# What it Takes to Succeed: Core Components and Results Across Multiple Systems of Care

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## Choices History

- 12 Years
- Dawn Project
- Expansion to other states
  - Hamilton Choices
  - Maryland Choices
  - Washington, DC

## Core Components: Successfully Managing Systems of Care

## System of Care Implementation Factors

Hodges, et al. (2008)

1. Blended Funding
2. Champion for Change
3. Collaboration
4. Creating Neutrality
5. Customer Service Focus
6. Focus on Kids
7. Information Utilization

## System of Care Implementation Factors

Hodges, et al. (2008)

8. Leadership
9. Provider Network
10. Readiness and Willingness to Change
11. Self-Reflection
12. Strength-Based Approach/Emphasis
13. Tenacity

## Choice Centered Care

- Organizational Management
- Supervision
- Practice
- Community Partnership
- Learning Organization and Staff Training
- Technology

## System Context

- Catalysts for change
  - Rising costs
  - High utilization of out-of-home placements
  - Federal grants
- Champions for change
  - Leader(s) in the community
  - State vs. county infrastructure
  - Interest in wraparound and SOC framework

## Collaboration

- Cross-system responsibility
  - Community partners
- Governance structure

## Family Involvement

- Family Support Organization
- Advocacy
- Participation throughout the system

## Blended Funding

- Cross-system funding
  - Multiple agencies commit money to system
  - System access
  - Flex funds
- Funding structure
  - Case rates
  - Risk level

## Provider Network

- Contracting
  - Flexibility in identifying providers
- Inclusion of non-traditional supports
- Ongoing communication
- Development of new services
- Community Development Manager

## Information Utilization

- The Clinical Manager (TCM)
- Child and Adolescent Needs and Strengths (CANS)
- Dedicated evaluation staff
- Multiple tools to distribute and make information useful
- Reports to partners and funders

## Phrases that Pay

1. LISTEN, LISTEN, and then LISTEN!
2. What are the Strengths, the Strengths, and the Strengths?
3. Needs aren't Services.
4. Make the decision value driven.
5. With every decision who do we empower/disempower?
6. Families don't fail - plans do.
7. A crisis is when the adults don't know what to do.
8. Find the positive Intent and Reframe.
9. Be part of the solution, not the problem.

## Phrases that Pay

10. Incremental not instantaneous.
11. Time wounds all heels and you can't fail without trying.
12. See with the magic eye, listen with the third ear.
13. How we voice our concern is as important as the concern being voiced.
14. You tell us!
15. If your service decision meets the Wraparound Values test, go ahead!
16. You can't burn out if you've never been lit!
17. No Parents No Solutions - Know Parents Know Solutions
18. Change agents change first.

## Training

- Identified training staff
- Choices Orientation
- Ongoing Training
- Cross-site collaboration

## Supervision

- Low CC to Supervisor Ratio
- Regular individual and group supervision
- Field Supervision
- Strengths-Based Supervision

## Care Coordination

- Low Youth to CC Ratio
- High Fidelity Wraparound
- Task Timeline
- Best practice guidelines
- Needs Aren't Services
  - Low/no cost services
  - Natural supports
- Access to technology

## Capturing Success: Measuring Outcomes Across Multiple Systems of care

## Outcomes

- Strength Development
- Improved functioning
  - At Home
  - In School
  - In the Community
- Behavioral and Emotional Needs Addressed
- Caregiver Strengths and Needs

## CANS

- Child and Adolescent Needs and Strengths
- John Lyons, University of Ottawa
- www.praedfoundation.org

## Why Use the CANS?

- Decision Support (e.g., level of care)
- Treatment Planning
  - Use strengths to design interventions
  - Address areas that require action
- Quality Improvement
- Outcomes Measurement

