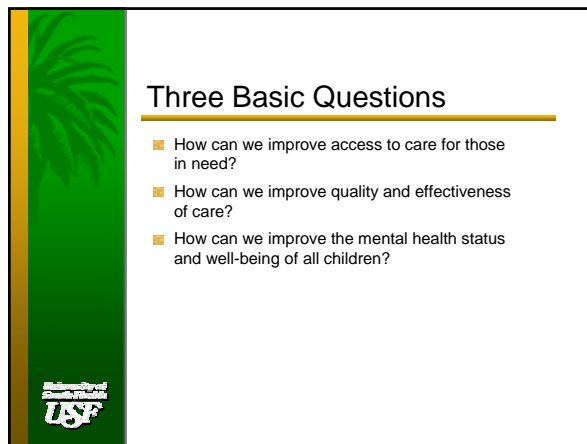



Systems of Care and Evidence-based Practices: Creating Bridges


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Three Basic Questions

- How can we improve access to care for those in need?
- How can we improve quality and effectiveness of care?
- How can we improve the mental health status and well-being of all children?



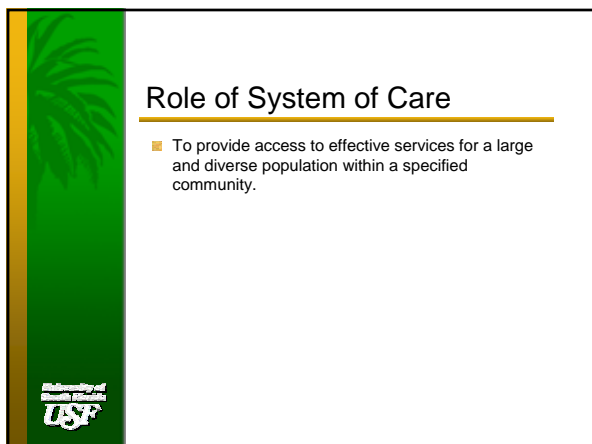
Improving Quality and Effectiveness of Care

- Major approach since the mid 1980s has been through the development and implementation of community-based systems of care based on a set of principles and values, and the best available research.




What is a "System of Care?"

- A system of care is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families.



Role of System of Care

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



What Should a System of Care be Based Upon?

- A vision, and set of values, and principles developed and agreed upon by community stakeholders;
- Best available evidence on effectiveness of system mechanisms, and services
- A clear definition of the population to be served and a thorough understanding of the population to be served;
- A theory of change that makes explicit the link between interventions (at the system, organization, program, provider, and child/family levels) and desired outcomes
- A set of goals and desired outcomes, also developed and agreed upon by community stakeholders;



Key Principles/Values of a System of Care

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



Characteristics of Children with Serious Emotional Disturbances

- Frequently served in multiple systems
- Variety of diagnoses but most common are ADHD, Oppositional Disorder, and Conduct Disorder
- High rate of co-occurring disorders
- Deficits in intellectual and educational functioning
- Deficits in social and adaptive behavior
- Frequently from low income families
- Have often been exposed to violence, and to losses of major people in their life



Systems of Care as Changing, Evolving Entities

- From primarily outpatient and inpatient/residential services to expanded continuum of services;
- From almost exclusively funding programs of services to creating flexible funds to support individualized care;
- From small percentage of funds being kept flexible to creation of care management entities with expanded flexible funds to purchase individualized services.



Improving Quality and Effectiveness of Care: A Sampling of Approaches

- Professional training
- Broader range of services
- Integration and collaboration between agencies and systems
- Individualization of care
- Expansion of provider network
- Provision of informed choice
- Continuous quality improvement procedures
- Development/application of treatment guidelines/standards
- Application of system of care principles/values
- Application of evidence-based practices
- Flexible financing



What do we mean by "evidence-based practices?"

- Practices that have met a particular set of stringent research criteria, indicating that they have been demonstrated to be effective—essentially a threshold approach



Strengths of this approach

- Can provide guidance to field about effective approaches
- Can bring people to agree on criteria of effectiveness
- Can provide clear and simple answers



Problems with this approach

- Difficulty in establishing criteria/threshold
- Interventions may be differentially effective, e.g., more so with particular groups of children and families, or for particular outcomes
- Some interventions may not lend themselves to particular research approaches
- Knowledge is not static



Preferred Approach—I

- It is an effort to constantly study and evaluate what we are doing in an attempt to continuously improve our quality, and our effectiveness, and to enhance our accountability



Preferred Approach—II

- It is the application of research, evaluation, and continuous quality improvement procedures at:
 - ✓ Policy level;
 - ✓ System level;
 - ✓ Community level;
 - ✓ Program level;
 - ✓ Treatment level;
 - ✓ Micro-practice level.



What It Is and What It Is Not

- It is not an alternative approach to systems of care and individualized care (wraparound)
- *It is a complement to them*



What It Is and What It Is Not

- It is not a replacement of system of care values and principles that serve as a foundation for our systems
- *It should build on values of being individualized, of family involvement and choice, of cultural competence, of use of natural supports, of comprehensiveness*



What It Is and What It Is Not

- It is not an effort to establish one-size fits all interventions that can be applied to all populations under varying conditions
- *It should be an attempt to look contextually at interventions, taking into consideration such factors as characteristics of the population to be served, the community, and the system*



What It Is and What It Is Not

- It is not an effort to search for simple yes-no answers to complex questions
- *It should be an effort to look at multiple outcomes from multiple perspectives*



What It Is and What It Is Not

- It is not an effort to focus on outcomes to the exclusion of process
- *It should be an effort to examine effective practices and processes (e.g., choice, relationships, practical information), and key issues related to implementation*



Service effectiveness

The very characteristics that are likely to make services effective – they are comprehensive, individualized and flexible – make them more difficult to describe and to evaluate.

