

Evidence-Based Practice and Systems of Care: Building on the Strengths of Each

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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.

Reason for System of Care

To make it possible for effective services to be delivered – unless such services are embedded in a facilitative system, it will be difficult to deliver them.

What Should a System of Care be Based Upon?

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

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

Other possible principles...

- Access
- Voice
- Ownership
- Choice
- Individual Provider Accountability

Characteristics of Children with Serious Emotional Disturbances

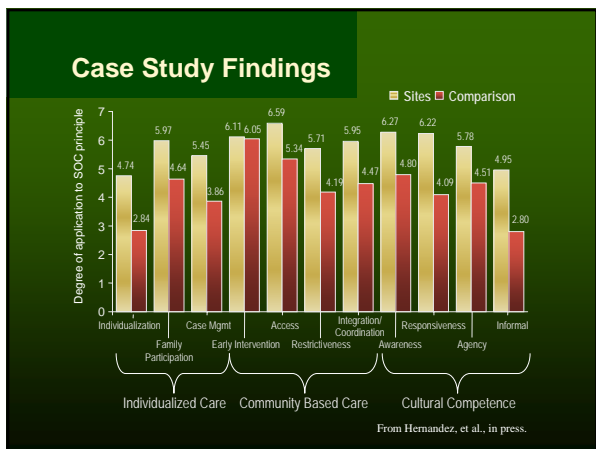
- Frequently served in multiple systems
- Variety of diagnoses but most common are ADHD, Oppositional Disorder, and Conduct Disorder
- High rate of co-occurring disorders
- Deficits in intellectual and educational functioning
- Deficits in social and adaptive behavior
- Frequently from low income families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

Major Myth about Systems of Care

That they are focused only at system/policy level and not at practice level.

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.



What Do We Mean by "Evidence Based Practice?"

What Criteria and Methods should be used to assess "Evidence" and determine what works?

Evidence-Based Practice: Models for determining what works.

- Clinical Trials – Experimental Model
- Quasi-Experimental
- Program/System Evaluations
- Observations of “Successful” Interventions
- Interviews with Participants
- Combinations

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

“...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

“Good clinical treatment is individualized, compatible with the clinician’s style, intuitive as well as logical, and attentive to the affective relationship. Good science requires that the treatment be uniform, manualized, explicit, and logical, with the patient-clinician relationship a variable to be examined.”

■ Arnold et al., 1997

Promising Practices: Learning from Families

- Families were fully engaged;
- Providers listened carefully and respectfully to families’ priorities;
- Services addressed needs of entire family;
- Services based on families strengths and needs;
- Services provided a connection between family and community...

continued...

continued

Promising Practices: Learning from Families

- Providers demonstrated genuine caring, were persistent and creative in meeting family’s needs, and were accessible to families;
- Services were flexible;
- Services provided opportunities for learning and skill building.

Burns (2000)

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 (2000) 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.

Most Encouraging Community-Based Interventions

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

Hoagwood, et al., 2001

The Overall Picture

- Much of what passes for research on evidence-based practice in the field of child and adolescent mental health 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

Applicability of Evidence-Based Interventions to Systems of Care

	Degree of Individualization	
	Low Individualization	High Individualization
Low Comparability		
High Comparability		MOST APPLICABLE ★

Comparability of population/ conditions to System of Care

Conclusions & Challenges

- Effective practices have always been a part of systems of care, are being increasingly emphasized within systems of care, and are essential to the success of systems of care;
- Such evidence-based practices must be responsive to the diverse and multi-problem nature of the population served within systems of care, the conditions under which services are provided, and the values and principles of systems of care;

Conclusions & Challenges

- 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;
- There is much that is understood 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!);

Challenge is at least five parts:

- 1** Developing systems of care based on clear values, and principles, the best available research, and carefully developed theories of change;

Challenge is at least five parts:

- 2** Developing ongoing 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;

Challenge is at least five parts:

- 3** Continue the process of developing new interventions, with a particular focus on developing interventions under conditions that closely resemble the real world;

Challenge is at least five parts:

- 4** 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;

Challenge is at least five parts:

- 5** Enhance efforts to disseminate the best available knowledge and to modify practice based on that knowledge.