



Mental Health for Children: Changing Our Systems

DHS Addictions and Mental Health Division

What Families Want for Their Children

- They want them to be **at home, in school and out of trouble** and **with friends**.
- They want them to be safe.
- They want them to get along with people at home and in the community.
- They want them to succeed in school and have a chance to succeed as adults.

What Families Want for Their Children

- Families want systems to work together: **no wrong door and a single point of access** to get help; systems then collaborate to form **one team** and **one plan** for the child and family.
- Families don't want to be sent from system to system to find services that meet their needs. They don't want to unnecessarily encounter the police or the juvenile court system (child welfare or juvenile justice) merely to gain access to services.
- A "care coordinator" to take the burden of coordinating across systems off of the parents.

What Families Want from the Service System

- Multi-disciplinary teams that meet when it works for the family (including evenings or weekends). Team members have the authority to commit resources from their agencies/systems.
- Teams that utilize natural supports as well as resources from the private, non-profit and public sectors.
- Services that are individualized, rather than pre-determined by the slots available in the system providing them.

System Design Problems

Prior to October 1, 2005,
children's mental health funding and responsibility
were separate and uncoordinated.

Acute care and outpatient services were administered through Mental Health Organizations and Community Mental Health Programs.

Psychiatric Day Treatment Services and Psychiatric Residential Treatment Services were administered through direct state contracts outside the local system structure.

Children's Systems Change Initiative Budget Note HS-3

- Children and adolescents with severe emotional disorders benefit from services that are:
- Individualized, intensive and family-driven and youth guided,
- Coordinated, comprehensive and culturally competent,
- Delivered in natural environments, and
- Need multiple interventions to be successful.

Evolution of Delivery Systems

This required a change in:

- The role of family members at system and case levels,
- Shift in location of services from office to community & family-based settings
- Shift in types of services from office-based to flexible, community-based supports,

Children's Systems Change Initiative Policy Changes

- Level of Service Intensity determination
- System structure and function
- Meaningful family involvement
- Workforce development
- Cultural competency
- Outcomes and performance measures
- Financing

What the Data Show

- An increase in the number of children and youth aged 0 – 17 served between January 2005 and June 2007.
- An increase in the person-days of OHP outpatient children's mental health services between January 2005 and the most recent period for which complete data are available.
- A marked decrease in total bed-days of Psychiatric Residential Tx Services (non-A&E).

What the Data Show

- The number of acute care hospitalizations dropped for both children and youth served by managed care and by Fee For Service providers.
- Children received more outpatient services after the Level of Need determination than they did before the Level of Need determination.

What the Data Show

- Family member satisfaction with: coordination among mental health services has increased over the past three years.
- Satisfaction with Family Treatment Participation increased between 2004/05 and 2006/07.
- Satisfaction with Treatment Appropriateness increased between 2004/05 and 2006/07.

What the Data Show

- Satisfaction with Service Outcomes increased:
 - residential care (10%)
 - day treatment (10%)
 - outpatient treatment (2%).
- Entry into treatment was associated with improved school attendance.
- Entry into treatment was associated with reduction in the chances of suspension or expulsion from school .

What the Data Show

- Overall satisfaction with coordination of mental health services with many service providers increased:
 - Child welfare
 - Education
 - Developmental disabilities
 - Juvenile justice when the child was in residential treatment

What the Data Show

- Coordination between mental health and other service providers has remained about the same or decreased for some services:
 - Oregon Youth Authority
 - Addiction services

Children's Systems Change Initiative

Did we accomplish what we intended?

The data indicate that we are moving
in the right direction!

Statewide Children's Wraparound Project - Executive Order 07-04

"The time has come for Oregon to develop a statewide, integrated system of care for children at risk of developing, or who have already developed, significant emotional, behavioral or substance abuse related needs and their families."

Theodore Kulongoski

Statewide Children's Wraparound Project

- Steering Committee appointed and subcommittees developed for:
 - Finance
 - Cultural Competence
 - Local Implementation
 - Data and Evaluation

Statewide Children's Wraparound Project Service Population

- Children 0-17 years old who have:
 - emotional, behavioral or substance abuse related needs, and
 - who touch at least two systems.

