

Systems of Care and Wraparound: Improving Outcomes for Children and Families in Oregon

WSDSG Meeting
January 20, 2012

Presented by:

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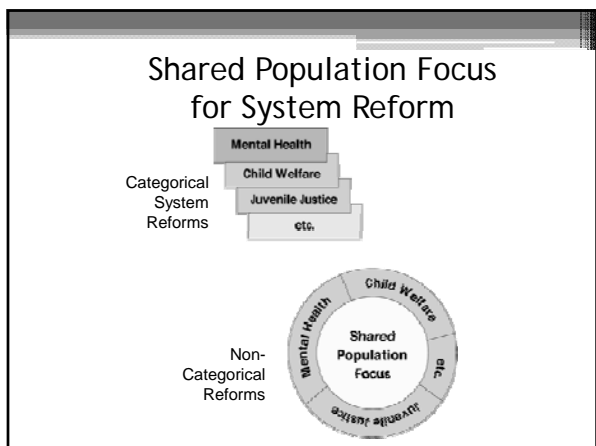
System of Care (SOC) defined

A **system of care** is 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**.

SOC Core Values

Systems of care are:

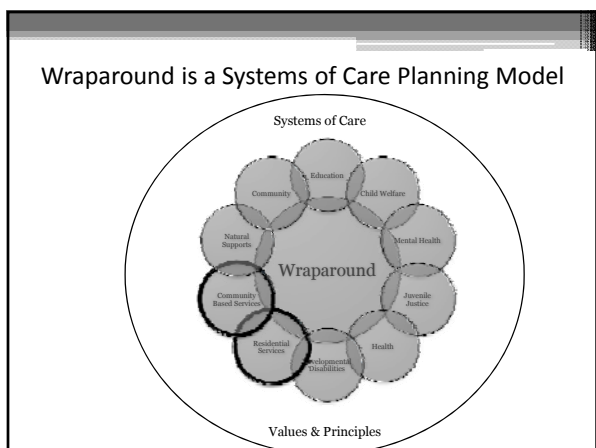
1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community-based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

