From Theory To Practice

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▪ Approach first introduced in mid-1980s
▪ Response to well-documented problems in serving children and youth with serious mental health conditions and their families – lack of services, inappropriate services, little coordination

“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”

EVOLUTION of the SOC Approach

Population
- Application and adaptation to broader population beyond those with the most serious and complex conditions
- Application and adaptation to different age groups (e.g., early childhood, youth and young adults of transition age)
- Application and adaptation to culturally diverse populations

Services and Supports
- Broader array of services and supports
- Focus on a core set of services
- Importance and effectiveness of specific services (e.g., intensive care coordination with Wraparound, mobile crisis and stabilization services, peer support)

Practice Approach
- Practice approach grounded in the high-fidelity Wraparound process
- Importance of family- and youth-driven services

Evidence Base
- Stronger evidence base
- Focus on return on investment

Widespread Adoption
- Strategy of a bi-directional approach to expansion
- Integration with other reforms (e.g., Medicaid, Health Homes, reforms in child-serving systems)
Public Health Approach
Pyramid of Children and Service Needs

CORE VALUES

1. Community based
2. Family driven and youth guided
3. Culturally and linguistically competent
GUIDING PRINCIPLES

1. Broad array of evidence-informed services and supports
2. Individualized services
3. Least restrictive, clinically appropriate setting
4. Families and youth as full partners at all levels
5. Cross-system collaboration at system level
6. Care management for coordination at services level
7. Developmentally appropriate services for young children and their families
8. Developmentally appropriate services for youth and young adults in transition to adulthood
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention
10. Continuous accountability

INFRASTRUCTURE ELEMENTS

- Extensive provider network for comprehensive service array
- Structure and/or process for training, TA, and workforce development
- Structure and/or process for measuring and monitoring quality, outcomes, and cost
- Structure and/or process for strategic communications/social marketing
- Structure and/or process for strategic planning
- Point of accountability structure for SOC management and oversight
- Structure and/or process to manage care and costs for high-need populations (e.g. care management entities)
- Interagency partnerships
- Structure and/or process for partnerships with family organizations and family leaders
- Structure and/or process for partnerships with youth organizations and youth leaders
- Defined access/entry points to care
Services and Supports

**Home- and Community-Based Treatment and Support Services**
- Assessment and evaluation
- Individualized “wraparound” service planning
- Intensive care management
- Outpatient therapy – individual, family, group
- Medication management
- Intensive in-home services
- Substance use intensive outpatient services
- Mobile crisis response and stabilization
- Family peer support
- Youth peer support
- Respite services
- Therapeutic behavioral aide services
- Therapeutic mentoring
- Behavior management skills training
- Youth and family education
- Mental health consultation
- Therapeutic nursery/preschool
- School-based behavioral health services
- Supported education and employment
- Supported housing
- Transportation

**Out-of-Home Treatment Services**
- Therapeutic foster care
- Therapeutic group home care
- Residential treatment services
- Inpatient hospital services
- Inpatient medical detoxification
- Crisis stabilization services

Specific evidence-informed interventions and culture-specific interventions can be included in each type of service.

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**SERVICES**

in Joint Center for Medicaid Services (CMS) – SAMHSA Bulletin

- Intensive care coordination, Wraparound approach
- Intensive in-home services
- Mobile crisis response and stabilization
- Parent and youth peer support services
- Respite
- Flex funds
- Specific evidence-based practices
- Trauma-informed interventions

MOBILE RESPONSE and Stabilization Services

Mobile Team
- 24/7 mobile crisis response in home and community
- Typically a two-person team is on call and available to respond
- May be comprised of professionals and paraprofessionals (including peer support) trained in crisis intervention skills
- Works with child and family to resolve immediate crisis
- Helps them identify potential triggers and strategies to deal with future crises
- Links them to ongoing services and supports

