


## Featherless Biped: How Definitions Impact System Implementation

**RTC Study 2: Case Studies of System Implementation**

**Research Team:**


- Sharon Hodges, Ph.D. (Principal Investigator)
- Kathleen Ferreira, M.S.E.
- Nathaniel Israel, Ph.D.
- Jessica Mazza, B.A.




## System of Care Definition

“A system of care is an adaptive network of structures, processes, and relationships grounded in system of care values and principles that provides children and youth with serious emotional disturbance and their families with access to and availability of necessary services and supports across administrative and funding jurisdictions”

Hodges, Ferreira, Israel, & Mazza, 2006





## Elements of the Symposium

- *Defining Interagency Collaboration through a Common Understanding of Systems of Care*  
♦ Dane Cervine (Santa Cruz County, CA)
- *How a Shared Definition for Systems of Care Supports Family Involvement*  
♦ Beth Baxter (Region 3 Behavioral Health)
- *Building Evaluation Using the System of Care Concept*  
♦ Mary Brogan (CAMHD, Hawaii)

**BREAK (10:45 – 11:00)**

- **Discussants:**
  - ♦ Larke Huang
    - *Defining Cultural and Linguistic Competence in the Context of Systems of Care*
  - ♦ Mario Hernandez
    - *Theory of System Implementation and Change*


## Defining Interagency Collaboration through a Common Understanding of Systems of Care

Dane Cervine  
Chief of Children’s Mental Health  
20<sup>th</sup> Annual RTC Conference  
2007



## Santa Cruz County California

- ♦ Small/medium county (260,000 pop) on the Monterey Bay south of San Francisco
- ♦ Changing demographics: 46% Latino children, and increasing
- ♦ One of California’s original System of Care counties (1989)
- ♦ 18 years of *System of Care* evolution...




### The Early *System of Care* Model in California

- ◆ Defining clear target populations of the highest risk children & youth served by *multiple public agencies*
- ◆ The Vision: *keep youth at home, in school, out of trouble... rather than spiraling into deeper involvement with Probation, Child Welfare, and Special Education*



### System of Care *Core Elements*

- ◆ Clear target populations
- ◆ Measurable goals & objectives
- ◆ **Interagency Collaboration**
- ◆ Individualized care in the community (least restrictive environment)
- ◆ Evaluation of outcomes and accountability
- ◆ Cultural competency
- ◆ Family & youth partnerships



### System of Care Evolution

- ◆ Began with Mental Health as “hub” of interagency wheel
- ◆ Probation, Child Welfare, and Education were key partners, along with the children and families that MH served in concert with these other agencies
- ◆ Of course, each agency was central to its own mission...but MH was the common element defining the System of Care



### Evolution Continues...

- ◆ Santa Cruz County’s SOC became a “learning lab” for understanding each agency’s mission & processes
  - *SOC Interagency Steering Committee (Policy)*
  - *Interagency Screening & Case Management sub-committees (Practice)*
  - *Federal/State/Foundation grants and reform efforts*



### Evolution Continues...

- ◆ Each partner agency began to shape/lead *System of Care* development within their own agency and across the interagency landscape
- ◆ Each partner agency began to respond to external reforms and define local response in partnership with our System of Care – defining a “shared language” in the process




### Interagency Reforms as *Dialects* of same System of Care *Language*

- ◆ Juvenile Justice:
  - Balanced and Restorative Justice (BARJ)
  - Detention Reform (Annie E Casey site)
  - Disproportionate Minority Confinement (DMC)
  - AB 1913 focus on Positive Youth Development principles (eg., soccer club, culinary school, job development)
  - California Endowment *Healthy Returns Initiative*



**Interagency Reforms as *Dialects* of same System of Care *Language***


- ◆ **Child Welfare:**
  - Family Preservation, Family Conferencing
  - Foster youth rights
  - *Differential Response* for the 85% of families reported to CWS whose children do NOT become dependents of the court
  - Federal/State CWS reforms