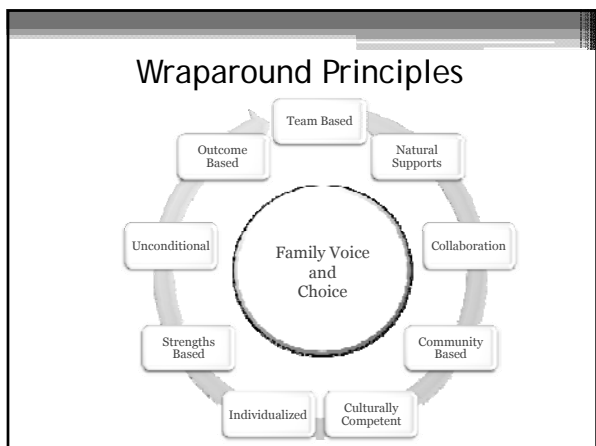


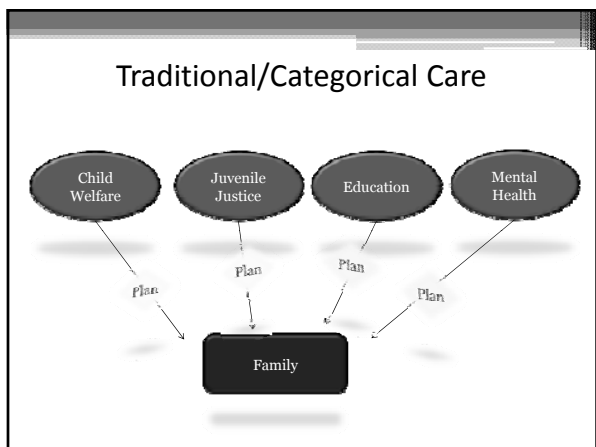
System Reform Goals

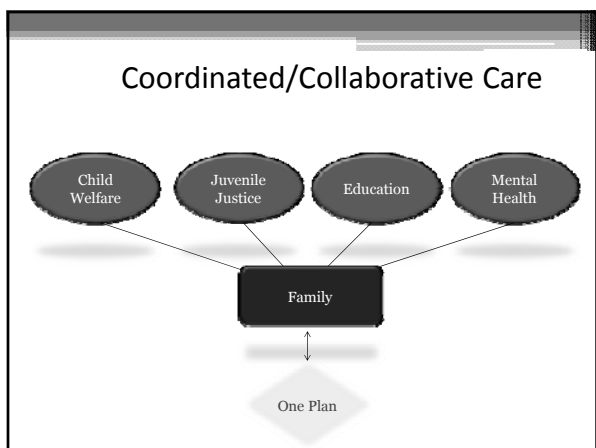
From:	→	To:
Fragmented service delivery	→	Coordinated service delivery
Categorical programs/funding	→	Blended resources
Limited services	→	Comprehensive service array
Reactive, crisis-oriented	→	Focus on prevention/early intervention
Focus on "deep end," restrictive	→	Least restrictive settings
Children out-of-home	→	Children within families
Centralized authority	→	Community-based ownership
Creation of "dependency"	→	Creation of "self-help"

Pena, S. (2002). Building systems of care: A primer. Washington, D.C.: Human Service Collaborative.









Frontline Practice Shifts

From:	→	To:
Control by professionals	→	Partnerships with families/teams; family choice at practice level
Only professional services	→	Partnership between natural and professional supports and services
Multiple case managers	→	One service coordinator
Multiple service plans for youth	→	Single plan for child & family/cross system integration
Family blaming	→	Family partnerships
Deficits	→	Strengths
Mono Cultural	→	Cultural Competence

Systems of Care in Oregon

2003: The Children's Mental Health System Change Initiative (CSCI)

- Established state and local interagency infrastructure to support SOC
- Integrated the funding for high end services into the local or regional managed care environments
- Created a uniform process to assess level of need (Level of Service Intensity Determination)

2005: Intensive Community-Based Treatment & Support Services (ICTS)

- Established standards for care coordination and child & family team planning

Systems of Care in Oregon

2009 Statewide Wraparound Legislation

- House Bill 2144 passed the 2009 Legislative Session providing statutory direction for the Statewide Children's Wraparound Initiative (SCWI).
- DHS identified as the lead agency, among partner agencies including Department of Education, Oregon Youth Authority, Commission on Children and Families, and other appropriate agencies involved in the systems of care.
- Provides authority to combine resources into single funding pool, seek federal approval or waivers, and adopt rules.
- Phase 1 started in July 2010 to improve outcomes for children with high needs in the custody of child welfare by increasing access to care coordination and implementing wraparound to fidelity.

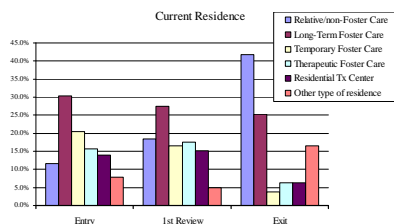
What Happens at the Community and Case Level

- A single accountable entity in each community
- Uniform referral and determination process
- Care coordinator
- Family navigator
- Child and Family Team
- Care Coordination Planning
- Defined set of outcomes and data

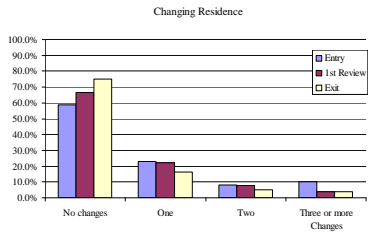
Data: Web Based Progress Review of Outcomes and Indicators + BERS

- Programs responsible for submitting data at entry, quarterly, and at exit
- Some indicators:
 - Current residence/number of moves
 - Academic performance
 - Risk of harm to self and others
 - Risk or history of delinquency
 - Substance use
 - Estimate of progress

Web Based Progress Review Submitted at Entry, Quarterly, and Exit



Web Based Progress Review Submitted at Entry, Quarterly, and Exit



Common Goals

- Safety
- Stabilization
- Support
- Improvement of symptoms and behaviors
- Success at school and in the community

Working together

- Greater engagement of family and natural supports
- Improved understanding of respective systems
- Increased success in the community
- Improved child and family outcomes

Resources

- National Wraparound Initiative
www.nwi.pdx.edu
- Statewide Children's Wraparound Initiative
www.oregon.gov/OHA/mentalhealth/wraparound/main.shtml