This population includes children and youth who are at risk of developing problems, as well as those who already have a diagnosed problem.

Statewide Children's Wraparound Project Values

The system of care will ensure individuals are treated respectfully, compassionately and effectively in a manner that recognizes, affirms and values the worth of children, individuals, families and communities – protecting and preserving the dignity of each.

Statewide Children's Wraparound Project Values

- The goal of Oregon's system of care is a community of support for each child and family that honors the family's sense of its own culture.
- The system of care will be youth guided and family driven, with the needs of the child and family driving the types and mix of services provided.

Statewide Children's Wraparound Project Values

- The system of care will be community based, with the focus on services and supports as well as management and decision-making.

Steering Committee Recommendations

- Serve all children in the target population.
- Generate family-driven and youth-guided individual plans developed through a high-quality wraparound process.
- Include culturally competent mental health, substance abuse and non-traditional services in the benefit plan.
- Blend funds at the state and local levels for target population services.
- Monitor outcomes and provide accountability through local real-time, web-based, electronic records that inform the larger statewide system about key indicators

Steering Committee Recommendations - Financing

- Develop a statewide purchasing collaborative to create a mechanism to pool funds across state agencies.
- Conduct a market assessment to determine population need and service cost, and to invest resources strategically.
- Determine current barriers to, and opportunities for maximizing state, local and federal funds.
- Create a strategic financing plan establishing an infrastructure that supports system design.
- Develop incentives to encourage local financial participation.

Steering Committee Recommendations – Local Implementation

- Connect services and supports across lifespan and developmental stages.
- Build local governance structures to implement systems of care at the local level.
- Manage care through care coordination at the local level.
- Store coordinated service-related information in an electronic record.
- Establish a basic benefit package that is universally accessible for the target population.

Steering Committee Recommendations – Local Implementation

- Authorize services and supports from the benefit plan based on individual plans of care.
- Allow communities to expand the benefit plan to suit local needs.
- Establish a work force development process to translate policy into practice through service delivery.
- Support the establishment of, and key roles and responsibilities for, family and youth organizations.

Steering Committee Recommendations – Cultural Competency

- Adopt a uniform standard across state and local agencies to describe culturally appropriate services and supports in a system of care context.
- Ensure that children, youth and families receive understandable and effective care provided in a manner compatible with their cultural beliefs, practices and language.
- Develop and implement a process to review traditional practices accepted by diverse communities.
- Identify ways to continually improve culturally appropriate care and implementation of a statewide system

Steering Committee Recommendations – Data and Evaluation

- Create one or more committees to review and select outcome/performance measures and benchmarks for the initiative.
- Develop mechanisms to evaluate state agencies' (and their local representatives') collaboration on the data needs of the project.
- Create standard data-sharing agreements.
- Develop and maintain a two-tiered data system that allows local entities to share "real time" data and the state to evaluate the quality and success of local implementation and the initiative as a whole.

For more information on the Statewide Children's Wraparound Project

www.oregon.gov/dhs/mentalhealth/wraparound/main.shtml)

Next Steps:

- ✓ Submit a System of Care grant application to the Substance Abuse and Mental Health Services Administration.
- ✓ Complete state-level infrastructure changes
 - ✓ Blended funding pool
 - ✓ Integrated data systems
- ✓ Implement local SOC sites
 - ✓ early childhood (0-5),
 - ✓ children and adolescents with dual diagnosis, and
 - ✓ transition aged youth.

SOC Objectives at the Community Level include:

- 1) to serve an average of 125 children per year, over the six year funding cycle, using culturally competent wraparound and additional home- and community-based evidence-based interventions;
- 2) to develop a workforce prepared to implement high fidelity wraparound and home- and community-based services;
- 3) to expand family and youth leadership and roles for family members in service delivery;
- 4) to create new interventions and strategies for service delivery to three specific underserved populations.

Next steps:

- ✓ Develop a Request for Proposals for a Project Manager to begin initial implementation:
 - ✓ Market analysis,
 - ✓ Information systems analysis, and
 - ✓ Cross-agency collaboration on system funding.

Questions?

For more information contact Kathy Seubert at 503 947-5526 or Kathy.K.Seubert@state.or.us

THANK YOU!