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Systems of Care

Presented by
Janet Lung, LCSW-Director
And
Jamie C. Sacksteder, NCC- Child and Adolescent Specialist
Virginia Department of Behavioral Health and Developmental Services
Office of Child and Family Services

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What is Systems of Care?

- **A system of care…**
  - incorporates a broad, flexible array of effective services and supports for a defined population (severely emotional disturbed youth) into a coordinated network.
  - Integrates care planning and management across multiple levels.
  - Is culturally and linguistically competent.
  - Builds meaningful partnerships with families and youth at service delivery, management, and policy levels.
  - Has supportive policy and management infrastructure.
  - Is data driven.

Pires, S. (2010). *Building systems of care: A primer*, 2nd Edition. Washington, D. C. : Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

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Values and Principles of a System of Care

- Based on Needs of Child and Family
- Promotes Partnership between families and service providers.
- 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 a system of ongoing evaluation and accountability.

Friedman,R. (September 8, 2007). *System of Care and Evidence-based Practice: Creating Bridges.* Systems of Care & Evidence-Based Practices Conference. Roanoke, VA.

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Why was Systems of Care created?

- **Failed systemic conditions, such as:**
  - Inadequate range of services and supports
  - Failure to individualize services
  - Fragmentation of systems when child and families had multi-systemic needs
  - Children with mental health needs are in several "systems"
  - Lack of clarity about population of concern
  - Inadequate accountability
  - Lack of adequate responsiveness to cultural differences.

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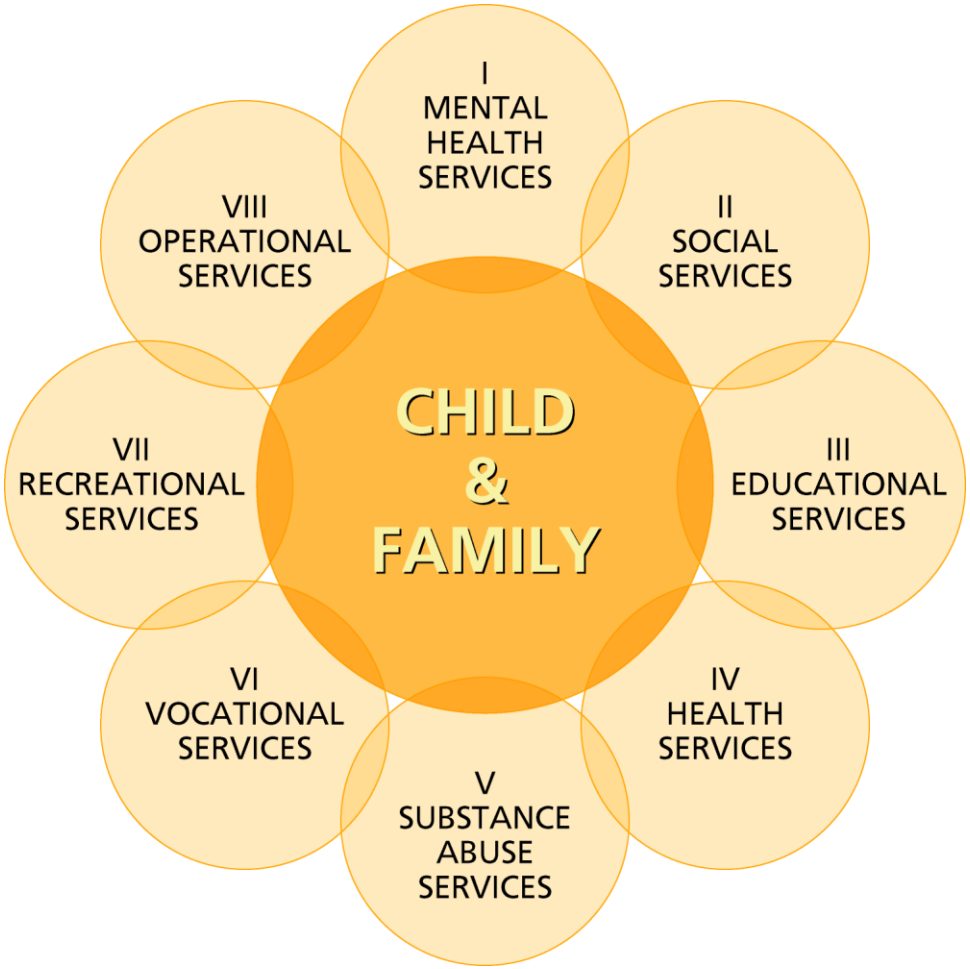
Children's Mental Health Across Systems

Systems of Care Framework



Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (Rev. ed.) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

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Who is affected by Children's Mental Health?

