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)

- Guiding 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

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…

Defining Interagency Collaboration through a Common Understanding of Systems of Care

Dane Cervine
Chief of Children’s Mental Health
20th Annual RTC Conference
2007
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

**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

**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

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.

Interagency Reforms as Dialects of same System of Care Language

**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

**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 (P2I) 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 (e.g., EBP’s, Outcomes, Collaboration, etc.)

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

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 - MDA with DOE
  - Incarcerated
- Comprehensive service array
- Intensive case-management provided through eight Family Guidance Centers

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
- 1998-2000
  - 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
- Goals
- Information
- Structure

Facilitating System:
- Core Principles
  - Embracing Change
  - Leadership
  - Valuing Partnerships
- Accountability for Results
- Core Practices
- Operational Plans
- Community Voice/Buy-in
- Cross-system Training
- Data-driven Decision Making

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

System Definitions
- Connected to Results
- Practices
- Service Infrastructure
- Foundation: SOC Values

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
- Performance Improvement Steering Committee
- Credentialing Committee
- Grievance and Appeals Committee
- Compliance Committee
- Information Systems Design Committee
- Policies and Procedures Committee
- Safety and Risk Management Committee
- Training Committee
- Utilization Management Committee
- Evidence-based Services Committee

Reporting Structure
- Data Report
  - Example: Sentinel Events
- Quality Committee
  - Example: Safety and Risk Management Comm.
  - Recommendations to PISC
    - Example: Too many police calls
    - Recommendations to Management Team
      - Approve/Implement/Assign Monitor

Don’t forget to close the loop!

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

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
Accountability for Results

SOC Values

Definitions

Child Status

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

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

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?

Aspects of Evaluating Practice and Performance of Providers

Safety
Effective Practice
Supervision
QA
Qualifications
Using EBS

Implementations Tool: Standardized Info Display

Clinical Reporting

Management Reporting

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

System Performance

Key Indicators:

Child Status

Key Indicators:

System Performance

Mid-Course Evaluation

Fiscal Year

Acceptable Rating (Case %)

Cases Rated as Acceptable in Child Status

Fiscal Year

Acceptable Rating (Complex %)

Complexes Meeting Quality Standards for System Performance

Fiscal Year

Accountability for Results

SOC Values

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
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

Does each child have a current plan?

Does that plan meet quality expectations?

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

CAMHD Statewide Performance Measures

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>Services</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>Service Planning</td>
<td>System Performance</td>
</tr>
<tr>
<td>Positions Filled</td>
<td>CSP Timeliness</td>
<td>Internal Reviews</td>
</tr>
<tr>
<td>Caseload</td>
<td>CSP Quality</td>
<td>Provider Reviews</td>
</tr>
</tbody>
</table>

Fiscal
- Timely Provider Payment
- Within Quarterly Budget

Service Access
- Service Gaps
- Service Mismatches

Other Business Units
- FGC, Central Office, & Committee Processes

Service Environment
- In-State
- In-home

Stakeholder Rights
- Complaints
- Satisfaction

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

Infrastructure adequacy
Measurement allows for early detection of erosion.

Internal Reporting and Accountability Structures
- Local Level
- State Level

Integrated Reporting and Accountability Structures
- Education
- Child and Adolescent Mental Health
- Early Intervention
- Peer Review
- District Level Quality Assurance Teams
- Internal Reviews (Complex-based)
- Stake Level Quality Assurance Committee
- Quality Integrated Performance Accountability Board

Hawaii’s Interagency Accountability Systems
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

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.

For additional information:
- Or contact:
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  Child and Adolescent Mental Health Division
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Hawaii’s report card
- An adaptive network
- of structures, processes and relationships
- guided in SOC values and principles
- that effectively provides access and availability of services and supports
- Across administrative and funding boundaries
- CQI and data-driven decision-making
- Built relationships: child-serving agencies, families, and provider network
- Aspects of infrastructure are unstable
- Standards and practice principles
- Youth getting better faster
- Needs work
- Comprehensive array
- Integrated system with partnerships
- Boundaries within threaten sustainability

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