## CANS Dimensions

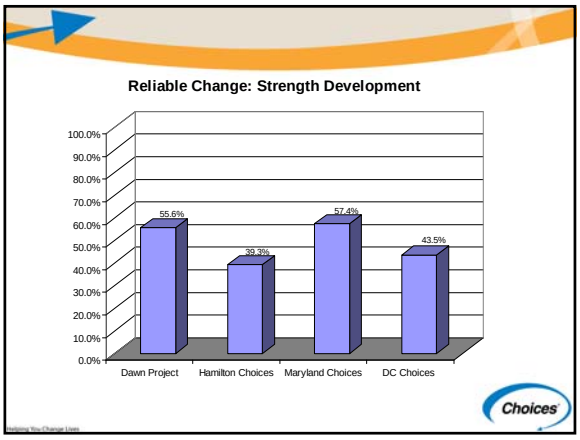
- Child Strengths
- Life Domain Functioning
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Caregiver Needs and Strengths

## Ratings

- Items are rated on a 0 to 3 scale
- Needs
  - 0 or 1 = No action needed
  - 2 or 3 = Action needed
- Strengths
  - 0 or 1 = Used for strength-based planning
  - 2 or 3 = Used for strength building

## Reliable Change

- 60-80% of youth are expected to improve in at least one of the dimensions
- 20-40% of youth will improve in a specific dimension




## Functioning at Home

- Remain in the community
- Return to the community after a residential placement
- Least restrictive placement
- CANS
  - Functioning in current living arrangement
  - Placement stability
  - Permanence

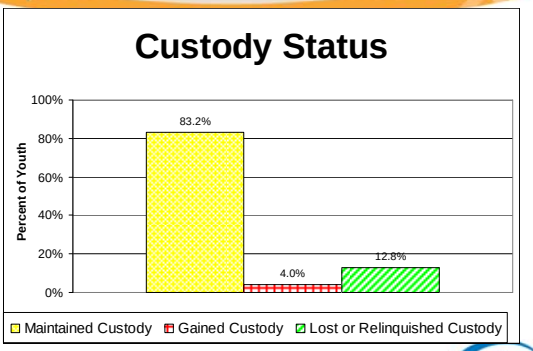
## Living Environment

Maryland Choices

- 88.5% of youth remained in a low restrictive setting or moved to a less restrictive placement
- 94.8% of youth remained in the community during their enrollment

Hamilton Choices

- 82% of youth remained out of RTC/Hospitals for at least three months after discharge from Choices
- 87.3% of youth remained in a stable living arrangement for 6 months post discharge.