- Defuse and de-escalate difficult mental health situations
- Prevent unnecessary out-of-home placements, particularly hospitalizations
- Provided in the home or any setting where crisis is occurring
- Crisis stabilization period with transition to ongoing services (varying duration)
- Crisis respite placements provide intensive short-term, out-of-home resources to avert need for psychiatric inpatient treatment
- Addresses acute mental health needs and links the child to the family with ongoing services and supports

PEER SUPPORT

Parent and Youth

Peer Support Services
- Developing and linking with formal and informal supports
- Instilling confidence
- Assisting in the development of goals
- Serving as an advocate, mentor, or facilitator for resolution of issues
- Teaching skills necessary to improve coping abilities

- Providers of peer support services are family members or youth with “lived experience” who have personally faced the challenges of coping with serious mental health conditions, either as consumer or caregiver
- Provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth
- Participate in child and family teams for Wraparound process
- Peer support has a significant impact on engagement and effectiveness of services
WHAT the SOC Approach is NOT

- Not an exact “model” to be replicated
- Not a single “program,” but a coordinated network of services across agencies
- Not a “treatment or clinical intervention” that directly improves child and family outcomes without accompanying changes at the practice level to provide effective services and supports to achieve positive child and family outcomes

System Change + Practice Change = Improved Outcomes

WHAT the SOC Approach IS

- Organizational framework for system reform
- Value base for systems and services
- A guide to implement in a way that fits each state, tribe, territory, community
- Adapt the approach based on context and environment (political, administrative, fiscal)
- Flexibility for innovation
- Application to different age groups (early childhood, youth and young adults of transition age), different levels of need (serious conditions, at risk), diverse cultural groups

= AN APPROACH
PRACTICE APPROACH in Systems of Care

- Individualized, Tailored Services
- Family-Driven, Youth-Guided Services
- Culturally and Linguistically Competent Services
- Coordinated Services

WRAPAROUND Process

- Team-based, collaborative process for implementing individualized care plans used with intensive care coordination
- Typically for children with complex needs and their families, but principles can be applied for all levels of need
- Originated in 1980s, evolved to be primary strategy for operationalizing the SOC approach at service delivery level
- Evidence-based process that cuts across all clinical interventions and formal and informal supports
- Ecological perspective focusing on all life domains
WRAPAROUND Process

- Dedicated intensive care coordinator organizes and manages the process across systems
- Child and Family Team creates and implements a customized plan of care
- Wraparound plan includes and coordinates the entire array of services and supports that the child and family require across all life domains
- Team implements the plan and meets regularly to monitor progress and make adjustments to the plan
- Families and youth with “lived experience” provide peer support

Life Domains

- Family/Surrogate Family
- Living Arrangement
- Educational/Vocational
- Cultural/Linguistic
- Medical
- Income
- Legal
- Social/Recreational
- Crisis/Safety
- Substance Abuse
- Mental Health
- Spiritual
FAMILY AND YOUTH DRIVEN

Systems and Services

- Family and youth voice at service delivery level in planning and delivering services to their own families
- Family and youth voice at system and policy levels in states and communities
- Requires major paradigm shift in how people think, act, and relate to one another
- Family movement has grown and strengthened
- Realization of need to fully engage youth as well as families, youth movement is growing rapidly

FAMILY DRIVEN

Definition

Family-driven means families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

1. Choosing supports, services, and providers
2. Setting goals
3. Designing and implementing programs
4. Monitoring outcomes
5. Partnering in funding decisions
6. Determining the effectiveness of all efforts to promote the mental health and well being of children and youth

**YOUTH GUIDED/DRIVEN**

**Definition**

Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures for all youth in the community, state, and nation. This includes:

- Youth are empowered in their treatment planning process from the beginning and have a voice in decision-making
- Youth are engaged as equal partners in creating systems change at the individual, community, state, and national levels
- Youth receive training
- Equal partnership is valued


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**CULTURAL and Linguistic Competence**

- Systems serve children, youth and families from diverse racial, ethnic, socioeconomic, linguistic backgrounds
- Cultural and linguistic competence (CLC) needs to be infused into every structure, process, and service with a system
- CLC and reducing disparities in services are central to SOC principle of individualizing services and supports