- National estimates of children's mental health disorders indicate that **1in 5** children ages 9 to 17 experiences a diagnosable mental health disorder in the course of a year, and roughly **1 in 10** experiences a serious disturbance.[1]

- But many children with mental health problems are not identified or diagnosed as such. They may come to your attention because they are in foster care, or have been suspended from school, or are in juvenile detention or are placed in group and/or residential care.

[1]United States Department of Health and Humans Services. (1999). *Mental Health: a Report of the Surgeon General*. Washington, DC: Government Printing Office.

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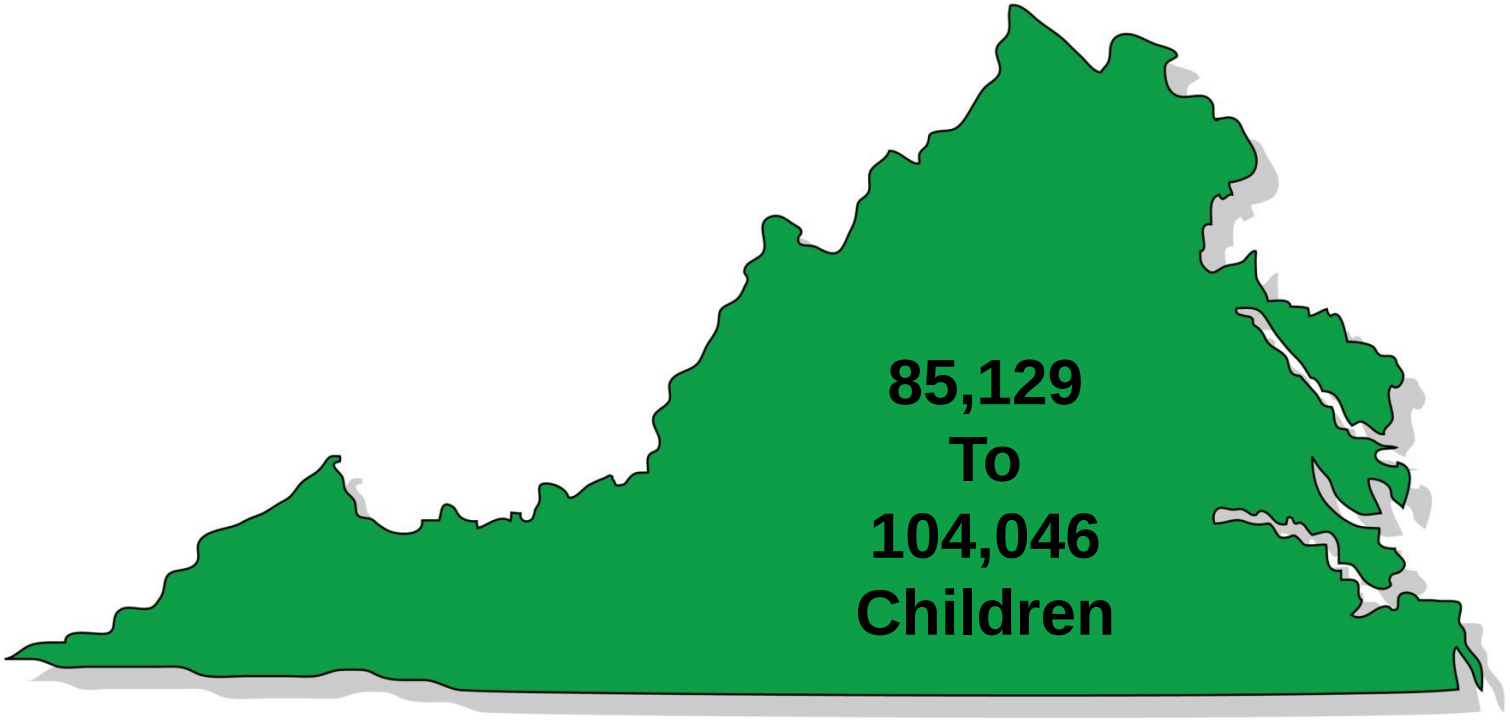
Children's Mental Health in Virginia



Children's Mental Health in Virginia

In Virginia, this means that between **85,129** and **104,046** children and adolescents struggle with a serious emotional disturbance.