**California CWS System Reform  
AB 636**

**Santa Cruz County CWS Data**

- **Safety:**
  - Emergency response timeliness
  - Recurrence of maltreatment
- **Permanency:**
  - Timely reunification
  - Re-entry into foster care
  - Adoption timeliness
- **Child Well Being:**
  - Children placed with siblings
  - Children placed with relatives



**Interagency Reforms as *Dialects* of same System of Care *Language***

- ◆ **Special Education:**
  - Federal IDEA law
  - California's AB 3632 Mental Health services to Special Education pupils (1985)
  - *Individualized Education Plan (IEP)* to help mainstream and normalize education experience while focusing on special needs
  - In Santa Cruz, shift from non-public to public school campus for serving ED pupils



**Interagency Reforms as *Dialects* of same System of Care *Language***

- ◆ **Substance Abuse:**
  - Robert Wood Johnson (RWJ) *Reclaiming Futures* System Redesign for Court Wards with Substance Abuse issues
  - Santa Cruz County integration of Mental Health and Substance Abuse divisions
  - Developing local model integrating traditional A.A. approaches with new strength-based and harm reduction models




**Interagency Reforms as *Dialects* of same System of Care *Language***

- ◆ More research about "What Works" in adolescent substance abuse treatment in last 5 years than in previous 30:
  - ✓ *Assist youth in developing strength-based, crime-free identities, with strong community links, so that alcohol and other drug use becomes less appealing...no longer fits in to youth's daily life and plans.*



**New Opportunities**

- ◆ **Mental Health Services Act (Prop 63)**
  - *Full Service Partnerships* and *SB 163 Wraparound* focused on interagency involved families
  - *System Development* and *Outreach & Engagement*: embracing the community in a broader circle of support
  - Current statewide planning for *Prevention & Early Intervention (PEI)* services and strategies
    - ✓ *Starting with core target population, then broadening the circle...*



*Going Forward:  
Defining a System of Care*

- ◆ Important to continue trend of integrating discrete interagency reform efforts into a single shared vision and “language”
- ◆ Important to continue integrating the many shared *elements* of a successful System of Care into something larger than the sum of individual elements (eg., EBP’s, Outcomes, Collaboration, etc.)

**NEBRASKA FAMILY  
CENTRAL**

*How Family Involvement  
Shapes System of Care Design  
and Development*

Beth Baxter, M.S.  
Regional Administrator  
Region 3 Behavioral Health Services  
Kearney, Nebraska  
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**Nebraska Family Central  
then and now . . .**

- Children’s Mental Health Search Conference – 1994
  - Beginning of the paradigm shift
  - Families wanted to be viewed as professionals and partners in the process not a “case to be managed”
- Development of the Professional Partner Program – 1995
  - Putting philosophy into practice
  - Achieving outcomes
- Center for Mental Health Services Grant – 1997
  - Opportunities for system change
- Sustainability through Partnerships
  - Behavioral Health
  - Education
  - Child Welfare
  - Juvenile Justice
  - Vocational Rehabilitation

**Process...the road well traveled**

- Establishing a vision that families are central to the process at every level
  - Planning
  - Oversight and Decision-making
  - Training and Professional Development
  - Service delivery
  - Evaluation

**System of Care  
Core Values**

- ***Child and family focused***
- Community based
- Culturally competent

**Guiding Principles for Services  
in Systems of Care**

- Comprehensive array of services
- Individualized care
- Least restrictive setting
- ***Family involvement***
- Service integration

### More Guiding Principles

- Case management/care coordination
- Early identification
- Smooth transitions
- Rights protection and advocacy
- Nondiscrimination

### System and Individual Family Focus

- **System**...Network of structures, processes, and relationships grounded in system of care values and principles...
  - *Cross agency commitment* that families and youth are involved at all levels
  - Strong *belief* that families and youth add value at every level
- **Individual Family** Participation in the Intervention Process
  - Access/Choice
  - Voice
  - Ownership