**Definitions**

- **Cultural Competence**
  Capacity to implement values and principles, behaviors, attitudes, policies, and structures to work effectively cross-culturally

- **Linguistic Competence**
  Capacity to communicate effectively in a way that is easily understood by diverse audiences, (language, low literacy skills, hearing impaired, etc.)
How to Address Culture

Organizational Level
- Incorporate cultural knowledge into policy, infrastructure, and practice
- Recruit diverse providers and providers with language competencies
- Provide CLC training, technical assistance, and coaching

Practice Level
- Provide culture-specific services
- Provide services adapted for cultural groups
- Partner with natural helping networks and cultural brokers

Community Engagement
- Partner with natural, informal support, and helping networks within culturally diverse communities

Language Access
- Deliver services in the preferred language of the population served
- Provide interpretation services
- Translate and adapt written materials

COORDINATED Care
- SOCs typically work with children receiving multiple services from multiple systems
- Intensive care management is critical to effectiveness of services, less intensive care coordination with lower levels of need
- Dedicated, full-time intensive care management with low ratios for children and families with multiple issues, stressors, and multi-system involvement
- Term “care management” vs. “case management” based on individuals preference for not being referred to as “cases” to be “managed”
COORDINATED Care

- Support one plan of services even when multiple systems are involved, may be more detailed plans for different providers
- Support the goals of continuity and coordination of services over time and across systems
- Encompass families and youth as partners in managing services and supports
- Utilize a strength-based focus that incorporates use of natural supports and CLC


BUILDING Bridges

- Better integrate and link residential and home- and community-based services and supports
- Establish consensus on core values and best practices
- Mission of initiative to create partnerships among families, youth, and residentially based providers
- Produces guidelines, tools, and resources for referral/entry “bridge,” during/within residential “bridge,” and transition and post-residential “bridge”
- Shifting practice, and aligning nonresidential and residential service components in SOC approach
EXPANSION
OF SYSTEMS OF CARE

SAMHSA
Children’s Mental Health Initiative (CMHI)

Substance Abuse and Mental Health Services Administration (SAMHSA)
EFFECTIVENESS of Systems of Care

- Improve the Lives of Children and Youth – Decrease behavioral and emotional problems, suicide rates, and substance use; improve school attendance and grades; decrease arrests and involvement with juvenile justice; increase stability of living situations
- Improve the Lives of Families – Decrease caregiver strain, increase capacity to handle child’s challenging behavior, increase ability to work
- Improve Services – Expand to broad array of home- and community-based services; customize services with individualized, Wraparound approach; improve care coordination; increase family-driven, youth-guided services; increase cultural and linguistic competence; increase use of evidence-informed practices

RETURN ON INVESTMENT in Systems of Care (ROI)

- Redeploy resources from higher-cost restrictive services to lower-cost home- and community-based services and supports
- Increase utilization of home- and community-based treatment services and supports
- Decrease admissions and lengths of stay in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment, detention, juvenile correction facilities, and out-of-school placements)
- Reduce costs across systems (e.g., reduced out-of-home placements in child welfare and juvenile justice with substantial per capita savings)
- ROI document shows savings in short term and future
- Guide for ROI analysis


## ROI EXAMPLES

**CMHI National Evaluation**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Cost Savings</th>
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<tbody>
<tr>
<td>Reduced Inpatient Use</td>
<td>Average cost/child reduced by 42% $37 million saved when applied to all children in funded SOCs</td>
</tr>
<tr>
<td>Reduced ER Use</td>
<td>Average cost/child reduced by 57% $15 million saved when applied to all children in funded SOCs</td>
</tr>
<tr>
<td>Reduced Arrests</td>
<td>Average cost/child reduced by 39% $10.6 milling saved when applied to all children in funded SOCs</td>
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<tr>
<td>Reduced School Dropout</td>
<td>Fewer school dropouts in SOCs (8.6%) than national population (20%) Potential $380 million saved when</td>
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<tr>
<td></td>
<td>applied to all children in funded SOCs (based on monetizing average annual earnings and lifetime</td>
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<td></td>
<td>earnings)</td>
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<tr>
<td>Reduced Caregiver Missed</td>
<td>Estimated 39% reduction in average cost of lost productivity</td>
</tr>
<tr>
<td>Work</td>
<td>(based on imputed average daily wage of caregivers)</td>
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## WIN-WIN SCENARIOS WITH SYSTEMS OF CARE