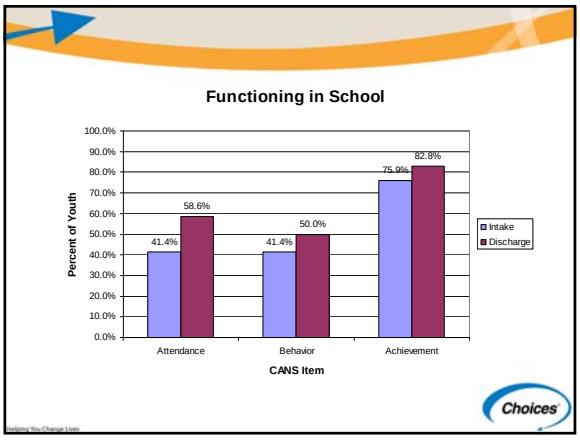


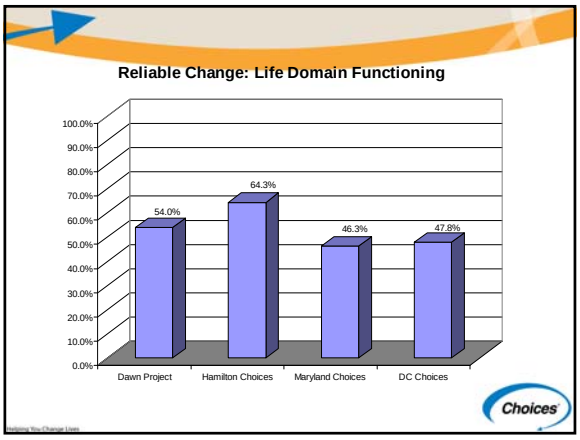

## Functioning In School

- Regular school attendance
- CANS
  - School Behavior
  - School Achievement

## Functioning in School

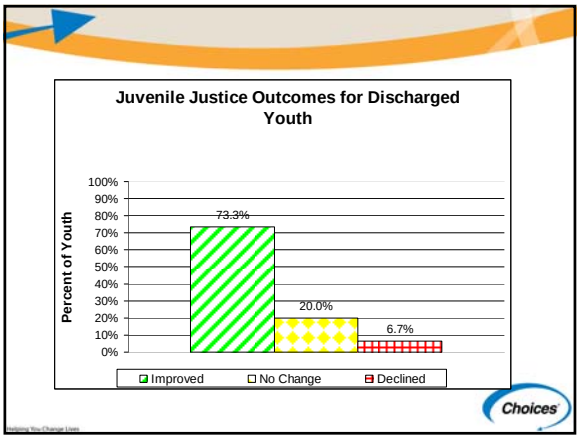
- 81.6% of youth attended school regularly (i.e., at least 80% of the time) during their enrollment.

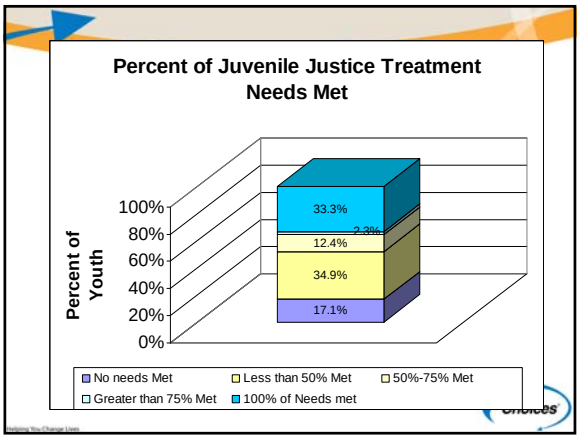


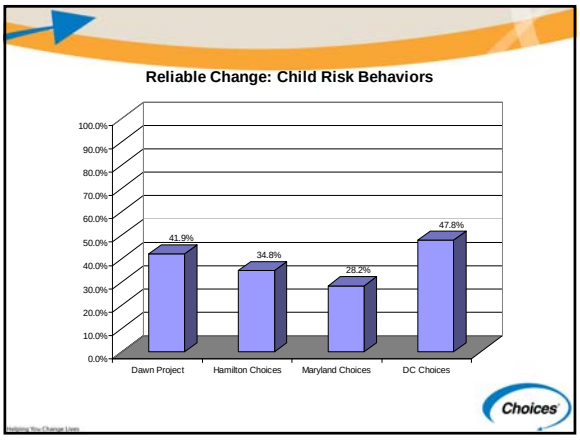




## Functioning in the Community

- Frequency and severity of juvenile justice involvement
- Juvenile Justice Module
- CANS
  - Legal Domain
  - Safety/Crisis