### Building a Strong Family Network

- Professional Skill Development
- Mentoring
- Coaching
- Business Practices
- Service Delivery

### Families CARE (Family Center for Advocacy, Resource, & Education)



- **Family Care Partner**
  - Advocates for families
- **Evaluations**
  - Allows parents to be heard
  - Wrap Fidelity Index
- **Y.E.S.**
  - (Youth Encouraging Support)
  - Youth support group for young people 12-21
- **Parents for Change**
  - Parent network and support group

### Partnering with Families in Evaluation

#### Formula for successful outcomes

Family involvement  
 + effective interventions  
 + continuous feedback loop  
 = successful outcomes

### Evaluation Partnership

- Families partake in multiple assessments; including 6-month, monthly and weekly tools.
- Families CARE Manages Wraparound Fidelity Process
  - adherence to the principles of wraparound, and
  - satisfaction
- Collects follow-up data in interviews with families, after end of formal services.
- Member of the Quality Assurance Team
  - Intake and Discharge Information
  - Evaluation Tools
  - Fiscal Reports
  - N-Focus Information and Reports
  - Family File Review

### Impact of Family Involvement in Sustaining the System of Care

- Strong Family Organization
  - Families as equal partners
  - Youth involvement
    - Y.E.S. (Youth Encouraging Support)
  - Families as service providers
    - Family Care Partners
    - Family Support Groups
    - Training
  - Evaluation Component
    - Manage Wraparound Fidelity Process
    - Member of the Quality Assurance Team

### Building Evaluation Using the System of Care Concept

Mary Brogan  
State of Hawaii  
Child and Adolescent Mental Health Division

20<sup>th</sup> Annual Research Conference  
A System of Care for Children's Mental Health: Expanding the Research Base  
March 6, 2007

### Features of Hawaii's system

- Statewide system serving 2500 youth a year
- Serve youth who are SEBD
  - Medicaid Rehab Option Carve out
  - Medicaid FFS
  - Educationally disabled- MOA with DOE
  - Incarcerated
- Comprehensive service array
- Intensive case-management provided through eight Family Guidance Centers


} Memorandum of Agreement with State Medicaid Agency

### What makes us a little different

- Integrated system: Children's MH and Educational System
- Focus on use of evidence-based approaches and practice development
- Managed Care Behavioral Health Plan
- Accountability systems- internal and interagency
- Grounded in system of care values and principles
  - How we have defined our system at various points in time have guided the way we have implemented the service system

### A brief history of implementation

- **1993: Felix consent decree**
  - Based on "gross negligence" by the State in providing mental health service to students
  - Key provisions:
    - Establish a system of care
    - Broad-based complex system development
    - Across mental health and education
    - Monitor and assure quality practices and results
- **1993-1995**
  - Came to the table
  - Defined system requirements



### Implementation (cont'd)

- **1996-1998:**
  - Rapid growth
  - Foundations of practice development: service planning
  - Mid-course evaluation-adjustments to system
- **1999-2002**
  - Focus on practice development and managing performance
  - Began to build our measurement systems
  - EBS
- **2003-2004**
  - Quality management infrastructure matured
  - Strategic plan
  - Annual Evaluation of cost, population, services
  - Clinical module-data-driven clinical decisions
- **2005-present**
  - Integrated accountability
  - Focus on family and youth-driven care
  - New Strategic Plan
  - Early warnings of system instability

### Implementation Factors\*

- Facilitating System:
  - Values and Beliefs →
    - Core Principles
    - Embracing Change
    - Leadership
    - Valuing Partnerships
    - Willingness to Take Risks
  - Goals →
    - Accountability for Results
    - Core Practices
    - Operational Plans
  - Information →
    - Community Voice/Buy-in
    - Cross-system Training
    - Data-driven Decision Making
  - Structure →
    - Open Management
    - Service Infrastructure Development

\*Leveraging Change in Hawaii's System of Care (2006).  
Hodges, Ferreira, Israel & Mazza