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Who is affected by Children's Mental Health?

- **Virginia Department of Juvenile Justice** data indicates a majority of youth committed to the state juvenile correctional centers ***have*** mental health disorders beyond disorders that are related to their criminal behavior.[1]

[1]Virginia Department of Juvenile Justice. 600 East Main Street Richmond, VA 23219. Telephone: (804) 371-0700. Web site: www.djj.state.va.us .

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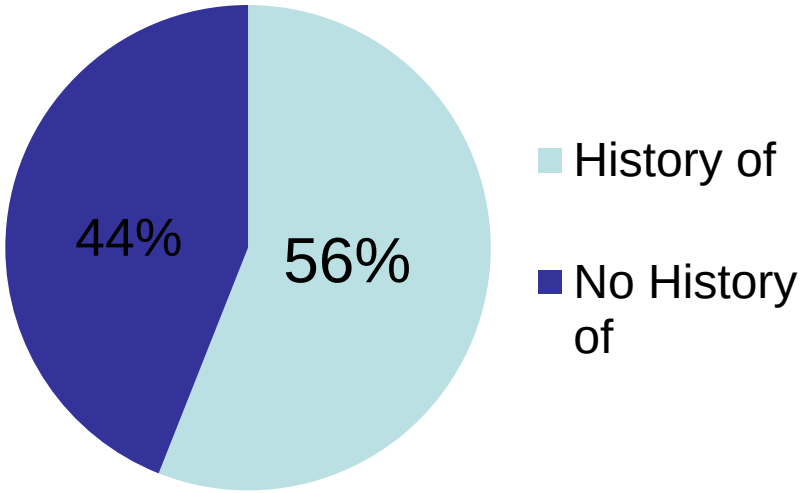
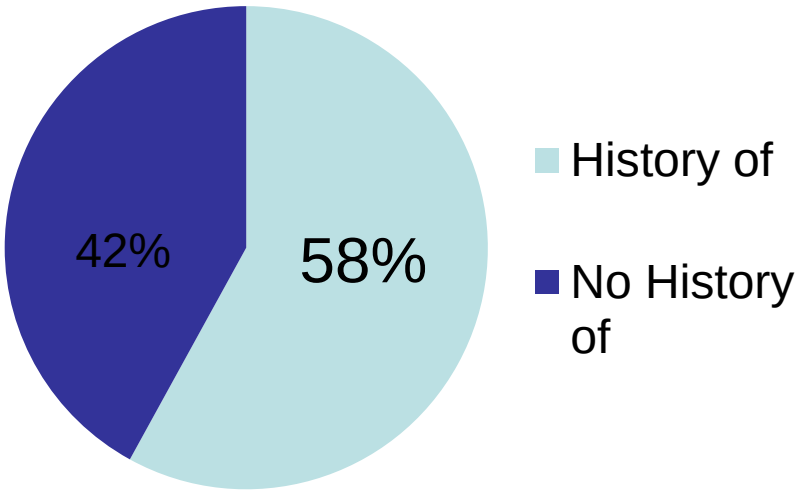
Percentage of Committed Youth with a History of Prescription Psychotropic Medication Use upon Intake

Males (608 total youth)
History of Psychotropic Medication Use (FY10)[1]



Females
History of Psychotropic Medication Use (FY10)[1]



[1]Virginia Department of Juvenile Justice. 600 East Main Street Richmond, VA 23219. Telephone: (804) 371-0700. Web site: www.djj.state.va.us .