Schorr, 1995



Service effectiveness

"...the effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care.

While traditional forms of care approached mental health treatment in a hierarchical top down approach (with the clinician maintaining some distance from the recipients of treatment), this approach is not reflected in newer forms of service delivery.

It is becoming increasingly clear that family engagement is a key component not only of participation in care, but also in the effective implementation of it."

• Burns, Hoagwood & Mrazek, 1999



Characteristics of Effective Programs

- Comprehensive, flexible, and responsive to the needs of participants
- View children in the context of broader ecologies – families, schools, neighborhoods, churches, and communities
- Link with other systems of support and intervention to ensure they can produce and sustain their impacts over time

• Greenberg, 2002



Characteristics of Effective Programs

- Operated by people with a commitment and intensity to their work and a clear sense of mission
- Based upon quality staff with effective models of training and ongoing technical assistance

• Greenberg, 2002



What It Is and What It Is Not

- It is not an effort to emphasize one approach to research to the exclusion of others
- It should be an encouragement of a variety of data-based empirical approaches that:
 - ✓ balance concerns with internal validity with concerns with external validity'
 - ✓ look in depth at intervention processes, seek to identify active agents of change, and to provide theory to guide action;
 - ✓ use the best research design available for a particular situation;
 - ✓ learn from natural experiments and local practices that don't have the opportunity or resources to use the most rigorous research designs



What It Is and What It Is Not

- It is not an attempt to stifle innovation and adaptation
- It should encourage innovation and adaptation, particularly when based on well-articulated theories of change and when systematic evaluation is included



Where are we: Systems of care

- Much growth and innovation
- Mixed success
- Complex, challenging undertaking requiring much time
- Radical departure from prior practice
- In need of clear theories of change
- In need of closer attention to child-family level, and to link between systems and child-family level
- In need of strong accountability and continuous quality improvement



Community-based Interventions with an Evidence Base

- Function as service components in a system of care and adhere to system of care values;
- Are provided in the community, homes, schools, and neighborhoods, not in an office;
- With exception of multisystemic therapy and sometimes case management, direct care providers are not formally clinically trained;

continued...
• Burns, 2002



...continued

Community-based Interventions with an Evidence Base

- Interventions may operate under auspices of any of the human service sectors;
- Their external validity is greatly enhanced because they were developed and studied in the field with real-world child and family clients;
- Much less expensive to provide than institutional care when full continuum of care in the community is in place.

• Burns, 2000



Most Encouraging Community-Based Interventions

- Intensive Case Management with Wraparound
- Multisystemic Therapy
- Therapeutic Foster Care



Where are we: Evidence-based programs and practices

- Much of what passes for research on evidence-based practice might more aptly be described as clinical treatment efficacy research;
- The central problem is that treatments that have been validated in efficacy studies cannot be assumed to be effective when implemented under routine practice conditions

• Hoagwood et al., 2001

Where are we (continued)

- Rapid growth in interest
- Growth in intermediaries
- Mixed success in dissemination and implementation
- Continued interest in issue of adaptability to community contexts, and to populations of diverse racial, ethnic, and cultural background
- Interesting efforts to link with systems of care, e.g., Nebraska, Hawaii
- New models of intervention development

Conclusions

- The task of improving quality and effectiveness of services is a complex, challenging task involving many potential actions;

Conclusions

- Systems of care and evidence-based practice are clearly compatible and complementary, and developing systems of care, and integrating evidence-based practices within them is an important part of efforts to improve quality and effectiveness of services;

Conclusions

- Given the challenge of developing and implementing systems and services for a diverse population of children and families, many with co-occurring conditions, we need to have realistic expectations, to expect gradual, incremental progress, and be prepared to be in it for the long haul;

Conclusions

- The psychosocial interventions for which evidence of effectiveness under real world conditions is available is limited, and is largely restricted to interventions that have been developed in natural community settings;

Conclusions

- There is much that is known about the processes and principles of effective intervention, even though the manner in which those processes and principles are structured into specific interventions is less clear (and perhaps will always be so)



Challenges

- Continue to develop systems of care based on clear values and principles, the strengths and needs of the population of concern, the best available research, and carefully developed theories of change;



Challenges

- Develop new ways of strengthening systems of care through the incorporation of evidence-based processes and programs within individualized care approaches;



Challenges

- Develop and implement internal evaluation procedures so that those who administer systems of care, and those who are stakeholders, have continuous information about how well they are doing, and can make changes as needed;



Challenges

- Accelerate the process of developing new interventions, with a particular focus on developing interventions for populations of children and families seen in regular community and educational settings, and under conditions that closely resemble the real world;



Challenges

- Gather best available knowledge about evidence-based processes and active agents of change, so that they can be incorporated in interventions;



Challenges

- Continue developing the tools to permit thorough evaluation of existing interventions, such as case management with wraparound, with an emphasis on fidelity, multiple perspectives, and multi-methods;



Challenges

- Accelerate efforts to learn about implementation and dissemination processes, and enhance efforts to disseminate the best available knowledge about services and systems for children and families.



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