### Foundation: Hawaii CASSP Principles


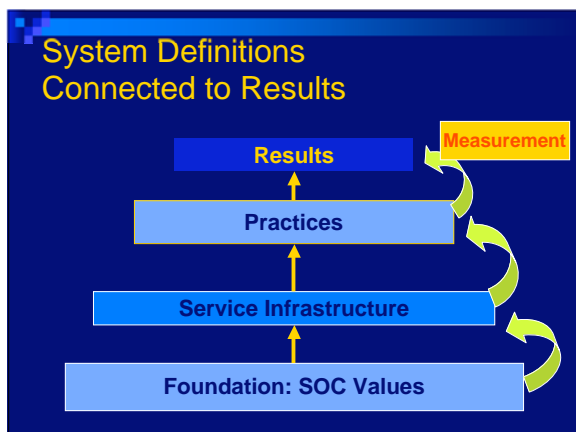
1. Family-centered, culturally sensitive
2. Access to comprehensive service array
3. Family preservation and strengthening
4. Least restrictive environment
5. Coordinated services from any entry point
6. Family and youth participation
7. Early identification and intervention
8. Advocacy and protection of child rights

### Binder: Strategic Goals

- Shared ownership of vision, mission, initiatives and achieved outcomes.
- Adhere to Hawaii Child and Adolescent Service System Program (CASSP) Principles.
- Apply the current knowledge of evidence based services (EBS) in the development of individualized plans.
- Routinely evaluate performance data and apply findings to guide management decisions and practice development.
- Business principles will ensure high quality and accountable operations.

### A few additional values that define us:

- Team-based Decisions
- Achieving Results
- Excellence
- Empowerment
- Customer Service


### Quality Improvement is a core System of Care function

*"System builders need to develop structures that measure quality, that provide feedback loops, and that have response (i.e., quality improvement) capabilities."*

(Building Systems of Care: A Primer, by Sheila Pires)



## Why Did We Make the Choice to Measure Performance?

- Accountability
  - Better results
  - Transformative power
- 
- Early on:
    - Started to build our reporting systems and accountability frameworks
    - Defined what data would drive system performance
    - Started to build the necessary partnerships

## Our experience....

- We needed valid data to:
  - know how we are performing in the here and now as well as over time
  - to make decisions and program adjustments
- We needed to continuously monitor services and infrastructure
- Task:
  - Making performance data timely and useful
  - Assure that we are acting on what the data are telling us

## Performance Improvement Structure



## Reporting Structure



## Systematic Implementation

- QAP Work Plan
  - Example:
    - Length of Stay in Residential Services

Topic	Rationale/Type	Method	Objective	Monitor	July	Aug	Sept	Nov	Dec
LOS	Over-utilization, LRE  Clinical	MIS	>65% in CBR within standards	UM Manager	D	D	D		R

## Core Methodologies



- Case-based Reviews
- Tools and monitoring protocols
  - Reduce bias
  - Help to give focus to feedback
  - Focus on practice/ infrastructure to support practice
- Performance measures
  - Results-based accountability
- Clinical Reporting Module/Dashboards
- Annual Evaluation




### Definitions { Accountability for Results SOC Values

*Child Status*

Safe?  
Learning?  
Stable living situation?  
Stable school setting?  
Doing well emotionally?  
Family satisfied?  
Staying out of trouble?

*System Performance*

Do we understand the youth's needs?  
Is there a functional service team?  
Is there a service plan that addresses the youth's need?  
Is the plan being implemented?  
Is there adequate coordination?  
Are parents involved?  
Are there positive results?