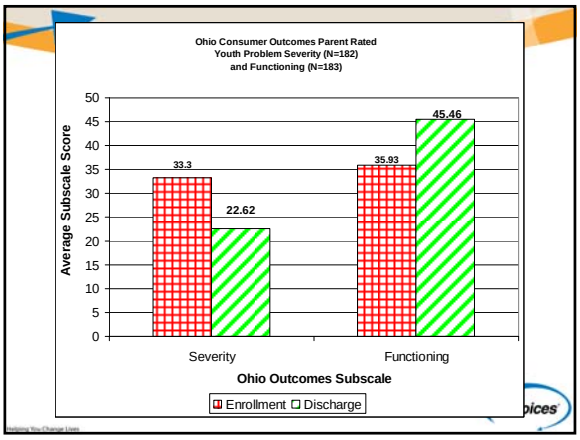


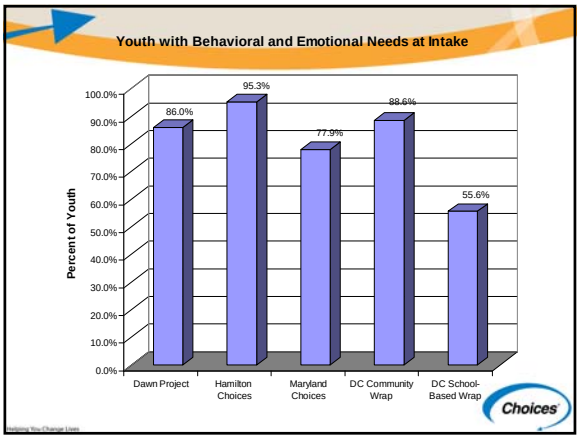



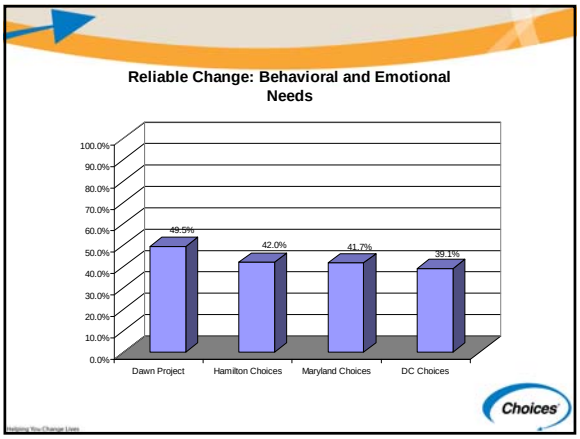



## Behavioral and Emotional Needs

- CANS
- Ohio Scales

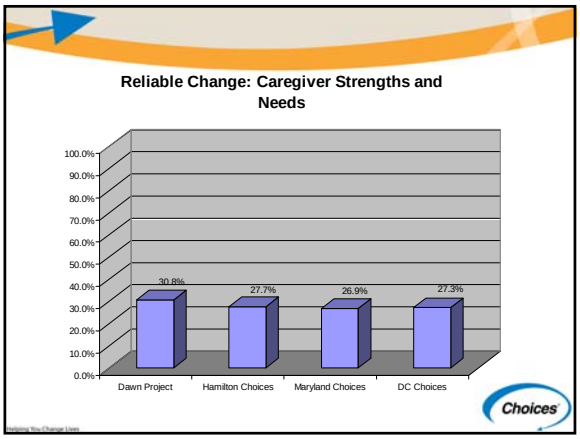


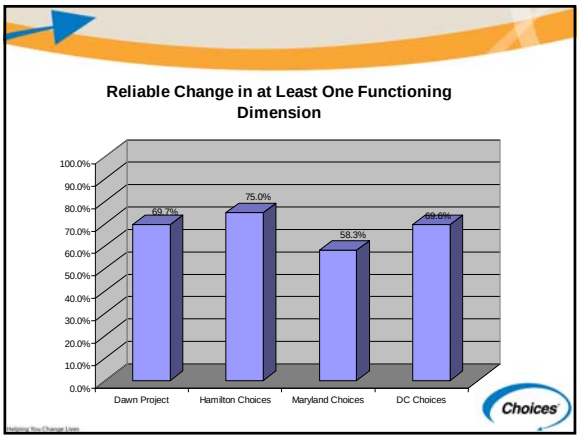




## Caregiver Strengths and Needs

- Parenting Skills
- Caregiver Capacity
- Caregiver Functioning






## Conclusion

- Core Components
- Ability to Adapt to Local Needs
- Outcomes
  - Over time
  - Across sites
  - Different service populations
  - Using different tools

Choices

## Questions

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Choices