type: none"> <li>Assess progress on investing resources more effectively in home- and community-based services at specific intervals:                             <ul style="list-style-type: none"> <li>✓ Increased utilization of home- and community-based services</li> <li>✓ 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.)</li> </ul> </li> <li>Assess ROI in the SOC approach:                             <ul style="list-style-type: none"> <li>✓ Cost data demonstrating impact on costs across systems by utilizing home- and community-based services</li> </ul> </li> </ul>
Services and supports are provided to increasing numbers of children with SOC approach	<ul style="list-style-type: none"> <li>Assess progress in increasing the numbers of children served within SOC                             <ul style="list-style-type: none"> <li>✓ Identification of areas within jurisdiction with high levels of SOC implementation</li> <li>✓ Increased number and description of children with serious mental health challenges and their families served with the SOC approach within the jurisdiction</li> </ul> </li> </ul>
Implement quality improvement strategies	<ul style="list-style-type: none"> <li>Identify areas of SOC approach needing improvement</li> <li>Refine expansion implementation strategies</li> <li>Provide training and TA</li> </ul>

71

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.

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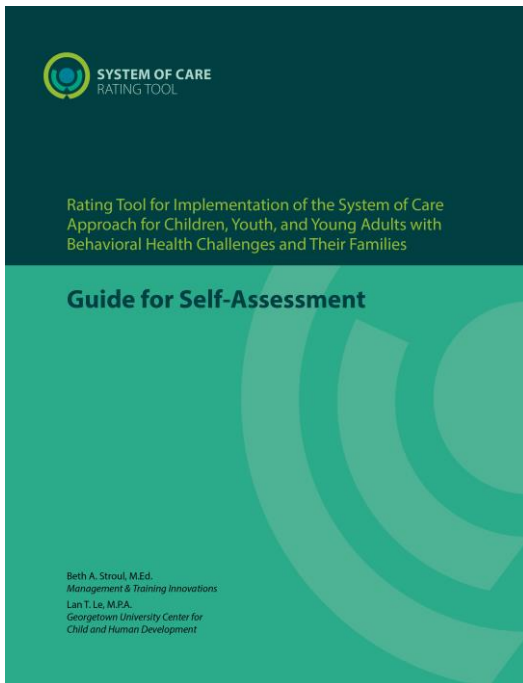
# Child and Family Outcomes

Child, Youth, and Young Adult Outcomes	
Collect outcome data for children, youth, and young adults served in SOC	<ul style="list-style-type: none"> <li>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</li> <li>Potential outcome indicators:                             <ul style="list-style-type: none"> <li>✓ Improved mental health (reduced symptomatology)</li> <li>✓ Avoided hospitalization, residential treatment</li> <li>✓ Avoided suicidality, self-harm</li> <li>✓ Avoided substance use/abuse</li> <li>✓ Avoided crime and delinquency</li> <li>✓ Successful in education settings</li> <li>✓ Successful in employment</li> <li>✓ Lives within a family context or independently</li> <li>✓ Stable living arrangement</li> </ul> </li> </ul>
Family Outcomes	
Collect outcome data for families	<ul style="list-style-type: none"> <li>Assess the extent to which family life improves and families are satisfied with their service experience with set of key outcome indicators</li> <li>Potential outcome indicators:                             <ul style="list-style-type: none"> <li>✓ Reduced caregiver strain</li> <li>✓ Improved ability to work</li> <li>✓ Increased parent peer support</li> <li>✓ Increased family education and supports</li> </ul> </li> </ul>
Implement quality improvement strategies for child and family outcomes	<ul style="list-style-type: none"> <li>Identify areas needing improvement</li> <li>Improve service delivery approaches</li> <li>Provide training and TA</li> </ul>

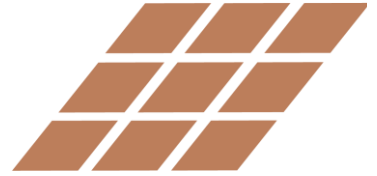
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Stroul, B., Dodge, J., Goldman, S., Rider, F., & Friedman, R. (2015). *Toolkit for Expanding the System of Care Approach*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's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

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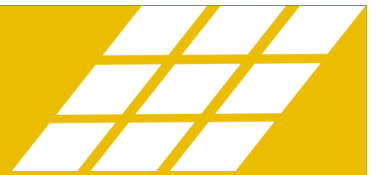


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## Self-Assessment Guide

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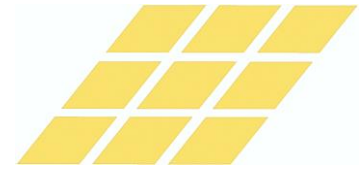
## Lessons Learned

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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 federal or other grants*
- *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**

76

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

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## FUNDING

### Grants and Other Time-Limited Funding



- Use 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 health 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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