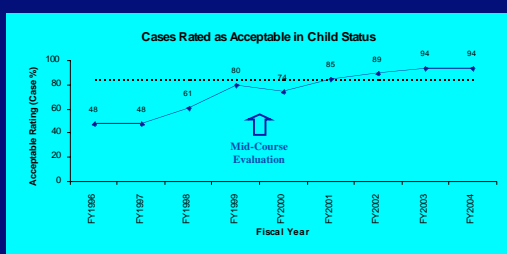


*Core Methodology:  
Case-based Reviews (Foster and Groves)*

### Case-based Reviews

- Conducted annually in every school complex (N=500+ youth)
- Includes EI, SEBD and SBBH
- Conducted across all provider agencies –level of care specific protocols
- Improvement plans generated
- Case-specific feedback generated to teams
- Focus on practice

### Child Status

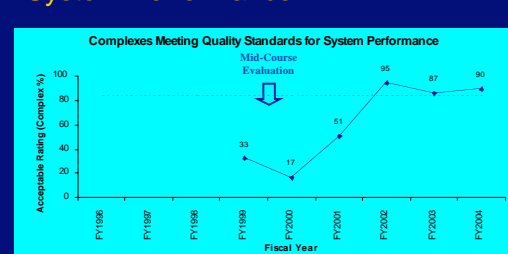


Fiscal Year	Acceptable Rating (Case %)
FY1996	48
FY1997	48
FY1998	61
FY1999	80
FY2000	74
FY2001	85
FY2002	89
FY2003	94
FY2004	94

Key Indicators:  
Learning Progress  
Personal Responsibility  
Safety/Personal Well-being  
Emotional/Behavioral Well-being

Community Home  
Caregiver Functioning  
Child/Family Satisfaction

### System Performance

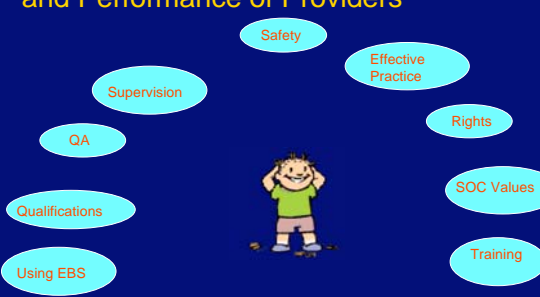


Fiscal Year	Acceptable Rating (Complex %)
FY1996	33
FY1997	17
FY1998	51
FY1999	95
FY2000	87
FY2001	90
FY2002	87
FY2003	87
FY2004	90

Key Indicators:  
Functional Assessment  
Long-term view  
Service Plan & Implementation  
Service Array & Integration

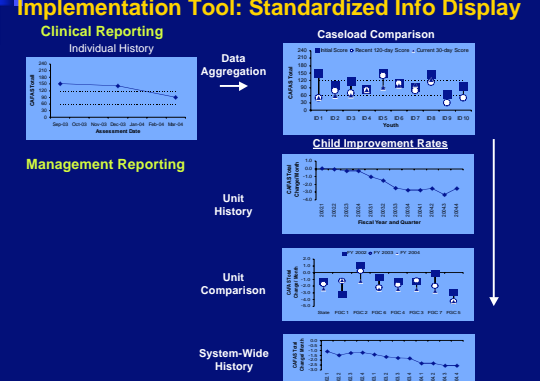
Service Coordination & Transition  
Caregiver Supports  
Effective Results  
Monitoring & Modification

### Aspects of Evaluating Practice and Performance of Providers



Safety  
Effective Practice  
Rights  
SOC Values  
Training  
Using EBS  
Qualifications  
QA  
Supervision

### Implementation Tool: Standardized Info Display



Clinical Reporting  
Individual History  
Data Aggregation  
Case-load Comparison  
Child Improvement Rates  
Management Reporting  
Unit History  
Unit Comparison  
System-Wide History

## Performance Measures

- Have aligned the work of the system with desired results
- Afforded the ability to track performance and results over time
- Communicate data on outcomes, cost, service utilization patterns, adequacy of infrastructure and other important aspects of the service system

## CAMHD Statewide Performance Measures

Infrastructure	Services	Products
<b>Personnel</b> Positions Filled Caseload	<b>Service Planning</b> CSP Timeliness CSP Quality	<b>System Performance</b> Internal Reviews Provider Reviews
<b>Fiscal</b> Timely Provider Payment Within Quarterly Budget	<b>Service Access</b> Service Gaps Service Mismatches	<b>Child Status</b> CAFAS & CBCL Case-Based Reviews
<b>Other Business Units</b> FGC, Central Office, & Committee Processes	<b>Service Environment</b> In-State In-home	<b>Stakeholder Rights</b> Complaints Satisfaction

### Definitions

- Coordinated Care
- Individualized Plans
- Family and Youth Participation
- Timely Access
- LRE
- Advocacy

- Does each child have a current plan?
- Does that plan meet quality expectations?