Alternatives to Services with High Costs and Poor Outcomes

- **CHILD WELFARE**: Alternative to out-of-home care
- **MEDICAID**: Alternative to residential treatment, inpatient, ER
- **JUVENILE JUSTICE**: Alternative to detention
- **EDUCATION**: Alternative to out-of-school placements

THEORY OF CHANGE
SAMHSA

Innovation to Widespread Adoption

APPROACHES
to SOC Expansion

- Geographic – Sequentially add counties, regions
- Age band – Early childhood, young adults
- Level of need population – Most high-need children, at risk for out-of-home placement
- Funding eligibility – Medicaid
- Service sector – Education, child welfare, juvenile justice

Most Jurisdictions Use a Combination

**STRATEGIC FRAMEWORK**

Roadmap to System Change

Informed by study of effective strategies that led to framework with five core strategy areas:

1. Implementing **Policy and Partnership** Changes
2. Developing or Expanding **Services and Supports** Based on the SOC Philosophy and Approach
3. Creating or Improving **Financing** Strategies
4. Providing **Training and Workforce** Development
5. Generating Support through **Strategic Communications**

**Sub-Strategies in Each Area** Overlapping and Interrelated


**LESSONS LEARNED**
LESSONS

Learned about SOC Expansion

- Programs vs. System Change
- Bi-Directional Approach
- Adoption vs. Sustainability
- Role and Uses of Grant Funds
- Family-Driven and Youth-Guided
- Larger Context for System Change
- Strategic Communications for High-Level Support


SYSTEM CHANGE

Not a Project or Program

- Expansion is not a project. Projects and programs do not sustain after grants.... system changes do
- Goal is sustainable systemic changes
- Occurs with or without a federal grant
- Infuse and “institutionalize” policies, partnerships, services, financing
- Likelihood that services will not be maintained if efforts are conceptualized and perceived as a time-limited project or grant program

Lesson: Direct efforts to making system and service changes in mainstream systems that will be maintained over the long term
BI-DIRECTIONAL
Approach to System Change

- Local development efforts not sufficient for wide-scale adoption based on experience and research
- Systemic changes at state level are essential in policy, financing, workforce development, services, etc. for expanding and sustaining innovations
- Led to changes in SAMHSA SOC expansion grants:
  - States must identify communities for implementation and how they will expand to other areas
  - Local areas must demonstrate how they’re working with the state for high-level systemic changes

Lesson: Strengthen strategies for state-local partnerships for two-level approach to system change

ROLES
of States and Communities in Expansion and Sustainability

Roles of States
- Establishing the vision for widespread implementation
- Establishing consistent statewide policies and standards
- Passing legislation
- Establishing interagency partnerships and coordinating executive leadership at the state level
- Securing financing for infrastructure and for services and supports
- Providing and financing statewide TA
- Collecting and analyzing data for evaluation and program improvement that support expansion
- Generate support and commitment among high-level decision-makers

Roles of Communities
- Test, pilot, and explore feasibility of approaches
- Implement and provide services and supports
- Establish interagency partnerships and coordination at the local level
- Provide data to “make the case”
- Provide training and TA
- Contribute to the development of statewide family and youth leaders and organizations
- Participate in planning for statewide expansion
- Develop seasoned leaders for future expansion efforts at state and local levels

DIFFERENCE Between Implementation and Sustainability

- Adoption/implementation and sustainability are not separate requiring different plans or strategies
- Should be no dichotomy or disconnect – plans and strategies should be for both
- Nothing should be implemented without a strategy for sustaining it post-grant
- Financing is significant, but sustainability is more than financing:
  - Approach, values and principles
  - Shift to new types of services and supports (home- and community-based, school-based services)
  - Shift in practice approaches (more effective interventions, individualized approach, prevention and early intervention, etc.)