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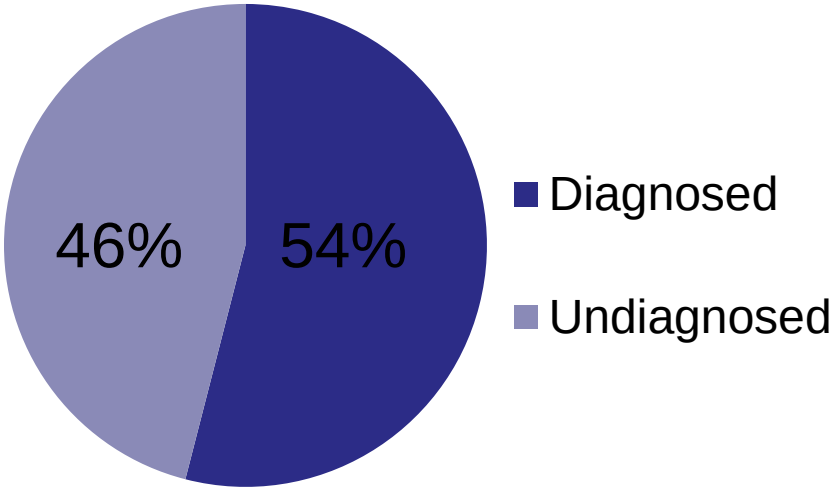
Percentage of Committed Youth with a Mental Health Disorder upon Intake

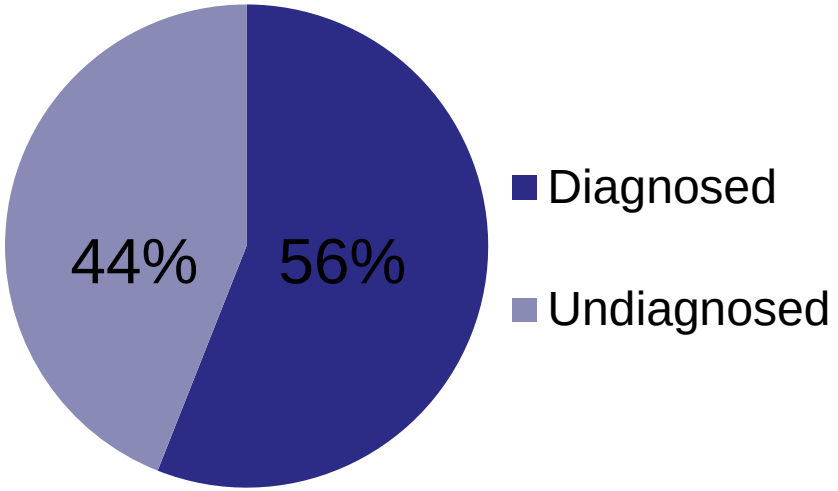
Male

Committed with Mental Health Disorder(FY10)[1]



Female

Committed with Mental Health Disorder(FY10)[1]



[1]Virginia Department of Juvenile Justice. 600 East Main Street Richmond, VA 23219. Telephone: (804) 371-0700. Web site: www.djj.state.va.us .

CSA

- Close to one half of all children served in CSA have a diagnosed mental health disorder; in FY04, 46% had a mental health diagnosis. The figure was 44% in FY10, with 9% of the total children diagnosed with an autism spectrum disorder(a new data point in FY09).[1]
- There is wide variation by locality in the number of children in CSA who have a diagnosed mental health disorder, ranging from no children in some localities to 100% of the CSA population in other localities.[1]

[1]Office of Comprehensive Services. CSA Data Set, FY10 Q4: Percent of children that have a DSM Diagnosis. Retrieved from http://www.csa.virginia.gov/publicstate/csastates09/rankings/dsmiv_child_locality.cfm

Education

- Children and youth in elementary school with mental health problems are more likely to be unhappy at school, be absent, or be suspended or expelled.
  - In the course of the school year they may miss as many as **18 to 22 days of school.**[1]
  - Their rates of suspension and expulsion are **three times** higher than their peers.[1]
- Youth in high school with mental health problems are more likely to fail or drop out of school.
  - Up to 14% of them receive mostly Ds and Fs (compared to 7% for all children with disabilities).[2]
  - Up to 44% of them drop out of school.[2]

[1]Blackorby, J.&Cameto,R. (2004). Changes in school engagement and academic performance of students with disabilities. *In Wave 1 Wave 2 Overview* (SEELS) (pp. 8.1-8.23). Menlo Park, CA: SRI International.
[2]Blackorby, J.: Cohorst, M; Garza, N.; & Gusman, A. (2003). The academic performance of secondary school students with disabilities. In The *Achievements of Youth with disabilities During Secondary School*. Menlo Park, CA: SRI International.