### Definitions

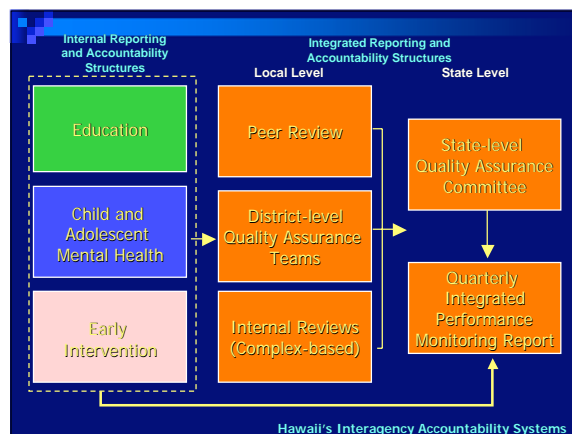
- Coordinated Care
- Family/Youth Involvement
- Least Restrictive Environment

- Infrastructure adequacy
- Measurement allows for early detection of erosion.

### Definitions

- Coordinated Services
- Access/Early Identification
- Shared Ownership
- Team-based Decisions

- Operate the system through interagency partnerships and partnerships with families
- Defined the practices and infrastructure
- Defined the measurement systems
- Need: Technical Assistance



## New Strategic Goals

- Decrease Stigma & Increase Access to Care
- Implement and Monitor
  - Resource Management Program
  - Publicly Accountable Performance Management Program
  - Practice Development Program
  - Strategic Personnel Management Plan
  - Strategic Financial Plan
  - Information Technology Program

## Hawaii's report card

- |  |   |           |
|--|---|-----------|
| ■ An adaptive network                          | ■ CQI and data-driven decision-making/ Bureaucratic Barriers                  | <b>B+</b> |
| ■ of structures, processes and relationships   | ■ Built relationships: child-serving agencies, families, and provider network | <b>B-</b> |
|  | □ Aspects of infrastructure are unstable                                      |           |
| ■ guided in SOC values and principles          | ■ Standards and practice principles   | <b>A</b>  |
| ■ that effectively provides                    | ■ Youth getting better faster   | <b>B+</b> |
| ■ access and                                   | ■ Needs work  | <b>B-</b> |
| ■ availability of services and supports        | ■ Comprehensive array   | <b>A-</b> |
| ■ Across administrative and funding boundaries | ■ Integrated system with partnerships   | <b>C-</b> |
|  | □ Boundaries within threaten sustainability                                   |           |

## Lessons learned...

- Hawaii has found that integration is needed across:
  - System definitions and values
  - Policies
  - Practice expectations and supports
  - Skills of staff
  - Provider network and array
- Well-defined practices for evaluating and managing performance are needed.
- Don't take sustainability of your system for granted.



Mahalo!!

## For additional information:

- <http://www.hawaii.gov/health/mental-health/camhd/index.html>
- Or contact:
  - Mary Brogan
  - Performance Manager
  - State of Hawaii
  - Child and Adolescent Mental Health Division
  - [mbrogan@camhmis.health.state.hi.us](mailto:mbrogan@camhmis.health.state.hi.us)

## Discussants

- Defining Cultural and Linguistic Competence in the Context of Systems of Care
  - ◆ Larke Huang, Senior Advisor on Children
    - Substance Abuse and Mental Health Services Administration
- Theory of System Implementation and Change
  - ◆ Mario Hernandez, Professor and Department Chair
    - Department of Child and Family Studies