Lesson: Adopting and sustaining are the same goal, and all strategies should focus on both implementation and sustainability

GRANT FUNDS Role as Venture Capital

- Use expansion grants as “venture capital” and opportunities to lay a foundation for future financing
- Demonstrate and provide compelling data on ROI to make the case for statewide expansion and sustainability
- Develop and demonstrate new financing strategies
- Negotiate cross-system investments (e.g., investments by the child welfare, juvenile justice, education, early childhood systems to serve their populations)
- Modify existing financing streams to cover new types of services (e.g., Medicaid)
- Secure commitments to redirect existing funds to more cost-effective home- and community-based services and supports

Lesson: Grant funds should be used as venture capital to obtain long-term, sustainable, mainstream financing.
FAMILY AND YOUTH DRIVEN
Theory to Reality?

- **Family and youth voice** at all levels is fundamental to the SOC approach – “Nothing About Us Without Us!”
- **Family and youth organizations** are effective vehicles for moving to strengthen collective family and youth voice at national, state, and local levels (Youth MOVE, FFCMH, FREDLA, NAMI)
- Family and youth fulfill many **critical roles** at system and policy level and at child and family level

Lesson: Support and strengthen family and youth involvement, roles, leadership, and organizations at all levels.

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**FAMILY AND YOUTH**

**Roles**

<table>
<thead>
<tr>
<th>Roles at State and/or Local System and Policy Levels</th>
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<tbody>
<tr>
<td>Advocacy</td>
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<tr>
<td>Policy participation</td>
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<tr>
<td>Design and implementation of services and supports</td>
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<tr>
<td>Participating in evaluation of policies and services</td>
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<tr>
<td>Family and youth leadership development</td>
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<tr>
<td>Training/certification of peer support providers</td>
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<tr>
<td>Recruiting, training, supporting families and youth for system/policy level participation</td>
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<tr>
<td>Training professionals</td>
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<td>Strategic communications</td>
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<table>
<thead>
<tr>
<th>Roles at the Child and Family Level</th>
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<tbody>
<tr>
<td>Parent and youth peer support</td>
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<tr>
<td>Respite services</td>
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<tr>
<td>Information and referral</td>
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<tr>
<td>Hotline/helpline services</td>
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<tr>
<td>System navigation</td>
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<tr>
<td>Support groups</td>
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<tr>
<td>Family and youth education/training</td>
</tr>
<tr>
<td>Services for families and youth in partner child-serving systems</td>
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<tr>
<td>Social and recreational activities</td>
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<tr>
<td>Community outreach and social media outlets</td>
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STRATEGIC COMMUNICATIONS
A Key to Success

- Generating support is fundamental to expansion and sustainability
- Not just public education campaigns (e.g., anti-stigma, increasing awareness of children’s behavioral health issues)
- Critical for generating support among high-level decision-makers across partner agencies
- They decide what approaches will be adopted and how scarce resources will be allocated
- Need to use data to make the case, especially data on ROI

Lesson: Strengthen data-based strategic communications to generate support for expansion and sustainability among high-level decision-makers.

INFUSING
THE SYSTEM OF CARE APPROACH
INFUSING SOC  Larger Context for Reform

- Medicaid Reforms (e.g., opportunity to expand coverage of home- and community-based services through waivers, state plan amendments, etc.)
- Behavioral Health-Primary Care Integration
- Integration with Similar Reforms across Partner Child-Serving Systems (e.g., education, child welfare, juvenile justice, early childhood, transition age youth, etc. to provide home- and community-based services)
- Evidence-Informed Practices
- Trauma-Informed Interventions
- New Structures (e.g., Care Management Entities/Organizations, Health Homes, Certified Community Behavioral Health Clinics, etc.)
- Workforce Development