Education

- Only **16 %** of all children receive any mental health services. Of those receiving care, **70 to 80 percent receive that care in a school setting**.[1]
- **83% of schools** report providing case management for students with behavioral or social problems.[2]

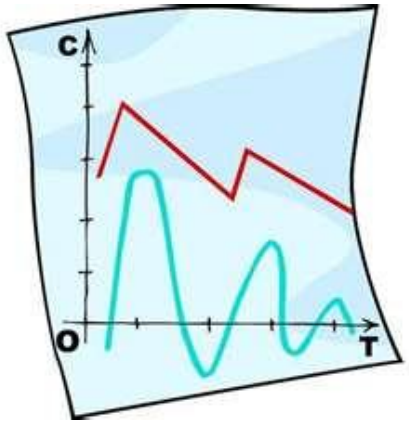
[1]US DHHS. Executive Summary. Mental Health: Culture, Race, and Ethnicity. A supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
[2]Breener ND, Martindale J, Weist MD. Mental Health and Social Services: Results form the School Health Policies and Programs Study 2000, J of Sch Health, Vol. 7, No. 7, 2000: 305-312.

DSS- Foster Care

- In 2010, there were 408,452 youth in the foster care system. 5,326 were in Virginia.
- Between **50 and 75%** of children in out-of-home care exhibit social competency problems that warrant mental health care.[1]
- Adolescents living with foster parents or in group homes have **two to four times** the rate of serious psychiatric disorders as those living with their own families.[2]
- A study found that **48%** of youth in the child welfare system had clinically significant emotional or behavioral issues, but only **25%** had received treatment during the previous year.[3]
- In a random sample of 302 school-aged children in foster care, **80%** were diagnosed with a mental health problems, but only **51%** received mental health services.[4]

[1]Landsverk,J.A. et al. (2006) Mental Health Care for Children and Adolescents in Foster Care: Review of Research Literature. Casey Family Programs, Seattle, WA.
[2]Child Welfare League of America. (1996-2007) Health care services for children in out-of-home care: Facts and figures.
[3]Burns, B.J. et al. (2004) Mental health need and access to mental health services by youths involved with child welfare: A national survey. JAACAP 43: 960-9700.
[4]Zima, B.T. et al. (200). Help-seeking steps and service use for children in foster care. *Journal of Behavioral Health Services and Research* 27: 271-285

Evidence-Based Practices



Evidence-based

- **Evidence-based** focuses on implementation of interventions demonstrated to be successful elsewhere.
- The American Psychological Association defines EBP as "**the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences**."[1]

[1]American Psychological Association (2001). *Policy Statement on Evidence-Based Practice in Psychology.* Available online at http://www2.apa.org/practice/ebpstatement.pdf.

Evidence-based Practices

- Multisystemic Therapy (MST)
- Multidimenstional Treatment Foster Care (MDTFC)
- Functional Family Therapy (FFT)
- Cognitive Behavioral Therapy
- Parent-Child Interaction Therapy (PCIT)
- Trauma-Focused Therapies
- Intensive Care Management
- Integrated Co-occurring Treatment

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Evidence-based Practices

Should be…

- a complement and enhancement to systems of care and individualized care.
- able toprovide important information to children and families, and to entire treatment planning teams, so that informed choices can be made.
- one alternative approach to improving outcomes that should be considered by community stakeholders along with other alternatives.

Should NOT be…

- An alternative approach to systems of care and individualized care.
- an alternative to child and family choice.
- the only choice, or always the best choice, for improving outcomes in a community system.

Friedman,R. (September 8, 2007). *System of Care and Evidence-based Practice: Creating Bridges.* Systems of Care & Evidence-Based Practices Conference. Roanoke, VA.

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Evidence-based Practices

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.
- encourage innovation and adaptation, and the careful study of field-based interventions that have not had the resources or opportunity for careful evaluation.
- an effort to encourage a culture within a system of care that focuses on a variety of data-based approaches.

Should NOT be…

- an effort to establish one-size fits all interventions that can be applied to all populations under varying conditions.
- an attempt to stifle innovation and adaptation.
- an effort to emphasize one approach to research to the exclusion of others.

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Evidence-based Practices

Should be…

- recognize that knowledge is not static, and that interventions must be studied and understood in a context.

Should NOT be…

- an attempt to anoint particular interventions as "the answer" to particular needs.

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Promising Approaches or Practice-Based Evidence

- Shows evidence of effectiveness through experience of key stakeholders (families, youth, private providers, administrators) and outcomes data. Examples include:
  - Family Support and Education
  - Wraparound Approach
  - Mobile Crisis Response and Stabilization Services
  - Family Group Conferencing
  - Intensive In-Home Services
  - Child and Youth Respite Services
  - Mental Health Consultation Services
  - Independent Living Skills and Supports

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Intensive Care Coordination

- The purpose of the care coordination is to safely and effectively maintain, transition, or return the child home or to a relative's home, family like setting, or community at the earliest appropriate time that addresses the child's needs.
  - Eligible children include:
    - All children who are currently in out-of-home care.
    - Children who are at risk of placement in out-of-home care as identified by FAPTs.

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Key Aspects of the ICC Role that Create Successful Outcomes

- Relationship building with the youth, family, case worker, service providers, CSA team members by maintaining a flexible and “how can I help” approach
- Assist the family and youth in figuring out what works for them and then assist in communicating these needs, goals and desires back to the relevant planning partners
- Small caseloads allow time to collect a thorough history on the youth and family, develop a mental health time line and a differential diagnosis that can then be shared with case worker, FAPT and service providers
- Have the time to meet and negotiate with community stakeholders to access services the family may need such as free dental work, reduced rental rates on housing, volunteer or job opportunities for the youth and/or family, access to psychiatric appointments, etc.

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Comprehensive Array of Behavioral Health Services in Virginia

- **Assessment and Evaluation** to support treatment planning
- **Outpatient or Office-Based Services**, traditional psychiatry, medication and individual, group and family therapy
- **Case Management**, coordinating the treatment plan, linking the child and family with needed public and private services
- **Home and Community-Based Services**, including in-home services, in-school, after-school, day care and summer services
- **Intensive Community Supports**, such as respite care and specialized and therapeutic foster care arrangements
- **Community Crisis Response Services**, including mobile crisis teams, crisis stabilization units and prescreening
- **Residential**, including group homes
- **Inpatient**, including substance abuse detoxification

F.A.P.T Team Members Role in Systems of Care



CSA Representative

- Expertise in the quality of services provided by private providers and CSB.
- Funding availabilities to families and how to receive them.

CSB Representative

- Recommendation of mental and behavioral health services available in the community and how to receive them.
- Give explanation of mental health diagnosis and medication management.

CSU Representative

- Reporting on the behavioral and mental health services available in the local detention center.
- Providing information on case management services after a child is released from detention.
- Offering legal expertise in regards to children.

DSS Representative

- Expertise on child welfare services available.
- Information on family assistance programs (SNAP, WIC,TEFAP, Child Care Assistance, etc.) and how to receive the services
- Expertise on Title IV-E

School Representative

- Expertise on IEP and the process of obtaining special education services.
- Information on mental and behavioral health services located in the local school district and how to receive the services.
- Expertise on learning disabilities.
- Information on additional school wraparound services available and how to receive them.
- Expertise on school laws and regulations.

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Department of Health Representative

- Information on community health clinic's services and how to receive them.
- Expertise on medical conditions.
- Expertise on medication management.

Parent Representative

- Expertise on natural supports available in the local communities (churches, clubs, organizations, etc.).
- Expertise of the family perspective.

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Private Provider Representative

- Mental Health and Behavioral Health services available in the community and how to receive them.

- When all FAPT team representatives bring their expertise to the table then it helps provide a continuum of care and also helps with the collaboration of services.

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How can we improve Children's Mental Health?

- Build a strong foundation for your system of care through:
  - effective partnerships
  - clear values and principles
  - a strong theory of change
  - sound performance measurement
  - regular review of progress for purposes of improvement

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Examples of Collaboration

- Presentation from Franklin County
  - Larry Moore, Deputy County Administrator
  - Greg Winge, CSA Coordinator